

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: MANITOWOC

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Manitowoc County.

The report is a PDF (Adobe Acrobat) document and includes a total of 41 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: CARE PARTNERS KIEL (0009053)

Address: 65 RIVERVIEW RD, KIEL, WI 53042

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

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

Survey History

Survey ID: 0108172 **End Date:** 03/03/2011 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: CARE PARTNERS MANITOWOC (0009054)

Address: 1858 MIRRO DR, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

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

Survey History

Survey ID: 0107696 **End Date:** 12/15/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106216 **End Date:** 03/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O81F11 Served 05/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/08/2010	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	12/08/2010	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	12/08/2010	Yes
83.44(1)(b)	NOT FULLY AMBULATORY ON FIRST FLOOR	12/08/2010	Yes

Survey ID: 0103232 **End Date:** 01/05/2009 **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MANITOWOC

Enforcement History (CARE PARTNERS MANITOWOC)

Date: 05/05/2010 SOD #O81F11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(3)(d)
FORFEITURE---83.37(3)(g)

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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: MANITOWOC

Complaint History (CARE PARTNERS MANITOWOC)

Date Complaint Received: 06/01/2010

Date Investigation Completed: 12/15/2010

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/26/2010

Date Investigation Completed: 03/29/2010

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
O81F11

Date Complaint Received: 01/05/2009

Date Investigation Completed: 03/29/2010

Subject Area(s)
PROGRAM SERVICES

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 CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: FIELDCREST MANOR (410217)

Address: 1510 S 30TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 11/01/1990

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

Survey History

Survey ID: 0107138 **End Date:** 08/27/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103557 **End Date:** 02/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VGWQ11 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	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 CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Enforcement History (FIELDCREST MANOR)

Date: 03/12/2009

SOD #VGWQ11

Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(w)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Complaint History (FIELDCREST MANOR)

Date Complaint Received: 05/04/2010

Date Investigation Completed: 08/27/2010

Subject Area(s)
ABUSE
MEDICATIONS

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

Date Complaint Received: 12/22/2008

Date Investigation Completed: 02/17/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	VGWQ11
SUBSTANTIATED	VGWQ11

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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: MANITOWOC

Facility Information

Facility Name: HANNAH HOME II (0013211)

Address: 3407 WILDWOOD DR, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 03/01/2011

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

Survey History

Survey ID: 0107986 **End Date:** 02/10/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105857 **End Date:** 03/02/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: HANNAH HOME (0009173)

Address: 4025 DELTA ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0105991 **End Date:** 03/11/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R68012 Served 03/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		

Survey ID: 0104626 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R68011 Served 07/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/04/2009	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: MANITOWOC

Enforcement History (HANNAH HOME)

Date: 07/27/2009 SOD #R68011 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Complaint History (HANNAH HOME)

Date Complaint Received: 02/22/2010

Date Investigation Completed: 03/11/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: MANITOWOC

Facility Information

Facility Name: HARBOR HOUSE MANITOWOC (0013437)

Address: 3720 MENASHA AVE, MANITOWOC, WI 54220

License Status: PROBATIONARY

Licensed/Certified/Registered 08/15/2010

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

Survey History

Survey ID: 0106852 **End Date:** 08/15/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE 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: MANITOWOC

Facility Information

Facility Name: HARMONY OF MANITOWOC WEST (0008712)

Address: 2115 CAPPAERT RD, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0102580 **End Date:** 09/18/2008 **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: MANITOWOC

Complaint History (HARMONY OF MANITOWOC WEST)

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/18/2008

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: HIL LIGHTHOUSE (0009804)

Address: 1301 N 24TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL NEWPORT HOME (0009730)
Address: 3609 HECKER RD, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102798 **End Date:** 10/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KZM512 Served 10/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	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 CA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL WISCONSIN HOME (0009731)
Address: 1348-1350 S 39TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102444 **End Date:** 08/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #51XW11 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR 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: MANITOWOC

Facility Information

Facility Name: KINDREDHEARTS MANITOWOC (0009723)

Address: 5005 VISTA RD, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: LAUREL GROVE ASSISTED LIVING CENTER (0009274)

Address: 1308 S 22ND ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0107670 **End Date:** 11/10/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103640 **End Date:** 03/05/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: MARCO SERVICES INC (410023)
Address: 1114 S 11TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Survey ID: 0108474 End Date: 03/25/2011 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MTEZ11 Served 05/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
50.09(1)(e)	TREATMENT		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.15(3)(c)	QUALIFIED STAFF DESIGNATED AS IN CHARGE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.21(3)	CORRECTIONAL CLIENTS		
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED		
83.25	CONTINUING EDUCATION		
83.41(2)(a)	BEDDING AND LAUNDRY		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.46(4)(d)	MINIMUM NUMBER OF LIGHT FIXTURES AND OUTLETS		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Complaint History (MARCO SERVICES INC)

Date Complaint Received: 09/22/2010

Date Investigation Completed: 03/25/2011

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

SUBSTANTIATED

05/03/11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: OAKWOOD HOME (0010180)
Address: 1220 S 8TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102981 **End Date:** 10/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XBIS11 Served 12/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	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 AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: PINES GROUP HOME (410025)
Address: 716 S 24TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 03/01/1981
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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: POINT CREEK HOME (410554)
Address: 1722 NEW YORK AVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103988 **End Date:** 04/21/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: RAINBOW HOUSE (0011339)

Address: 3100 SOUTHBROOK CT, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 06/01/2007

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

Survey History

Survey ID: 0103689 **End Date:** 03/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3BZT11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(4)(b)2.c	BASEMENT SMOKE DETECTOR	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 AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: REIFS HARMONY HOUSE II (0010073)
Address: 2303 MARSHALL ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 12/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103330 **End Date:** 01/22/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: REIFS HARMONY HOUSE INC (0009600)
Address: 1605 CLARK ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103329 **End Date:** 01/22/2009 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: SAVAGES PARK PLACE LLC (410400)

Address: 622 N 7TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: VILLA THE (0012792)

Address: 1600 S 18TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/15/2009

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

Survey History

Survey ID: 0108121 **End Date:** 02/09/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KEZ011 Served 03/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		

Survey ID: 0104060 **End Date:** 05/15/2009 **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MANITOWOC

Enforcement History (VILLA THE)

Date: 03/10/2011 SOD #KEZ011 Enforcement Appealed: No

Sanctions

FORFEITURE---83.20(2)(b)

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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: MANITOWOC

Complaint History (VILLA THE)

Date Complaint Received: 01/25/2011

Date Investigation Completed: 02/09/2011

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: WALNUT GROVE MANITOWOC II (0012639)

Address: 1480 NORTH 7TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0105306 **End Date:** 11/19/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102943 **End Date:** 11/19/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: WHITETAIL ESTATES II (0008690)

Address: 910 RIVER BLUFF DR, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 07/28/1999

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

Survey History

Survey ID: 0107708 **End Date:** 12/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102366 **End Date:** 08/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZGE314 Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 AS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Complaint History (WHITETAIL ESTATES II)

Date Complaint Received: 06/04/2010

Date Investigation Completed: 12/29/2010

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

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: MANITOWOC

Facility Information

Facility Name: HARMONY OF TWO RIVERS (0008713)

Address: 4606 MISHICOT RD, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: PARKWAY GROUP HOME (410024)
Address: 1110 VICTORY ST, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 05/01/1981
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: TLC HOMES (0010467)

Address: 2214 11TH ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 12/27/2004

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

Survey History

Survey ID: 0108106 **End Date:** 02/10/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104007 **End Date:** 05/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103967 **End Date:** 04/22/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Complaint History (TLC HOMES)

Date Complaint Received: 01/10/2011

Date Investigation Completed: 02/11/2011

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/13/2009

Date Investigation Completed: 05/06/2009

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: WISTERIA HAUS (410398)

Address: 2741 45TH ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

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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