

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Manitowoc County.

The report is a PDF (Adobe Acrobat) document and includes a total of 13 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: MANITOWOC

Facility Information

Facility Name: CEDARS (THE) (0013209)
Address: 1526 SOUTH 37TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 03/01/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105746 **End Date:** 02/22/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 13 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: HIL NORTH WIND (0011347)
Address: 2410 KNUELL STREET, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 02/28/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101552 **End Date:** 04/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SSH11 Served 04/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

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

Facility Information

Facility Name: HIL SIERRA HOME (0009688)
Address: 2021 KELLNER ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107280 **End Date:** 10/07/2010 **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
Adult Family Home
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL SOUTH WIND (0011348)
Address: 2408 KNUELL STREET, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 02/28/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107323 **End Date:** 10/18/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101632 **End Date:** 04/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B70C11 Served 05/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/13/2010	Yes

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

Complaint History (HIL SOUTH WIND)

Date Complaint Received: 08/18/2010

Date Investigation Completed: 10/13/2010

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOF

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

Facility Information

Facility Name: HIL YORKTOWN HOME (0009732)
Address: 2136 S 13TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
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: MANITOWOC

Facility Information

Facility Name: TLC HOMES EXPO DRIVE (0011183)
Address: 5053 EXPO DRIVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 11/22/2005
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: MANITOWOC

Facility Information

Facility Name: TLC KIMBERLY CIRCLE (0009127)
Address: 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 10/03/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103888 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/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: MANITOWOC

Complaint History (TLC KIMBERLY CIRCLE)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/01/2009

Subject Area(s)
RESIDENT RIGHTS

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: MANITOWOC

Facility Information

Facility Name: HICKORY HOUSE (0013314)
Address: 1411 UNION AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 04/30/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106185 **End Date:** 04/29/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: MANITOWOC

Facility Information

Facility Name: BLOCH ADULT FAMILY HOME (0011527)
Address: 1622 23RD STREET, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 07/27/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102571 **End Date:** 08/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HOLL11 Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(2)(d)	BEDROOM ON FIRST FLOOR		
88.06(3)(d)1	DESCRIPTION OF SERVICES		

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Adult Family Home
COUNTY: MANITOWOC

Facility Information

Facility Name: PETRZELKA FAMILY HOME (0010838)
Address: 12112 MELNIK RD, WHITELAW, WI 54247
License Status: REGULAR
Licensed/Certified/Registered 04/05/2005
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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