

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

COUNTY: GREEN LAKE

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 25 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 Family Home  
COUNTY: GREEN LAKE

**Facility Information**

**Facility Name:** EVERGREEN HOME OF BERLIN (0012780)  
**Address:** 508 E MARQUETTE ST, BERLIN, WI 54923  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/21/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103883      **End Date:** 04/20/2009      **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  
Adult Family Home  
COUNTY: GREEN LAKE

**Facility Information**

**Facility Name:** VOSS ADULT FAMILY HOME (0012901)  
**Address:** W3464 OLD GREEN LAKE RD, PRINCETON, WI 54968  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/16/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105411    **End Date:** 12/16/2009    **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 CNA (NONAMBULATORY)

COUNTY: GREEN LAKE

### Facility Information

**Facility Name:** BROWN WILCOX RETIREMENT HOME (410143)

**Address:** 347 E HURON ST, BERLIN, WI 54923

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1980

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

### Survey History

**Survey ID:** 0104131      **End Date:** 05/13/2009      **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 CNA (NONAMBULATORY)

COUNTY: GREEN LAKE

#### Facility Information

**Facility Name:** CCLS MOUND STREET (0011136)

**Address:** 284 MOUND ST, BERLIN, WI 54923

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2006

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

#### Survey History

**Survey ID:** 0103893    **End Date:** 04/06/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WIO411    Served 05/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

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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: GREEN LAKE

**Facility Information**

**Facility Name:** CUMBERLAND HOUSE GROUP HOME (0008558)  
**Address:** 343 E CUMBERLAND ST, BERLIN, WI 54923  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1999  
**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: GREEN LAKE

### Facility Information

**Facility Name:** PATRIOT PLACE CBRF (0012720)

**Address:** 609 BROADWAY, BERLIN, WI 54923

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2010

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

### Survey History

**Survey ID:** 0108096      **End Date:** 02/24/2011      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105661      **End Date:** 01/20/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0103540      **End Date:** 02/27/2009      **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: GREEN LAKE

#### Complaint History (PATRIOT PLACE CBRF)

**Date Complaint Received: 11/18/2010**

**Date Investigation Completed: 02/24/2011**

Subject Area(s)  
STAFF ADEQUACY

Result  
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: GREEN LAKE

#### Facility Information

**Facility Name:** KINDREDHEARTS GREEN LAKE (0011582)

**Address:** 860 SUNNYSIDE RD, GREEN LAKE, WI 54941

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2006

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

#### Survey History

**Survey ID:** 0102511    **End Date:** 08/28/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1SVN12    Served 09/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	Yes
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: GREEN LAKE

**Enforcement History (KINDREDHEARTS GREEN LAKE)**

**Date: 09/18/2008      SOD #1SVN12      Enforcement Appealed: Yes      Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(a) 2nd cite

FORFEITURE---83.33(4)(h)\_

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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: GREEN LAKE

### Facility Information

**Facility Name:** BARRETT HOUSE INC (410302)

**Address:** 185 E JOHN ST, MARKESAN, WI 53946

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1993

**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: GREEN LAKE

#### Facility Information

**Facility Name:** MARTHAS INC (410197)

**Address:** 404 W WATER ST, PRINCETON, WI 54968

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1990

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

#### Survey History

**Survey ID:** 0108243    **End Date:** 03/10/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VLMM11 Served 04/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(a)3	PRIVATE VISITS		
83.19	ORIENTATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

**Survey ID:** 0104680    **End Date:** 07/30/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W1RY11 Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/14/2009	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: GREEN LAKE

**Enforcement History (MARTHAS INC)**

**Date: 03/29/2011**      **SOD #VLMM11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(3)(c)  
FORFEITURE---87.37(3)(a)

**Date: 07/30/2009**      **SOD #W1RY11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 08/14/2009 12:00:00AM

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

**Facility Information**

**Facility Name:** AMERICAN HOUSE OF BERLIN (0010330)  
**Address:** 123 S PEARL ST, BERLIN, WI 54923  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/28/1997  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105242    **End Date:** 11/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103526    **End Date:** 02/23/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101660    **End Date:** 04/22/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BN4211    Served 05/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	02/23/2009	Yes
89.29(2)(b)2	ADMISSION & RETENTION OF TENANTS	02/23/2009	Yes

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

**Enforcement History (AMERICAN HOUSE OF BERLIN)**

**Date: 05/07/2008**      **SOD #BN4211**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---89.23(4)(d)1

--Facility Compliant 02/23/3009 12:00:00AM

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

**Complaint History (AMERICAN HOUSE OF BERLIN)**

**Date Complaint Received: 09/11/2009**

**Date Investigation Completed: 11/03/2009**

Subject Area(s)  
MEDICATIONS  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/04/2009**

**Date Investigation Completed: 11/03/2009**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/14/2009**

**Date Investigation Completed: 02/23/3009**

Subject Area(s)  
ABUSE  
PROGRAM SERVICES  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/07/2008**

**Date Investigation Completed: 04/22/2008**

Subject Area(s)  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
BN4211  
BN4211

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

**Facility Information**

**Facility Name:** PATRIOT PLACE RCAC (0012637)  
**Address:** 609 BROADWAY, BERLIN, WI 54923  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/02/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0108094    **End Date:** 02/24/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104011    **End Date:** 04/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103224    **End Date:** 01/02/2009    **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: GREEN LAKE

**Complaint History (PATRIOT PLACE RCAC)**

**Date Complaint Received: 04/09/2009**

**Date Investigation Completed: 04/30/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

**Date Complaint Received: 02/26/2009**

**Date Investigation Completed: 04/30/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** KINDREDHEARTS GREEN LAKE (0011583)  
**Address:** 850 SUNNYSIDE RD, GREEN LAKE, WI 54941  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104142    **End Date:** 05/26/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102788    **End Date:** 10/21/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102545    **End Date:** 08/27/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FM8Z11    Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		
89.27(2)(a)3	SERVICE AGREEMENT		

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

**Enforcement History (KINDREDHEARTS GREEN LAKE)**

**Date: 09/24/2008      SOD #FM8Z11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---89.27(2)(a)3

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

**Complaint History (KINDREDHEARTS GREEN LAKE)**

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

**Date Investigation Completed: 05/26/2009**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/30/2008**

**Date Investigation Completed: 10/21/2008**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/29/2008**

**Date Investigation Completed: 10/21/2008**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
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: GREEN LAKE

**Date Complaint Received: 07/09/2008**

Subject Area(s)  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
QUALITY OF LIFE

**Date Investigation Completed: 08/27/2008**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	09/24/08

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

Subject Area(s)  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY  
PROGRAM SERVICES

**Date Investigation Completed: 08/27/2008**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	09/24/08

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

**Facility Information**

**Facility Name:** NORTH TERRACE ASSISTED LIVING (0012685)  
**Address:** 1130 N MARGARET ST, MARKESAN, WI 539468516  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/26/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107360    **End Date:** 10/08/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UN4C11    Served 11/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.034(5n)	RESIDENTIAL CARE APARTMENT COMPLEXES		
89.29(1)(b)	ADMISSION & RETENTION OF TENANTS		

**Survey ID:** 0103340    **End Date:** 01/26/2009    **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: GREEN LAKE

**Complaint History (NORTH TERRACE ASSISTED LIVING)**

**Date Complaint Received: 06/17/2010**

**Date Investigation Completed: 10/08/2010**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

11/04/10

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

**Facility Information**

**Facility Name:** SAMUELS GROVE (0010350)  
**Address:** 183 E JOHN ST, MARKESAN, WI 53946  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/05/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103400    **End Date:** 02/04/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9FT511    Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(b)2	SERVICES		

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