

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

Notes

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

The report includes only facilities located within the City of Fond du Lac. 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 26 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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC FOND DU LAC (410551)
Address: 27 E THIRD ST 208, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103950 **End Date:** 04/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JC7T11 Served 05/08/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 83.41(3)(b) | DINING & LIVING INTERNALLY ACCESSIBLE | | |

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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: FOND DU LAC

Enforcement History (ARC FOND DU LAC)

Date: 05/07/2009 SOD #JC7T11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.41(3)(b)

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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: FOND DU LAC

Facility Information

Facility Name: ARC PARK AVE GROUP HOME (410005)
Address: 100 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/1986
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102097 **End Date:** 07/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V2M813 Served 07/15/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|----------------------------|------------------|
| 83.41(1)(g)2.c | CLOSET SPACE | 04/01/2009 | Yes |
| 83.41(4)(f) | NO COMBUSTIBLE MATERIALS | 04/01/2009 | Yes |
| 83.43(3)(b)2 | TESTING OF SMOKE DETECTORS | 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: FOND DU LAC

Facility Information

Facility Name: BEACON HOUSE (410343)
Address: 166 S PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1994
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105568 **End Date:** 01/05/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L66O11 Served 01/27/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------|----------------------------|------------------|
| 83.21(1) | TRAINING IN RESIDENT RIGHTS | 09/22/2010 | Yes |
| 83.25 | CONTINUING EDUCATION | 09/22/2010 | Yes |
| 83.47(2)(d) | FIRE DRILLS | 09/22/2010 | 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: FOND DU LAC

Enforcement History (BEACON HOUSE)

Date: 01/26/2010 SOD #L66O11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(1)
FORFEITURE---83.25

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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: FOND DU LAC

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES - FDL 21ST STRE (0010691)

Address: 37 & 43 21ST ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/15/2004

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

Survey History

Survey ID: 0104043 **End Date:** 04/16/2009 **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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: BLANDINE HOUSE INC (410007)
Address: 25 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107223 **End Date:** 09/27/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106113 **End Date:** 03/29/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MN7011 Served 04/24/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 83.19 | ORIENTATION | 09/28/2010 | Yes |
| 83.25 | CONTINUING EDUCATION | 09/28/2010 | Yes |
| 83.48(1)(b) | SMOKE AND HEAT DETECTORS PER NFPA 72 | 09/28/2010 | Yes |
| 83.48(6)(c) | INTEGRATED HEAT DETECTOR IN ATTIC COMPARTMENT | 09/28/2010 | Yes |
| 83.48(6)(e) | INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM | 09/28/2010 | 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: FOND DU LAC

Enforcement History (BLANDINE HOUSE INC)

Date: 04/23/2010 **SOD #MN7011**

Enforcement Appealed: No

Sanctions

| | |
|---|--|
| ACCRUING FORFEITURE | --Facility Compliant 10/12/2010 12:00:00AM |
| COMPLY WITH DEPARTMENT PLAN OF CORRECTION | --Facility Compliant 09/28/2010 12:00:00AM |
| COMPLY WITH REQUIREMENT | --Facility Compliant 09/28/2010 12:00:00AM |
| FORFEITURE---83.48(1)(b) | |
| FORFEITURE---Accruing forf total | |

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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: FOND DU LAC

Facility Information

Facility Name: DEERVIEW MEADOWS OF FOND DU LAC I (0010855)

Address: 496 WISCONSIN CT, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 02/05/2005

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

Survey History

Survey ID: 0105655 End Date: 01/28/2010 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102098 End Date: 07/03/2008 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C1JP11 Served 07/15/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------|----------------------------|------------------|
| 83.19(1)(a) | PARTIES TO BE NOTIFIED | 04/01/2009 | Yes |
| 83.41(10)(a) | BUILDING MAINTENANCE | 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: FOND DU LAC

Complaint History (DEERVIEW MEADOWS OF FOND DU LAC I)

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/03/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

C1JP11

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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: FOND DU LAC

Facility Information

Facility Name: FRANKLIN HOUSE (410009)

Address: 349 W 11TH ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/09/1984

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

Survey History

Survey ID: 0101875 **End Date:** 06/04/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: KINDREDHEARTS FOND DU LAC (0011452)

Address: 566 SHERWOOD AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 05/01/2006

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

Survey History

Survey ID: 0102620 **End Date:** 09/29/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: LIBERTY HOUSE (410513)

Address: 701 S MAIN ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

Survey ID: 0108309 **End Date:** 03/21/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #03IX11 Served 04/11/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------|----------------------------|------------------|
| 83.25 | CONTINUING EDUCATION | | |

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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: FOND DU LAC

Facility Information

Facility Name: LINCOLN HOUSE (410289)

Address: 342 FOREST AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/30/1991

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

Survey History

Survey ID: 0108089 **End Date:** 02/18/2011 **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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: ROBERT E BERRY HOUSE (410017)
Address: 178 SIXTH ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/01/1979
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102096 **End Date:** 06/26/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: STERLING HOUSE OF FOND DU LAC (410459)

Address: 1001 PRIMROSE LA, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

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

Survey History

Survey ID: 0107348 End Date: 10/07/2010 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105204 End Date: 10/21/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103301 End Date: 01/21/2009 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9HKKI13 Served 01/29/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------|----------------------------|------------------|
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 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: FOND DU LAC

Complaint History (STERLING HOUSE OF FOND DU LAC)

Date Complaint Received: 04/14/2010

Date Investigation Completed: 10/07/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/01/2009

Date Investigation Completed: 10/21/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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 AS (SEMIAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: TAKODAH HOUSE (410114)

Address: W5021 TAKODAH DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 01/01/1988

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

Survey History

Survey ID: 0104484 **End Date:** 07/10/2009 **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 CS (SEMIAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: TARFA TERRACE (410094)

Address: 54 W ARNDT ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 07/01/1986

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

Survey History

Survey ID: 0103184 **End Date:** 12/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O6IB11 Served 01/08/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------|----------------------------|------------------|
| 83.14(1)(a) | CLIENT RELATED TRAINING | 04/01/2009 | Yes |
| 83.43(4)(b)1.c | IN EVERY CORRIDOR SMOKE DETECTOR | 04/01/2009 | Yes |
| 83.43(4)(b)1.d | COMMON USE ROOMS SMOKE DETECTOR | 04/01/2009 | Yes |
| 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 CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: WALNUT GROVE FOND DU LAC II (0012641)

Address: 154 S PIONEER PKWY, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/01/2009

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

Survey History

Survey ID: 0106419 **End Date:** 05/06/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105155 **End Date:** 10/26/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102944 **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 CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Complaint History (WALNUT GROVE FOND DU LAC II)

Date Complaint Received: 04/20/2010

Date Investigation Completed: 05/06/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2009

Date Investigation Completed: 10/26/2009

Subject Area(s)

Result

SOD #

MEDICATIONS

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: FOND DU LAC

Facility Information

Facility Name: WOODLANDS OF FOND DU LAC LLC (0009427)

Address: 1446 LYNN AVE, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

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

Survey History

Survey ID: 0107415 **End Date:** 10/26/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105289 **End Date:** 11/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/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: FOND DU LAC

Complaint History (WOODLANDS OF FOND DU LAC LLC)

Date Complaint Received: 01/11/2010

Date Investigation Completed: 10/26/2010

Subject Area(s)

Result

SOD #

SUPERVISION
ABUSE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/08/2009

Date Investigation Completed: 11/04/2009

Subject Area(s)

Result

SOD #

STAFF ADEQUACY

NOT SUBSTANTIATED

This is Page 24 of 26 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: WOODLANDS SENIOR PARK (0010166)

Address: 77 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 09/17/2003

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

Survey History

Survey ID: 0101996 **End Date:** 06/12/2008 **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 CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: WOODLANDS SENIOR PARK (0011204)

Address: 87 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 03/07/2006

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

Survey History

Survey ID: 0101995 **End Date:** 06/12/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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