

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 12 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: OUTAGAMIE

Facility Information

Facility Name: KAYLEE LANE ADULT FAMILY HOME (0012481)
Address: 1619 KAYLEE LANE, APPLETON, WI 54913
License Status: REGULAR
Licensed/Certified/Registered 09/04/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107162 **End Date:** 09/22/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104535 **End Date:** 07/15/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104196 **End Date:** 06/05/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102438 **End Date:** 09/03/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 12 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: OUTAGAMIE

Complaint History (KAYLEE LANE ADULT FAMILY HOME)

Date Complaint Received: 06/03/2010

Date Investigation Completed: 09/22/2010

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/24/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2009

Date Investigation Completed: 06/05/2009

Subject Area(s)

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
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: OUTAGAMIE

Facility Information

Facility Name: LOPPNOW ADULT FAMILY HOME (0009927)
Address: 2426 N APPLETON ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 12/23/2002
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
Adult Family Home
COUNTY: OUTAGAMIE

Facility Information

Facility Name: TAMARACK (0011798)
Address: 1612 WEST PACKARD STREET, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 02/06/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103189 **End Date:** 12/22/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8ET511 Served 01/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OUTAGAMIE

Facility Information

Facility Name: WESTWOOD (0011226)
Address: 1101 E GLENDALE AVE, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 11/28/2005
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: OUTAGAMIE

Facility Information

Facility Name: HICKORY ROAD ADULT FAMILY HOME (0011612)
Address: N8065 HICKORY ROAD, BEAR CREEK, WI 549229717
License Status: REGULAR
Licensed/Certified/Registered 09/13/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101876 **End Date:** 06/02/2008 **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: OUTAGAMIE

Facility Information

Facility Name: CILANTRO ADULT FAMILY HOME (0013001)
Address: 4301 CILANTRO LN, KAUKAUNA, WI 54130
License Status: REGULAR
Licensed/Certified/Registered 10/01/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108071 **End Date:** 02/10/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O21T11 Served 03/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH		

Survey ID: 0104986 **End Date:** 09/24/2009 **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
Adult Family Home
COUNTY: OUTAGAMIE

Enforcement History (CILANTRO ADULT FAMILY HOME)

Date: 03/03/2011 SOD #O21T11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Adult Family Home
COUNTY: OUTAGAMIE

Complaint History (CILANTRO ADULT FAMILY HOME)

Date Complaint Received: 07/14/2010

Date Investigation Completed: 02/10/2011

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
O21T11

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

Facility Information

Facility Name: ERV COURT ADULT FAMILY HOME (0012302)
Address: W131 ERV COURT, KAUKAUNA, WI 54130
License Status: REGULAR
Licensed/Certified/Registered 03/05/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107300 **End Date:** 10/05/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IW4O11 Served 10/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
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: OUTAGAMIE

Facility Information

Facility Name: HOME AGAIN (0010117)
Address: 602 E BEACON AVE, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 09/15/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101454 **End Date:** 04/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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