

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011

COUNTY: KEWAUNEE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Kewaunee County.

The report is a PDF (Adobe Acrobat) document and includes a total of 26 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: KEWAUNEE

Facility Information

Facility Name: NEW HOPE AFH (0011884)
Address: 520 SOUTH STREET, ALGOMA, WI 54201
License Status: REGULAR
Licensed/Certified/Registered 11/08/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104845 **End Date:** 09/02/2009 **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: KEWAUNEE

Facility Information

Facility Name: GO FLY A KITE AFH (0008714)
Address: N7993 MAPLE RD, CASCO, WI 54205
License Status: REGULAR
Licensed/Certified/Registered 05/18/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104019 **End Date:** 04/06/2009 **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: KEWAUNEE

Facility Information

Facility Name: FRIENDSHIP MANOR INC HOUSE II (0009056)
Address: N1142 IRISH RD, DENMARK, WI 54208
License Status: REGULAR
Licensed/Certified/Registered 07/05/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103088 **End Date:** 12/08/2008 **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: KEWAUNEE

Facility Information

Facility Name: FRIENDSHIP MANOR INC (0008725)
Address: N1148 IRISH RD, DENMARK, WI 54208
License Status: REGULAR
Licensed/Certified/Registered 07/07/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103091 **End Date:** 12/08/2008 **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: KEWAUNEE

Facility Information

Facility Name: EMPOWERMENT OPTIONS KILBOURN ST (0010608)
Address: 1404 KILBOURN ST, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 05/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102948 **End Date:** 11/19/2008 **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: KEWAUNEE

Facility Information

Facility Name: MEADOW PARK HOMES LLC (0008983)
Address: N5559 MEADOW RD, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 05/22/2000
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: KEWAUNEE

Facility Information

Facility Name: ROCKLEDGE AFH (0010470)
Address: 201 RONALD ST, LUXEMBURG, WI 54217
License Status: REGULAR
Licensed/Certified/Registered 01/14/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102859 **End Date:** 10/31/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: BAY ROAD PLACE (0008556)

Address: 500 E BAY RD, ALGOMA, WI 54201

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

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

Survey History

Survey ID: 0106620 **End Date:** 06/30/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5K8712 Served 07/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0105772 **End Date:** 01/27/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5K8711 Served 02/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	06/30/2010	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	06/30/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Survey ID: 0101866 End Date: 05/19/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #220H12 Served 06/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	04/01/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Enforcement History (BAY ROAD PLACE)

Date: 07/14/2010 **SOD #5K8712** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(a)

Date: 02/24/2010 **SOD #5K8711** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/30/2010 12:00:00AM
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(2)(e)

Date: 06/10/2008 **SOD #220H12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)
FORFEITURE---84.14(1)(d)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Complaint History (BAY ROAD PLACE)

Date Complaint Received: 01/19/2010

Date Investigation Completed: 01/27/2010

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/26/2009

Date Investigation Completed: 01/27/2010

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
5K8711

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: EMERALD SHORES ASSISTED LIVING LLC (0011751)

Address: 1100 BAUMEISTER DR, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0101603 **End Date:** 04/17/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RSY911 Served 05/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Enforcement History (EMERALD SHORES ASSISTED LIVING LLC)

Date: 05/01/2008

SOD #RSY911

Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Complaint History (EMERALD SHORES ASSISTED LIVING LLC)

Date Complaint Received: 01/10/2011

Date Investigation Completed: 05/04/2011

Subject Area(s)

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/08/2008

Date Investigation Completed: 05/09/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/01/2008

Date Investigation Completed: 04/17/2008

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: LINDEN MANOR (410404)

Address: 1204 FOURTH ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 01/01/1996

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

Survey History

Survey ID: 0102760 **End Date:** 10/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YP1I12 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)	04/01/2009	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Complaint History (LINDEN MANOR)

Date Complaint Received: 09/25/2008

Date Investigation Completed: 10/03/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
10/22/08

Date Complaint Received: 08/19/2008

Date Investigation Completed: 10/03/2008

Subject Area(s)
LICENSED CAPACITY /CLASS OF LICENSE
MEDICATIONS
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
10/22/08

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: SILVER LEAF MANOR (410310)

Address: 1310 LINCOLN ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 11/01/1995

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

Survey History

Survey ID: 0104754 **End Date:** 08/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MEJ811 Served 09/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: FRED & MAMIES HOME INC (0010798)

Address: 143 SCHOOL CREEK TRAIL, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 09/15/2005

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

Survey History

Survey ID: 0107734 **End Date:** 01/05/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BW3H11 Served 01/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Complaint History (FRED & MAMIES HOME INC)

Date Complaint Received: 06/30/2010

Date Investigation Completed: 01/05/2011

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: OAK CREEK ASSISTED LIVING (0011413)

Address: 409 THIRD ST, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0106963 **End Date:** 07/28/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105971 **End Date:** 03/01/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FZZ211 Served 03/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.30	FAMILY CARE INFORMATION AND REFERRAL PROVIDED	07/28/2010	Yes
83.47(2)(d)	FIRE DRILLS	07/28/2010	Yes

Survey ID: 0105020 **End Date:** 09/28/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Survey ID: 0104069 **End Date: 05/06/2009** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D7L611 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	09/24/2009	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/24/2009	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/24/2009	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	09/24/2009	Yes
83.38(1)(b)	SUPERVISION	09/24/2009	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	09/24/2009	Yes

Survey ID: 0103411 **End Date: 01/30/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8VOX12 Served 02/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes

Survey ID: 0102979 **End Date: 11/19/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8VOX11 Served 12/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(9)	CLEANLINESS OF ROOMS	01/15/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Enforcement History (OAK CREEK ASSISTED LIVING)

Date: 06/01/2009 **SOD #D7L611** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/28/2009 12:00:00AM
COMPLY WITH REQUIREMENT	--Facility Compliant 09/28/2009 12:00:00AM
NO NEW ADMISSIONS	--Facility Compliant 09/16/2009 12:00:00AM
FORFEITURE---83.32(3)(i)	
FORFEITURE---83.35(1)(c)	
FORFEITURE---83.37(2)(e)	
FORFEITURE---83.38(1)(b)	
FORFEITURE---83.38(1)(c)	

Date: 02/12/2009 **SOD #8VOX12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 05/06/2009 12:00:00AM
COMPLY WITH REQUIREMENT	--Facility Compliant 05/06/2009 12:00:00AM
FORFEITURE---83.15(1)(a)	
FORFEITURE---83.33(2)(a)	
FORFEITURE---83.33(2)(c)	

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Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Complaint History (OAK CREEK ASSISTED LIVING)

Date Complaint Received: 07/21/2010

Date Investigation Completed: 07/28/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/19/2010

Date Investigation Completed: 03/01/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/22/2009

Date Investigation Completed: 09/28/2009

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/05/2009

Date Investigation Completed: 05/06/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

05/06/09

05/06/09

Date Complaint Received: 01/12/2009

Date Investigation Completed: 01/30/2009

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

8VOX12

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: PINE TREE CBRF (0012647)

Address: 324 ROBIN LN, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0105158 **End Date:** 11/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103016 **End Date:** 12/01/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: PARADISE ESTATES LLC (0012735)
Address: 625 4TH ST, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 02/11/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103454 **End Date:** 02/11/2009 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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