

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

COUNTY: DOOR

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 21 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 Day Care Facility
COUNTY: DOOR

Facility Information

Facility Name: NOR DOOR ADULT DAY SERVICES (0013470)
Address: 10539 APPLEWOOD RD, SISTER BAY, WI 54234
License Status: REGULAR
Licensed/Certified/Registered 10/20/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107484 **End Date:** 10/20/2010 **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: DOOR

Facility Information

Facility Name: GREEN ACRES ADULT FAMILY HOME (0011463)
Address: 4820 STATE HWY 57, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 06/08/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105058 **End Date:** 10/14/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102881 **End Date:** 10/27/2008 **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
Adult Family Home
COUNTY: DOOR

Complaint History (GREEN ACRES ADULT FAMILY HOME)

Date Complaint Received: 09/10/2009

Date Investigation Completed: 10/14/2009

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: HIL ORANGE GROVE (0012184)
Address: 525 N 19 ST, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 11/15/2007
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: DOOR

Facility Information

Facility Name: KIMBERLEY HOUSE (490112)
Address: 33 N JOLIET AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 09/16/1997
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: DOOR

Facility Information

Facility Name: TROY AND SAMANTHA HICKS (0010667)
Address: 414 S 4TH AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104212 **End Date:** 06/10/2009 **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 CNA (NONAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: HEARTHSIDE (410502)

Address: 10569 FIELDCREST RD, SISTER BAY, WI 54234

License Status: REGULAR

Licensed/Certified/Registered 11/01/1997

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

Survey History

Survey ID: 0107448 **End Date:** 10/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103971 **End Date:** 04/27/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W5UC11 Served 05/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/19/2010	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: DOOR

Facility Information

Facility Name: WOODVIEW OF SCANDIA (410210)

Address: 2311 MEADOW WOOD DR, SISTER BAY, WI 54234

License Status: REGULAR

Licensed/Certified/Registered 05/01/1990

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

Survey History

Survey ID: 0104268 **End Date:** 06/23/2009 **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: DOOR

Facility Information

Facility Name: CARDINAL RIDGE RESIDENTIAL CARE (0010030)

Address: 817 CIRCLE RIDGE PLACE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0102680 **End Date:** 09/30/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: GATHERING OF DOOR COUNTY (THE) (0008736)

Address: 204 N DULUTH AVE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 02/01/2001

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

Survey History

Survey ID: 0104236 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4KB911 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Survey ID: 0102124 **End Date:** 07/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT7413 Served 07/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP	04/01/2009	Yes
83.06(6)	MINORS	04/01/2009	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	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: DOOR

Enforcement History (GATHERING OF DOOR COUNTY (THE))

Date: 06/24/2009 **SOD #4KB911** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/17/2008 **SOD #FT7413** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.06(1)(a)3

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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: DOOR

Complaint History (GATHERING OF DOOR COUNTY (THE))

Date Complaint Received: 04/16/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

4KB911

Date Complaint Received: 03/12/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

4KB911

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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: DOOR

Facility Information

Facility Name: HIL FLORIDA (0012185)

Address: 1921 FLORIDA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 11/15/2007

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: DOOR

Facility Information

Facility Name: WHISPERING HEIGHTS (0013300)

Address: 1704 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 05/24/2010

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

Survey History

Survey ID: 0106405 **End Date:** 05/24/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: DOOR

Facility Information

Facility Name: WHISPERING PINES (0013302)

Address: 1610 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 05/24/2010

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

Survey History

Survey ID: 0106409 **End Date:** 05/24/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: DOOR

Facility Information

Facility Name: WHISPERING WINDS (0013287)

Address: 1632 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 05/24/2010

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

Survey History

Survey ID: 0106410 **End Date:** 05/24/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: GOOD SAMARITAN SOCIETY-SCANDIA VILLAGE (0012463)

Address: 10554 APPLEWOOD RD, SISTER BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 08/19/2008

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

Survey History

Survey ID: 0102331 **End Date:** 07/01/2008 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: PINE CREST VILLAGE LLC (0010344)
Address: 1241 N 18TH AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 12/10/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105165 **End Date:** 10/14/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #64WS11 Served 11/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(b)1	SERVICES		
89.26(4)	ANNUAL REVIEW		
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS		
89.29(2)(b)2	ADMISSION & RETENTION OF TENANTS		

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

Enforcement History (PINE CREST VILLAGE LLC)

Date: 11/16/2009 SOD #64WS11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.26(4)
FORFEITURE---89.29(2)(b)1

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

Complaint History (PINE CREST VILLAGE LLC)

Date Complaint Received: 09/28/2009

Date Investigation Completed: 10/14/2009

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
11/16/09

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