

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

**Notes**

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

**The report includes only facilities located within the City of Oshkosh. 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 54 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: WINNEBAGO

#### Facility Information

**Facility Name:** ARBORVIEW MANOR (410329)

**Address:** 1520 ARBORETUM DR, OSHKOSH, WI 549012790

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1993

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

#### Survey History

**Survey ID:** 0104919    **End Date:** 08/31/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3SYZ11    Served 10/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(2)	STORAGE AREAS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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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: WINNEBAGO

**Enforcement History (ARBORVIEW MANOR)**

**Date: 10/02/2009**      **SOD #3SYZ11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.55(6)(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: WINNEBAGO

### Facility Information

**Facility Name:** BELLA VISTA MANOR (0012571)

**Address:** 631 HAZEL STREET, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2009

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

### Survey History

**Survey ID:** 0107697      **End Date:** 12/16/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104791      **End Date:** 08/24/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104250      **End Date:** 06/17/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102812      **End Date:** 10/31/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

#### Complaint History (BELLA VISTA MANOR)

**Date Complaint Received: 07/16/2010**

**Date Investigation Completed: 12/16/2010**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/24/2009**

**Date Investigation Completed: 06/17/2009**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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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: WINNEBAGO

#### Facility Information

**Facility Name:** CENTENNIAL INN (0009443)

**Address:** 1628 N MAIN ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2002

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

#### Survey History

**Survey ID:** 0107683    **End Date:** 12/02/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3HE911    Served 01/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING		

**Survey ID:** 0102109    **End Date:** 06/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OCXC12    Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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 CNA (NONAMBULATORY)  
COUNTY: WINNEBAGO

**Enforcement History (CENTENNIAL INN)**

**Date: 01/06/2011**      **SOD #3HE911**      **Enforcement Appealed: No**  
Sanctions  
FORFEITURE---83.39(3)

**Date: 07/24/2008**      **SOD #OCXC12**      **Enforcement Appealed: No**  
Sanctions  
FORFEITURE---83.42(3)(f)

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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: WINNEBAGO

#### Complaint History (CENTENNIAL INN)

**Date Complaint Received: 10/20/2010**

**Date Investigation Completed: 12/02/2010**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/16/2010**

**Date Investigation Completed: 12/02/2010**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS

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: WINNEBAGO

### Facility Information

**Facility Name:** CENTURY OAKS RES CARE COMM INC SONIA MARIE (0013298)

**Address:** 1018 W MURDOCK ST, OSHKOSH, WI 54902

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2011

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

### Survey History

**Survey ID:** 0107677      **End Date:** 12/08/2010      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106446      **End Date:** 06/09/2010      **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: WINNEBAGO

#### Complaint History (CENTURY OAKS RES CARE COMM INC SONIA MARIE)

**Date Complaint Received: 12/23/2010**

**Date Investigation Completed: 03/28/2011**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 08/13/2010**

**Date Investigation Completed: 12/08/2010**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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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: WINNEBAGO

**Facility Information**

**Facility Name:** CLARITY CARE BOWEN STREET HOUSE (410063)  
**Address:** 2910 BOWEN ST, OSHKOSH, WI 54901  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1987  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104636    **End Date:** 07/15/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VZO111    Served 08/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN		
83.59(3)(a)	PATIO DOOR FACTORY INSTALLED FASTENINGS		

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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: WINNEBAGO

**Enforcement History (CLARITY CARE BOWEN STREET HOUSE)**

<b>Date: 08/25/2009</b>	<b>SOD #VZO111</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/02/2009 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 11/02/2009 12:00:00AM	
FORFEITURE---83.48(6)(a)		

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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: WINNEBAGO

**Facility Information**

**Facility Name:** CLARITY CARE JEFFERSON HOUSE (0011509)  
**Address:** 1631 JEFFERSON STREET, OSHKOSH, WI 54901  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/30/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106466    **End Date:** 05/25/2010    **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  
Community Based Residential Facility--CLASS CA (AMBULATORY)  
COUNTY: WINNEBAGO

**Facility Information**

**Facility Name: CLARITY CARE MARICOPA GROUP HOME (410076)**

**Address: 1380 MARICOPA DR, OSHKOSH, WI 54904**

**License Status: REGULAR**

**Licensed/Certified/Registered 12/01/1980**

**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: WINNEBAGO

#### Facility Information

**Facility Name:** CLARITY CARE PACKER HEIGHTS (0009823)

**Address:** 560 W PACKER AVE, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003

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

#### Survey History

**Survey ID:** 0105569    **End Date:** 01/08/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MIRR11    Served 01/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER		
83.47(2)(d)	FIRE DRILLS		

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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: WINNEBAGO

#### Facility Information

**Facility Name:** CLARITY CARE SOUTH PARK AVE HOUSE (410251)

**Address:** 1035/1037 W SOUTH PARK AVE, OSHKOSH, WI 54902

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/17/1992

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

#### Survey History

**Survey ID:** 0101513    **End Date:** 04/14/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KJVW11    Served 04/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	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: WINNEBAGO

### Facility Information

**Facility Name:** CLARITY CARE WISCONSIN HEIGHTS (0010727)

**Address:** 550 W PACKER AVE, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/02/2004

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

### Survey History

**Survey ID:** 0104595      **End Date:** 07/15/2009      **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WINNEBAGO

**Facility Information**

**Facility Name:** CORAL HOUSE (410521)  
**Address:** 675 PLANEVIEW DR, OSHKOSH, WI 54904  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107799      **End Date:** 01/14/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101535      **End Date:** 04/17/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

**Facility Information**

**Facility Name:** EASTBROOKE MANOR ASSISTED LIVING & MEMORY (0012740)

**Address:** 3504 W 20TH AVENUE, OSHKOSH, WI 54904

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2010

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

**Survey History**

**Survey ID:** 0106515      **End Date:** 06/09/2010      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #715N11      Served 06/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4n)	REGULATION OF CBRF		

**Survey ID:** 0104175      **End Date:** 06/17/2009      **Type:** INITIAL      **Purpose:** SURVEY/COMPLAINT

**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: WINNEBAGO

#### Complaint History (EASTBROOKE MANOR ASSISTED LIVING & MEMORY)

**Date Complaint Received: 05/07/2009**

**Date Investigation Completed: 06/03/2009**

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: WINNEBAGO

### Facility Information

**Facility Name:** ELIJAHS PLACE (410376)

**Address:** 1551 SOUTHLAND AVE, OSHKOSH, WI 54902

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1995

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

### Survey History

**Survey ID:** 0107925      **End Date:** 02/07/2011      **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: WINNEBAGO

#### Facility Information

**Facility Name:** EVERGREEN SHAREHAVEN HOME (410286)

**Address:** 1095 N WESTFIELD ST, OSHKOSH, WI 54902

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1992

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

#### Survey History

**Survey ID:** 0103529    **End Date:** 03/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I0PW11    Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes

**Survey ID:** 0101986    **End Date:** 05/28/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YCM011    Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	03/03/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	03/03/2009	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: WINNEBAGO

**Enforcement History (EVERGREEN SHAREHAVEN HOME)**

**Date: 03/05/2009      SOD #I0PW11      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.19(3)(e)

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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: WINNEBAGO

#### Complaint History (EVERGREEN SHAREHAVEN HOME)

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

**Date Investigation Completed: 03/03/2009**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

#### Facility Information

**Facility Name:** EVERGREEN TERRACE (410151)

**Address:** 1130 N WESTFIELD ST, OSHKOSH, WI 549031720

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1984

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

#### Survey History

**Survey ID:** 0107867    **End Date:** 01/14/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H18L11    Served 02/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT		

**Survey ID:** 0101344    **End Date:** 04/04/2008    **Type:** OTHER    **Purpose:** COMPLAINT/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: WINNEBAGO

### Facility Information

**Facility Name:** HARBOR HOUSE OSHKOSH (0013423)

**Address:** 2220 BROOKVIEW CT, OSHKOSH, WI 54904

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 08/15/2010

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

### Survey History

**Survey ID:** 0106853      **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: WINNEBAGO

#### Facility Information

**Facility Name:** LAKESHORE MANOR (0011466)

**Address:** 711 BAYSHORE DRIVE, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/08/2006

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

#### Survey History

**Survey ID:** 0107783    **End Date:** 01/05/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VYUF11    Served 01/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		

**Survey ID:** 0106084    **End Date:** 03/25/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104529    **End Date:** 07/14/2009    **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: WINNEBAGO

**Survey ID: 0104050 End Date: 05/18/2009 Type: OTHER Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #26M111 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/14/2010	Yes

**Survey ID: 0102479 End Date: 08/12/2008 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WBIP11 Served 09/16/2008

<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
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	Yes

**Survey ID: 0102201 End Date: 07/08/2008 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1M0V11 Served 08/01/2008

<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
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	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: WINNEBAGO

**Enforcement History (LAKESHORE MANOR)**

**Date: 01/20/2011**      **SOD #VYUF11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.12(5)

**Date: 09/12/2008**      **SOD #WBIP11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 05/18/2009 12:00:00AM  
PROVIDE TRAINING      --Facility Compliant 05/19/2009 12:00:00AM  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(g)3  
FORFEITURE---83.33(4)

**Date: 07/30/2008**      **SOD #1M0V11**      **Enforcement Appealed: Yes**      **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 05/18/2009 12:00:00AM  
COMPLY WITH REQUIREMENT      --Facility Compliant 05/18/2009 12:00:00AM  
FORFEITURE---83.15(1)(a)  
FORFEITURE---83.32(2)(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: WINNEBAGO

#### Complaint History (LAKESHORE MANOR)

**Date Complaint Received: 12/21/2010**

**Date Investigation Completed: 01/05/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/06/2010**

**Date Investigation Completed: 01/05/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

01/20/11

**Date Complaint Received: 07/16/2010**

**Date Investigation Completed: 01/05/2011**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 02/16/2010**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 02/06/2010**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

**Date Complaint Received: 01/07/2010**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: WINNEBAGO

**Date Complaint Received: 09/14/2009**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)  
MEDICATIONS  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/04/2009**

**Date Investigation Completed: 03/25/2010**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION  
OTHER

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/11/2009**

**Date Investigation Completed: 07/14/2009**

Subject Area(s)  
NUTRITION & FOOD SERVICES  
ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/14/2009**

**Date Investigation Completed: 05/21/2009**

Subject Area(s)  
NUTRITION & FOOD SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/06/2009**

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

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

**Date Complaint Received: 10/17/2008**

Subject Area(s)  
RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

**Date Investigation Completed: 05/18/2009**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	05/28/09

**Date Complaint Received: 10/06/2008**

Subject Area(s)  
RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
PROGRAM SERVICES

**Date Investigation Completed: 05/18/2009**

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

**Date Complaint Received: 07/31/2008**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 08/11/2008**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	WBIP11

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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: WINNEBAGO

**Facility Information**

**Facility Name:** LSS PHILIPPE PINEL HOME (410176)  
**Address:** 1002 CONGRESS AVE, OSHKOSH, WI 54901  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/06/1992  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0108015    **End Date:** 02/08/2011    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9BV711    Served 03/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	04/06/2011	No

**Survey ID:** 0107024    **End Date:** 09/01/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BHW411    Served 09/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	02/08/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	02/08/2011	Yes

**Survey ID:** 0103032    **End Date:** 11/12/2008    **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  
Community Based Residential Facility--CLASS CA (AMBULATORY)  
COUNTY: WINNEBAGO

**Enforcement History (LSS PHILIPPE PINEL HOME)**

**Date: 03/03/2011**      **SOD #9BV711**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(a)

**Date: 09/09/2010**      **SOD #BHW411**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/08/2011 12:00:00AM

FORFEITURE---83.45(1)(f)

FORFEITURE---83.55(6)(b)

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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: WINNEBAGO

**Complaint History (LSS PHILIPPE PINEL HOME)**

**Date Complaint Received: 02/04/2011**

**Date Investigation Completed: 02/08/2011**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/23/2010**

**Date Investigation Completed: 02/08/2011**

Subject Area(s)  
RESIDENT RIGHTS  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
02/25/11

**Date Complaint Received: 07/07/2010**

**Date Investigation Completed: 09/01/2010**

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result  
SUBSTANTIATED

SOD #  
BHW411

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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: WINNEBAGO

#### Facility Information

**Facility Name:** LSS TOWARD TOMORROW (410224)

**Address:** 1332 MONROE ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/06/1992

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

#### Survey History

**Survey ID:** 0107646    **End Date:** 12/03/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104727    **End Date:** 07/23/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N77Z11    Served 09/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	12/03/2010	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	12/03/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/03/2010	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	12/03/2010	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: WINNEBAGO

**Enforcement History (LSS TOWARD TOMORROW)**

**Date: 09/01/2009**      **SOD #N77Z11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/03/2010 12:00:00AM  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.32(3)(i)

**Date: 04/23/2008**      **SOD #SJ2K11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.21(4)(o)

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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: WINNEBAGO

#### Complaint History (LSS TOWARD TOMORROW)

**Date Complaint Received: 08/02/2010**

**Date Investigation Completed: 12/03/2010**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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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: WINNEBAGO

**Facility Information**

**Facility Name:** NEXUS HOUSE (0012718)  
**Address:** 2831 HARRISON STREET, OSHKOSH, WI 54901  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/06/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104126      **End Date:** 04/28/2009      **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 AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

#### Facility Information

**Facility Name:** NOVA COUNSELING SERVICES INC 2 (0010634)

**Address:** 3240 JACKSON ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/31/2004

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

#### Survey History

**Survey ID:** 0103071    **End Date:** 11/25/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TNBG11    Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		

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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: WINNEBAGO

### Enforcement History (NOVA COUNSELING SERVICES INC 2)

**Date:** 12/15/2008

**SOD #**TN BG11

**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: WINNEBAGO

#### Facility Information

**Facility Name:** OAKWOOD MANOR (0011595)

**Address:** 2675 OMRO ROAD, OSHKOSH, WI 54904

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2007

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

#### Survey History

**Survey ID:** 0103629    **End Date:** 03/09/2009    **Type:** OTHER    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #09K011    Served 03/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	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: WINNEBAGO

**Enforcement History (OAKWOOD MANOR)**

**Date: 03/23/2009      SOD #09K011      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(g)3  
FORFEITURE---83.33(4)

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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: WINNEBAGO

### Facility Information

**Facility Name: RESPITE HOUSE (410406)**

**Address: 1325 EASTMAN ST, OSHKOSH, WI 54901**

**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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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

#### Facility Information

**Facility Name:** SERENITY PLACE I (0009570)

**Address:** 1538 W SIXTH AVE, OSHKOSH, WI 54902

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

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

#### Survey History

**Survey ID:** 0105992    **End Date:** 03/17/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EE9B11    Served 03/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(2)	MODIFIED OR SPECIAL DIETS		

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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: WINNEBAGO

#### Enforcement History (SERENITY PLACE I)

**Date: 04/30/2008**      **SOD #59QC11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/17/2010 12:00:00AM

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.42(12)

FORFEITURE---83.42(3)(f)

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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: WINNEBAGO

#### Facility Information

**Facility Name:** SERENITY PLACE II (0009571)

**Address:** 19 E LINCOLN ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

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

#### Survey History

**Survey ID:** 0104508    **End Date:** 07/21/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PDX111    Served 08/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

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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: WINNEBAGO

#### Facility Information

**Facility Name:** STERLING HOUSE OF OSHKOSH (410541)

**Address:** 190 LAKE POINTE DR, OSHKOSH, WI 54904

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1998

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

#### Survey History

**Survey ID:** 0107035    **End Date:** 08/31/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105554    **End Date:** 01/08/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XD0011    Served 01/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)	ADMINISTRATOR REQUIREMENTS	08/31/2010	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	08/31/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/31/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	08/31/2010	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: WINNEBAGO

**Survey ID: 0104162    End Date: 06/05/2009    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #WUNB11    Served 06/13/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		

**Survey ID: 0102864    End Date: 10/20/2008    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #E5EJ11    Served 11/07/2008**

<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: WINNEBAGO

**Enforcement History (STERLING HOUSE OF OSHKOSH)**

<b>Date:</b> 01/25/2010	<b>SOD #</b> XD0011	<b>Enforcement Appealed:</b> No	
<u>Sanctions</u>			
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 08/31/2010 12:00:00AM	
COMPLY WITH REQUIREMENT		--Facility Compliant 08/31/2010 12:00:00AM	
FORFEITURE---83.32(3)(d)			
FORFEITURE---83.32(3)(i)			
FORFEITURE---83.35(1)(a)			
<hr/>			
<b>Date:</b> 11/06/2008	<b>SOD #</b> E5EJ11	<b>Enforcement Appealed:</b> Yes	<b>Decision:</b> WITHDRAWN APPEAL (NO STIPUL
<u>Sanctions</u>			
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 06/05/2009 12:00:00AM	
FORFEITURE---83.21(4)(p)			
<hr/>			

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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: WINNEBAGO

#### Complaint History (STERLING HOUSE OF OSHKOSH)

**Date Complaint Received: 09/17/2008**

**Date Investigation Completed: 10/20/2008**

Subject Area(s)

SUPERVISION  
HOMELIKE ENVIRONMENT & CLEANLINESS  
STAFF ADEQUACY

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

#### Facility Information

**Facility Name:** SUMMIT HOUSE (410163)

**Address:** 2501 HARRISON ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1988

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

#### Survey History

**Survey ID:** 0107091    **End Date:** 08/31/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W6Y811    Served 09/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	03/24/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	03/24/2011	Yes
83.47(3)	FIRE INSPECTION	03/24/2011	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	03/24/2011	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	03/24/2011	Yes
83.48(6)(b)	INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE	03/24/2011	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	03/24/2011	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	03/24/2011	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: WINNEBAGO

#### Enforcement History (SUMMIT HOUSE)

**Date: 09/20/2010**      **SOD #W6Y811**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION      --Facility Compliant 04/05/2011 12:00:00AM

COMPLY WITH REQUIREMENT      --Facility Compliant 04/05/2011 12:00:00AM

FORFEITURE---83.20(2)(a)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

FORFEITURE---83.48(3)(a)

FORFEITURE---83.48(3)(b)

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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: WINNEBAGO

#### Complaint History (SUMMIT HOUSE)

**Date Complaint Received: 08/18/2010**

**Date Investigation Completed: 08/31/2010**

Subject Area(s)  
SUPERVISION

Result  
NOT SUBSTANTIATED

SOD #

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