

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011

COUNTY: CALUMET

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 30 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 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: CALUMET

Facility Information

Facility Name: STEVE AND MISSY WISNIEWSKI (0013644)
Address: 71 BRENTWOOD LN, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 02/25/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108113 **End Date:** 02/25/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: CALUMET

Facility Information

Facility Name: BROOKLYN HOUSE (0011748)
Address: 69 E BROOKLYN ST, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 01/25/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103347 **End Date:** 01/29/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3U8N11 Served 02/04/2009

<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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: BRILLION WEST HAVEN (0012537)

Address: 220 ACHIEVEMENT DR, BRILLION, WI 54110

License Status: REGULAR

Licensed/Certified/Registered 11/01/2009

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

Survey History

Survey ID: 0108432 **End Date:** 04/11/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8TM011 Served 04/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0104788 **End Date:** 08/25/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Complaint History (BRILLION WEST HAVEN)

Date Complaint Received: 01/09/2011

Date Investigation Completed: 02/03/2012

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

YHZ411

Date Complaint Received: 10/04/2010

Date Investigation Completed: 04/11/2011

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

8TM011

STAFF ADEQUACY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: GARROW VILLA (410344)

Address: 210 S PARKWAY DR, BRILLION, WI 54110

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

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

Survey History

Survey ID: 0104013 **End Date:** 05/04/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #72B811 Served 05/27/2009

<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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: ROADS TO FREEDOM BRILLION (0012211)

Address: 610 S MAIN ST, BRILLION, WI 54110

License Status: REGULAR

Licensed/Certified/Registered 01/01/2009

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: CENTURY RIDGE INC (0008772)

Address: 531 E CALUMET ST, CHILTON, WI 53014

License Status: REGULAR

Licensed/Certified/Registered 01/08/2000

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: CENTURY RIDGE INC (0010623)

Address: 535 E CALUMET ST, CHILTON, WI 53014

License Status: REGULAR

Licensed/Certified/Registered 07/08/2004

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: CALUMET

Facility Information

Facility Name: CENTURY RIDGE INC (410508)
Address: 533 E CALUMET ST, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 05/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: COLONIAL RESIDENCE (0010143)

Address: 705 S MADISON ST, CHILTON, WI 53014

License Status: REGULAR

Licensed/Certified/Registered 06/12/2002

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

Survey History

Survey ID: 0107228 **End Date:** 09/30/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106372 **End Date:** 05/11/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2JN512 Served 06/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	09/28/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	09/28/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	09/28/2010	Yes
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	09/28/2010	Yes
83.48(6)(b)	INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE	09/28/2010	Yes
83.48(6)(c)	INTEGRATED HEAT DETECTOR IN ATTIC COMPARTMENT	09/28/2010	Yes
83.57(1)(b)	RCAC IN SAME BUILDING	09/28/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	09/28/2010	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

Survey ID: 0105561 **End Date: 01/06/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2JN511 Served 01/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES	05/10/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	05/11/2010	No
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	04/21/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	04/21/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	04/21/2010	Yes
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION	04/21/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	05/10/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	05/10/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	05/04/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	05/11/2010	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	05/10/2010	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	05/10/2010	Yes
83.38(1)(b)	SUPERVISION	01/27/2010	Yes
83.39(1)	INFECTION CONTROL PROGRAM	05/10/2010	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	04/14/2010	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	03/16/2010	Yes
83.47(2)(d)	FIRE DRILLS	03/02/2010	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	05/11/2010	No
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	05/11/2010	No
83.48(6)(b)	INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE	05/11/2010	No
83.48(6)(c)	INTEGRATED HEAT DETECTOR IN ATTIC COMPARTMENT	05/11/2010	No
83.57(1)(b)	RCAC IN SAME BUILDING	05/11/2010	No
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	05/11/2010	No

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

83.59(2)(b)

SOLID CORE WOOD DOORS OR EQUIVALENT

04/14/2010

Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: CALUMET

Enforcement History (COLONIAL RESIDENCE)

Date: 06/03/2010 **SOD #2JN512** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/28/2010
FORFEITURE---83.14(4)(a) 2nd cite
FORFEITURE---83.36(1)(b) 2nd cite
FORFEITURE---83.48(1)(b) 2nd cite
FORFEITURE---83.48(6)(c) 2nd cite
FORFEITURE---83.57(1)(b) 2nd cite
FORFEITURE---83.59(1)(a) 2nd cite

Date: 01/25/2010 **SOD #2JN511** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/11/2010
COMPLY WITH REQUIREMENT --Facility Compliant 05/11/2010
NO NEW ADMISSIONS --Facility Compliant 09/28/2010
FORFEITURE---50.09(1)(f)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(2)(d)
FORFEITURE---83.39(1)
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: CALUMET

Complaint History (COLONIAL RESIDENCE)

Date Complaint Received: 12/28/2009

Date Investigation Completed: 01/06/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: LIBBYS HOUSE OF CHILTON (0013613)

Address: 323 FIELD LN, CHILTON, WI 53014

License Status: REGULAR

Licensed/Certified/Registered 02/19/2011

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

Survey History

Survey ID: 0108109 **End Date:** 02/17/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CALUMET

Facility Information

Facility Name: ROADS TO FREEDOM CHILTON (0012210)
Address: 1024 STEENPORT LN, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 01/01/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108878 **End Date:** 06/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108125 **End Date:** 02/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NPC612 Served 03/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	06/28/2011	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CALUMET

Survey ID: 0107184 End Date: 09/13/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NPC611 Served 10/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	02/14/2011	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	02/14/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	02/14/2011	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	02/14/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	02/14/2011	No

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CALUMET

Enforcement History (ROADS TO FREEDOM CHILTON)

Date: 03/11/2011 **SOD #NPC612** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/28/2011
FORFEITURE---83.38(1)(c) 2nd cite

Date: 09/29/2010 **SOD #NPC611** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/28/2011
COMPLY WITH REQUIREMENT --Facility Compliant 02/23/2011
NO NEW ADMISSIONS --Facility Compliant 06/28/2011
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(c)

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CALUMET

Complaint History (ROADS TO FREEDOM CHILTON)

Date Complaint Received: 08/05/2010

Date Investigation Completed: 09/13/2010

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/17/2010

Date Investigation Completed: 09/13/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
09/29/10
09/29/10

Date Complaint Received: 02/01/2010

Date Investigation Completed: 09/13/2010

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
09/29/10
09/29/10

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: OAK CREEK ASSISTED LIVING - KIEL (0012113)

Address: 1237 TEKLA PL, KIEL, WI 53042

License Status: REGULAR

Licensed/Certified/Registered 05/01/2008

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

Survey History

Survey ID: 0109680 **End Date:** 10/19/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108154 **End Date:** 03/02/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JM4U13 Served 03/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	10/19/2011	Yes
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES	10/19/2011	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	10/19/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Survey ID: 0107546 End Date: 11/23/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JM4U12 Served 12/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/04/2011	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	02/04/2011	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	02/04/2011	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	02/04/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	02/04/2011	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	02/04/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	02/04/2011	Yes
83.38(1)(d)	COMMUNITY ACTIVITIES	02/04/2011	Yes

Survey ID: 0105827 End Date: 02/04/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JM4U11 Served 03/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	11/23/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	01/08/2010	Yes

Survey ID: 0104193 End Date: 06/09/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Enforcement History (OAK CREEK ASSISTED LIVING - KIEL)

Date: 03/14/2011 **SOD #JM4U13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.20(2)(a)

FORFEITURE---83.29(1)(c)

FORFEITURE---83.41(2)(a)

Date: 12/06/2010 **SOD #JM4U12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/02/2011

FORFEITURE---83.31(1)(c)

FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Complaint History (OAK CREEK ASSISTED LIVING - KIEL)

Date Complaint Received: 01/19/2011

Date Investigation Completed: 03/02/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	03/02/11
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/06/2011

Date Investigation Completed: 03/02/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	03/14/11
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 12/09/2010

Date Investigation Completed: 03/02/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	03/14/11
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 06/29/2010

Date Investigation Completed: 11/23/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	12/06/10
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	12/06/10
STAFF ADEQUACY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Date Complaint Received: 06/22/2010

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Date Investigation Completed: 11/23/2010

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	12/06/10
NOT SUBSTANTIATED	

Date Complaint Received: 06/21/2010

Subject Area(s)
RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/23/2010

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	12/06/10
NOT SUBSTANTIATED	

Date Complaint Received: 04/26/2010

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 11/23/2010

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	12/06/10

Date Complaint Received: 12/07/2009

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 02/04/2010

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	03/05/10

Date Complaint Received: 12/04/2009

Subject Area(s)
SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
OTHER

Date Investigation Completed: 02/04/2010

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

Date Complaint Received: 05/11/2009

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 06/09/2009

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

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: GARDENS OF FOUNTAIN WAY (THE) (0010205)

Address: 1050 FOUNTAIN WAY, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 11/25/2003

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Facility Information

Facility Name: WILLOWPARK RESIDENCE (0011386)

Address: 1706 HOOVER ST, NEW HOLSTEIN, WI 53061

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0104457 **End Date:** 06/25/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CALUMET

Complaint History (WILLOWPARK RESIDENCE)

Date Complaint Received: 02/11/2009

Date Investigation Completed: 06/25/2009

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: CALUMET

Facility Information

Facility Name: HERITAGE APARTMENT REDEVELOPMENT LLC (0013604)

Address: 108 NATIONAL AVE, BRILLION, WI 54110

License Status: REGULAR

Licensed/Certified/Registered 07/26/2011

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

Survey History

Survey ID: 0108943 **End Date:** 07/26/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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