

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex  
COUNTY: BROWN

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Brown County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 11 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** RENAISSANCE - DE PERE (THE) (0010372)  
**Address:** 250 SOUTH 9TH STREET, DE PERE, WI 54115  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/15/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103510    **End Date:** 02/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Complaint History (RENAISSANCE - DE PERE (THE))**

**Date Complaint Received: 01/27/2009**

**Date Investigation Completed: 02/11/2009**

Subject Area(s)  
RESIDENT RIGHTS  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
NOT RECORDED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** BELLEVUE (0012798)  
**Address:** 1660 HOFFMAN RD, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/15/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103946      **End Date:** 04/13/2009      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** BROOKVIEW MEADOWS (0012536)  
**Address:** 1740 CONDOR LN STE A, GREEN BAY, WI 54313  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/11/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

<b>Survey ID:</b> 0106708	<b>End Date:</b> 06/17/2010	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0105224	<b>End Date:</b> 10/27/2009	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0103304	<b>End Date:</b> 01/07/2009	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0102489	<b>End Date:</b> 09/11/2008	<b>Type:</b> INITIAL	<b>Purpose:</b> DESK REVIEW
<b>Results:</b> LICENSE/CERT/REGISTRATION ISSUED			

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Complaint History (BROOKVIEW MEADOWS)**

**Date Complaint Received: 05/14/2010**

**Date Investigation Completed: 06/17/2010**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/20/2010**

**Date Investigation Completed: 06/17/2010**

Subject Area(s)

MEDICATIONS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/15/2009**

**Date Investigation Completed: 10/27/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/26/2008**

**Date Investigation Completed: 01/07/2009**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/28/2008**

**Date Investigation Completed: 01/07/2009**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** CREEKSIDE SENIOR LIVING (0012934)  
**Address:** 246 BERGER ST, GREEN BAY, WI 54302  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/04/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104872    **End Date:** 08/04/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** MORAINE RIDGE (0013688)  
**Address:** 2929 SAINT ANTHONY DR, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/29/2011  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0108380    **End Date:** 03/29/2011    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** REBEKAH HAVEN (0010347)  
**Address:** 826 GRIGNON ST, GREEN BAY, WI 54301  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102151    **End Date:** 07/14/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Facility Information**

**Facility Name:** WAYSIDE PARKVIEW ESTATES (0010376)  
**Address:** 3838 CHURCH VIEW CT, GREENLEAF, WI 54126  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105210    **End Date:** 11/05/2009    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: BROWN

**Complaint History (WAYSIDE PARKVIEW ESTATES)**

**Date Complaint Received: 04/14/2009**

**Date Investigation Completed: 11/05/2009**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

11/24/09

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