

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex  
COUNTY: FOND DU LAC

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Fond du Lac County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 14 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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** LAKE VIEW ESTATES (0011387)  
**Address:** 517 LUCO RD, FOND DU LAC, WI 53495  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106389    **End Date:** 04/19/2010    **Type:** STANDARD    **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: FOND DU LAC

**Complaint History (LAKE VIEW ESTATES)**

**Date Complaint Received: 02/12/2010**

**Date Investigation Completed: 04/15/2010**

Subject Area(s)

Result

SOD #

SUPERVISION  
ADMINISTRATION

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 11/16/2009**

**Date Investigation Completed: 04/15/2010**

Subject Area(s)

Result

SOD #

STAFF ADEQUACY

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** ST FRANCIS TERRACE (0010373)  
**Address:** 345 E FIRST ST, FOND DU LAC, WI 54935  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/1998  
**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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** ST PETERS PLACE (0012846)  
**Address:** 50 E FIRST ST, FOND DU LAC, WI 54935  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/31/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107923    **End Date:** 02/08/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107772    **End Date:** 12/13/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V83O11    Served 01/20/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	02/08/2011	Yes
89.23(4)(d)2.a	SERVICES	02/08/2011	Yes
89.23(4)(d)2.b	SERVICES	02/08/2011	Yes
89.23(5)	SERVICES	02/08/2011	Yes

**Survey ID:** 0104836    **End Date:** 08/31/2009    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Enforcement History (ST PETERS PLACE)**

**Date: 01/19/2011      SOD #V83011      Enforcement Appealed: No**

Sanctions

FORFEITURE---89.23(4)(d)1  
FORFEITURE---89.23(4)(d)2  
FORFEITURE---89.23(4)(d)2b  
FORFEITURE---89.23(5)

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

**Complaint History (ST PETERS PLACE)**

**Date Complaint Received: 09/20/2010**

**Date Investigation Completed: 12/13/2010**

Subject Area(s)  
ADMINISTRATION  
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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** WALNUT GROVE FOND DU LAC I (0012640)  
**Address:** 597 KINGSWOOD AVE, FOND DU LAC, WI 54935  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107122    **End Date:** 08/25/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106510    **End Date:** 05/27/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X8FN11    Served 06/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	08/25/2010	Yes

**Survey ID:** 0102947    **End Date:** 11/19/2008    **Type:** INITIAL    **Purpose:** CHOW--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: FOND DU LAC

**Enforcement History (WALNUT GROVE FOND DU LAC I)**

<b>Date: 06/24/2010</b>	<b>SOD #X8FN11</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 08/25/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 08/25/2010 12:00:00AM	
FORFEITURE---89.34(17)		

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

**Complaint History (WALNUT GROVE FOND DU LAC I)**

**Date Complaint Received: 04/28/2010**

**Date Investigation Completed: 05/27/2010**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
06/24/10

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

**Facility Information**

**Facility Name:** WOODLANDS SENIOR PARK (0010355)  
**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:** 0101994    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** VILLA ROSA ASSISTED LIVING (0011286)  
**Address:** N8120 CTY RD WW, MT CALVARY, WI 53057  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/18/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101710      **End Date:** 05/08/2008      **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** MAPLECREST MANOR (0010341)  
**Address:** 150 N DOUGLAS ST, RIPON, WI 54971  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/09/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105829    **End Date:** 02/18/2010    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** PRAIRIE PLACE RCAC (0013528)  
**Address:** 749 E OSHKOSH ST, RIPON, WI 54971  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2010  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107311    **End Date:** 09/30/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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