

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Fond du Lac County.

The report includes only facilities located within the City of Fond du Lac. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 46 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
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC MARIA LANE (0009338)
Address: 51 MARIA LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/24/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103765 **End Date:** 03/11/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 46 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC MARR (0009339)
Address: 620 S MARR ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104035 **End Date:** 04/13/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC MARSHALL AVENUE HOME (0008807)
Address: 598 MARSHALL AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107535 **End Date:** 11/29/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107023 **End Date:** 08/24/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #631R11 Served 09/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	11/29/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	11/29/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (ARC MARSHALL AVENUE HOME)

Date: 09/09/2010 **SOD #631R11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/29/2010 12:00:00AM

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (ARC MARSHALL AVENUE HOME)

Date Complaint Received: 06/10/2010

Date Investigation Completed: 08/23/2010

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
631R11

Date Complaint Received: 12/18/2009

Date Investigation Completed: 08/24/2010

Subject Area(s)
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
631R11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC POPLAR ADULT FAMILY HOME (490066)
Address: 373 POPLAR ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 04/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104653 **End Date:** 07/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC SEYMOUR ADULT FAMILY HOME (0009470)
Address: 400 S SEYMOUR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: BANK STREET HOME (0010685)
Address: 413 E BANK ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: BERGER PARKWAY HOME (0010686)
Address: 23 N BERGER PARKWAY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103178 **End Date:** 12/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M94T11 Served 01/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: BERGER PLACE (490125)
Address: 34 S BERGER PKWY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 04/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104589 **End Date:** 07/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: CARPENTER HOME (0012228)
Address: 56 CARPENTER ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/13/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107221 **End Date:** 09/17/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106624 **End Date:** 06/24/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BKNT11 Served 08/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	09/17/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	09/17/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (CARPENTER HOME)

Date: 07/14/2010

SOD #BKNT11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/17/2010 12:00:00AM

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (CARPENTER HOME)

Date Complaint Received: 03/23/2010

Date Investigation Completed: 06/24/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

BKNT11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: CLARITY CARE GOODRICH HOUSE (0010628)
Address: 300 LINDEN ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103181 **End Date:** 12/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: CLARITY CARE MIHILL HOUSE (490010)
Address: 975-977 MIHILL AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/01/1991
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104105 **End Date:** 04/28/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: FAIR HAVEN (0010722)

Address: 364 E 13TH ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 09/21/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108099 **End Date:** 02/23/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105064 **End Date:** 09/30/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (FAIR HAVEN)

Date Complaint Received: 11/08/2010

Date Investigation Completed: 02/23/2011

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: HICKORY HOME (0011416)
Address: 507 S HICKORY ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/01/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102391 **End Date:** 08/21/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1PWY12 Served 08/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Survey ID: 0102002 End Date: 06/10/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1PWY11 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/21/2008	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	08/21/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	08/21/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/21/2008	Yes
88.04(2)(h)	COMPLY WITH OSHA	08/21/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/21/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	08/21/2008	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	08/21/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	08/21/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/21/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	08/21/2008	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	08/21/2008	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	08/21/2008	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (HICKORY HOME)

Date: 07/01/2008	SOD #1PWY11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 08/21/2008 12:00:00AM	
NO NEW ADMISSIONS	--Facility Compliant 08/21/2008 12:00:00AM	

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: HINRICHS ADULT FAMILY HOME (0012321)
Address: 549 T BIRD DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 03/31/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107688 **End Date:** 12/16/2010 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: HUNTER GROVE ADULT FAMILY HOME (0009960)
Address: 1595 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/18/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: LKI COBBLESTONE ADULT FAMILY HOME (0010139)

Address: W7003 COBBLESTONE DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 09/02/2003

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105760 **End Date:** 02/03/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y85K11 Served 02/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)6	NOTIFICATION OF CHANGES		

Survey ID: 0102758 **End Date:** 10/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (LKI COBBLESTONE ADULT FAMILY HOME)

Date: 02/24/2010 SOD #Y85K11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (LKI COBBLESTONE ADULT FAMILY HOME)

Date Complaint Received: 09/14/2009

Date Investigation Completed: 02/03/2010

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

02/24/10

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: LKI HUNTERS LEDGEVIEW (0011102)
Address: 1508 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 10/11/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104538 **End Date:** 07/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101788 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: LKI HUNTERS MEADOW ADULT FAMILY HOME (0011505)

Address: 1432 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/21/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107272 **End Date:** 09/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106241 **End Date:** 05/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #196U11 Served 05/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	09/30/2010	Yes

Survey ID: 0102456 **End Date:** 08/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101889 **End Date:** 06/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (LKI HUNTERS MEADOW ADULT FAMILY HOME)

Date: 05/12/2010 **SOD #196U11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/30/2010 12:00:00AM

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (LKI HUNTERS MEADOW ADULT FAMILY HOME)

Date Complaint Received: 06/23/2010

Date Investigation Completed: 09/30/2010

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/18/2010

Date Investigation Completed: 05/03/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

05/12/10

Date Complaint Received: 01/05/2010

Date Investigation Completed: 05/03/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 07/21/2008

Date Investigation Completed: 08/26/2008

Subject Area(s)

Result

SOD #

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: LKI HUNTERS TREELINE ADULT FAMILY HOME (0011103)

Address: 1360 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/11/2005

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107273 **End Date:** 09/30/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102179 **End Date:** 07/17/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BKKR11 Served 07/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	09/30/2010	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/30/2010	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	09/30/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (LKI HUNTERS TREELINE ADULT FAMILY HOME)

Date: 07/29/2008	SOD #BKKR11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/30/2010 12:00:00AM	
NO NEW ADMISSIONS	--Facility Compliant 10/14/2008 12:00:00AM	
PROVIDE TRAINING	--Facility Compliant 09/30/2010 12:00:00AM	

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: LKI WHIPPOORWILL ADULT FAMILY HOME (0010968)

Address: 683 PRAIRIE RD, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/13/2005

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102847 **End Date:** 10/28/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101705 **End Date:** 05/07/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (LKI WHIPPOORWILL ADULT FAMILY HOME)

Date Complaint Received: 07/28/2008

Date Investigation Completed: 10/28/2008

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/06/2008

Date Investigation Completed: 10/28/2008

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: MARTIN HOUSE (490070)
Address: 909 MARTIN AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107469 **End Date:** 11/01/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: PARK HAVEN (490067)
Address: 151 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 03/28/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106739 **End Date:** 07/19/2010 **Type:** ABBREVIATED **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
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (PARK HAVEN)

Date Complaint Received: 03/09/2010

Date Investigation Completed: 07/19/2010

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: PETERS AVE (0009771)
Address: 55 N PETERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/12/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107377 **End Date:** 11/01/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106749 **End Date:** 07/19/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RPCT11 Served 08/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.08	TERMINATION OF PLACEMENT	11/01/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Survey ID: 0105451 End Date: 12/01/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M0CO11 Served 01/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/01/2010	Yes
88.05(2)(a)	DIFFICULTY WALKING	11/01/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	11/01/2010	Yes
88.10(3)(q)	MEDICATIONS	11/01/2010	Yes

Survey ID: 0103714 End Date: 03/12/2009 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2E2M12 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	11/10/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (PETERS AVE)

Date: 01/07/2010	SOD #M0CO11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/01/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 11/01/2010 12:00:00AM	
NO NEW ADMISSIONS	--Facility Compliant 11/01/2010 12:00:00AM	

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (PETERS AVE)

Date Complaint Received: 03/09/2010

Date Investigation Completed: 07/19/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

08/03/10

Date Complaint Received: 08/10/2009

Date Investigation Completed: 12/01/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

01/07/10

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

01/07/10

ADMINISTRATION

SUBSTANTIATED

01/07/10

Date Complaint Received: 05/06/2009

Date Investigation Completed: 12/01/2009

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

01/07/10

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: REM WISCONSIN ARVEY LANE (0011144)
Address: 123 ARVEY LANE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 10/28/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101789 **End Date:** 05/14/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: REM WISCONSIN MUSTANG LANE (0012638)
Address: 718 MUSTANG LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/16/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105019 **End Date:** 10/08/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103141 **End Date:** 12/16/2008 **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
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (REM WISCONSIN MUSTANG LANE)

Date Complaint Received: 07/06/2009

Date Investigation Completed: 10/08/2009

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: TIMRECKS CERTIFIED ADULT FAMILY CARE (0011229)

Address: 29 W BANK ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 08/09/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104682 **End Date:** 07/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NDYG11 Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	09/21/2009	Yes

Survey ID: 0101870 **End Date:** 06/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TO8M11 Served 06/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (TIMRECKS CERTIFIED ADULT FAMILY CARE)

Date: 07/30/2009 **SOD #NDYG11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/21/2009 12:00:00AM

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