

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

COUNTY: OCONTO

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 30 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 Day Care Facility
COUNTY: OCONTO

Facility Information

Facility Name: CARING TREE ADULT CENTER (THE) (0009917)
Address: 512 CALDWELL AVENUE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 12/26/2002
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: OCONTO

Facility Information

Facility Name: BEYOND ABILITIES COUNTY J SOUTH (0012313)
Address: 3296 COUNTY ROAD J, ABRAMS, WI 541019637
License Status: REGULAR
Licensed/Certified/Registered 04/22/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107453 **End Date:** 11/04/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101539 **End Date:** 04/17/2008 **Type:** INITIAL **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: OCONTO

Facility Information

Facility Name: ZIESMER ADULT FAMILY HOME (0012037)
Address: 6785 ELLMAN LANE, OCONTO, WI 541539770
License Status: REGULAR
Licensed/Certified/Registered 12/13/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104792 **End Date:** 08/27/2009 **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
Adult Family Home
COUNTY: OCONTO

Facility Information

Facility Name: BEYOND ABILITIES LLC (0011217)
Address: 7393 KONIZER ROAD, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 02/16/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105493 **End Date:** 12/16/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P15612 Served 01/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

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

Enforcement History (BEYOND ABILITIES LLC)

Date: 01/13/2010 SOD #P15612 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (BEYOND ABILITIES LLC)

Date Complaint Received: 10/28/2009

Date Investigation Completed: 12/16/2009

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
P15612

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

Facility Information

Facility Name: BEYOND ABILITIES-MCDERMID DRIVE (0012974)
Address: 5240 MCDERMID DR, OCONTO FALLS, WI 541549596
License Status: REGULAR
Licensed/Certified/Registered 11/05/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107613 **End Date:** 12/06/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105138 **End Date:** 11/05/2009 **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: OCONTO

Complaint History (BEYOND ABILITIES-MCDERMID DRIVE)

Date Complaint Received: 03/31/2010

Date Investigation Completed: 12/06/2010

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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

Facility Information

Facility Name: PARK AVENUE HOUSE (0012434)
Address: 277-279 PARK AVENUE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 10/01/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102637 **End Date:** 09/16/2008 **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: OCONTO

Facility Information

Facility Name: LAKEWOOD ASSISTED LIVING LLC (0013023)

Address: 17185 FLYNN LN, LAKEWOOD, WI 54138

License Status: REGULAR

Licensed/Certified/Registered 12/01/2010

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

Survey History

Survey ID: 0107433 **End Date:** 10/21/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105277 **End Date:** 11/30/2009 **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: OCONTO

Facility Information

Facility Name: BAYSHORE PINES OCONTO NORTH (0009726)

Address: 427 PECOR STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0103496 **End Date:** 02/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7U8111 Served 02/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	04/01/2009	Yes

Survey ID: 0102177 **End Date:** 06/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0G4311 Served 08/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	02/16/2009	Yes
83.33(2)(h)1	MEDICAL SERVICES	02/16/2009	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: OCONTO

Survey ID: 0101887 End Date: 05/16/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KNJM11 Served 06/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	02/16/2009	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: OCONTO

Enforcement History (BAYSHORE PINES OCONTO NORTH)

Date: 06/10/2008 SOD #KNJM11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.14(1)(a)

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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: OCONTO

Complaint History (BAYSHORE PINES OCONTO NORTH)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 02/16/2009

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/15/2008

Date Investigation Completed: 06/17/2008

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

0G4311

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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: OCONTO

Facility Information

Facility Name: BAYSHORE PINES OCONTO (410561)

Address: 425 PECOR STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/1999

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

Survey History

Survey ID: 0107885 **End Date:** 01/26/2011 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UIVY11 Served 02/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.47(2)(d)	FIRE DRILLS		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

Survey ID: 0105447 **End Date:** 12/15/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GVXN11 Served 01/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	12/22/2010	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	12/22/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OCONTO

Survey ID: 0103495 **End Date: 02/16/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #19VU11 Served 02/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	04/01/2009	Yes
83.33(2)(g)2	ANNUAL FOLLOW-UP EXAMINATION	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

Survey ID: 0103106 **End Date: 12/08/2008** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OH5K11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	02/16/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	02/16/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	02/16/2009	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: OCONTO

Enforcement History (BAYSHORE PINES OCONTO)

Date: 02/04/2011 **SOD #UIVY11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(n)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.59(2)(b)

Date: 12/17/2008 **SOD #OH5K11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 02/16/2009 12:00:00AM

FORFEITURE---83.14(1)(c)

FORFEITURE---83.15(1)(c)1

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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: OCONTO

Complaint History (BAYSHORE PINES OCONTO)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 02/16/2009

Subject Area(s)
STAFF ADEQUACY
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OCONTO

Facility Information

Facility Name: COUNTRY HOUSE (0009298)

Address: 229 VAN DYKE STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0108100 **End Date:** 03/01/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107417 **End Date:** 10/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JROP11 Served 11/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	03/01/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	03/01/2011	Yes
83.38(1)(b)	SUPERVISION	03/01/2011	Yes
83.38(1)(g)	HEALTH MONITORING	03/01/2011	Yes

Survey ID: 0106999 **End Date:** 08/31/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OCONTO

Survey ID: 0105235 **End Date: 10/26/2009** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102390 **End Date: 08/18/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #61GZ11 Served 09/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(t)	INCOMPETENCY	04/01/2009	Yes

Survey ID: 0101978 **End Date: 05/21/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7MDM11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	08/18/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	08/18/2008	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	08/18/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	08/18/2008	Yes

Survey ID: 0101514 **End Date: 04/17/2008** **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: OCONTO

Enforcement History (COUNTRY HOUSE)

Date: 11/11/2010 **SOD #JROP11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(a)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(g)

Date: 06/24/2008 **SOD #7MDM11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/18/2008 12:00:00AM
NO NEW ADMISSIONS --Facility Compliant 08/18/2008 12:00:00AM
FORFEITURE---83.15(1)(a)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(3)(c)3

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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: OCONTO

Complaint History (COUNTRY HOUSE)

Date Complaint Received: 09/16/2010

Date Investigation Completed: 10/28/2010

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
JROP11

Date Complaint Received: 03/05/2010

Date Investigation Completed: 08/31/2010

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/18/2008

Date Investigation Completed: 08/18/2008

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2008

Date Investigation Completed: 05/14/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
7MDM11

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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: OCONTO

Facility Information

Facility Name: CREATIVE WAYS CARE HOUSE (0010024)
Address: 1017 GALE STREET, OCONTO, WI 54153
License Status: REGULAR
Licensed/Certified/Registered 07/01/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108132 **End Date:** 03/01/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5M512 Served 03/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0107319 **End Date:** 10/04/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5M511 Served 11/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	03/01/2011	Yes
83.45(1)(b)	BUILDING INTEGRITY	03/01/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/01/2011	No

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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: OCONTO

Survey ID: 0104935 **End Date: 09/22/2009** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z37611 Served 10/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	08/30/2010	Yes

Survey ID: 0103523 **End Date: 02/16/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSMB14 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	Yes
83.35(6)(a)	FOOD PREPARATION	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes

Survey ID: 0101658 **End Date: 04/17/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSMB13 Served 05/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	02/05/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	02/05/2009	No
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	02/05/2009	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	02/05/2009	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: OCONTO

Enforcement History (CREATIVE WAYS CARE HOUSE)

Date: 03/11/2011 **SOD #I5M512** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.47(2)(d)

Date: 10/26/2010 **SOD #I5M511** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/01/2011 12:00:00AM
FORFEITURE---83.38(1)(c)

Date: 10/07/2009 **SOD #Z37611** **Enforcement Appealed: No**

Sanctions

ACCRUING FORFEITURE --Facility Compliant 03/18/2010 12:00:00AM
OTHER SANCTION --Facility Compliant 08/30/2010 12:00:00AM
FORFEITURE---83.14(2)(a)
FORFEITURE---accrued forfeiture 83.14(2)(a)

Date: 03/04/2009 **SOD #ZSMB14** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.16(1)
FORFEITURE---83.42(12)

Date: 05/01/2008 **SOD #ZSMB13** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(7)(b)
FORFEITURE---83.16(1)
FORFEITURE---83.33(3)(c)1

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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: OCONTO

Complaint History (CREATIVE WAYS CARE HOUSE)

Date Complaint Received: 08/11/2010

Date Investigation Completed: 10/04/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

I5M511

Date Complaint Received: 02/02/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZSMB14
ZSMB14

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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: OCONTO

Facility Information

Facility Name: SUPERIOR HOUSE (0009945)

Address: 1204 SUPERIOR AVENUE, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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: OCONTO

Facility Information

Facility Name: KING STREET HOUSE (0009946)

Address: 106 KING STREET, OCONTO FALLS, WI 54154

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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: OCONTO

Facility Information

Facility Name: MEADOWLANDS (0010343)
Address: 751 EAST HIGHLAND DRIVE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003
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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