

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 7 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: MANITOWOC

**Facility Information**

**Facility Name:** LAUREL GROVE ASSISTED LIVING CENTER (0010367)

**Address:** 1308 S 22ND ST, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/19/1999

**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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MANITOWOC

**Facility Information**

**Facility Name:** RIVER WOOD ESTATES (0011388)  
**Address:** 950 S RAPIDS RD, MANITOWOC, WI 54220  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107687      **End Date:** 12/09/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105173      **End Date:** 10/28/2009      **Type:** OTHER      **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: MANITOWOC

**Complaint History (RIVER WOOD ESTATES)**

**Date Complaint Received: 05/27/2010**

**Date Investigation Completed: 12/09/2010**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/14/2009**

**Date Investigation Completed: 10/28/2009**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
NOT RECORDED

**Date Complaint Received: 05/07/2009**

**Date Investigation Completed: 10/28/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
NOT RECORDED

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

**Facility Information**

**Facility Name:** SACRED HEART COURT (0010348)  
**Address:** 1903 DIVISION ST, MANITOWOC, WI 54220  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/15/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107068    **End Date:** 08/30/2010    **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 (REGISTERED)  
COUNTY: MANITOWOC

**Facility Information**

**Facility Name:** NORTHLAND LODGE (0011648)  
**Address:** 2500 GARFIELD ST, TWO RIVERS, WI 54241  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/12/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107329    **End Date:** 10/18/2010    **Type:** OTHER    **Purpose:** 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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MANITOWOC

**Complaint History (NORTHLAND LODGE)**

**Date Complaint Received: 08/30/2010**

**Date Investigation Completed: 10/18/2010**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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