

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: OUTAGAMIE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Outagamie County.

The report includes only facilities located within the City of Appleton. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 54 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 2 SILVER SPUR (410537)
Address: 15 SILVER SPUR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105162 **End Date:** 10/27/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 54 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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 4 GREENFIELD (410044)
Address: 343 E GREENFIELD ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 02/24/1989
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 CA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 6 TILLMAN ST (410130)
Address: 3013 W TILLMAN ST, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 09/30/1987
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105063 **End Date:** 09/29/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 8 CHEROKEE ST (410260)
Address: 2237 W CHEROKEE ST, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 11/01/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105096 **End Date:** 10/06/2009 **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: OUTAGAMIE

Facility Information

Facility Name: AGAPE 9 KINGFISHER (410380)

Address: N500 KINGFISHER CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

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

Survey History

Survey ID: 0106467 **End Date:** 05/27/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101652 **End Date:** 04/28/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: APPLE VALLEY (0009551)
Address: 2214 RUSSET CT, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 11/01/2002
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: CAROLINA MANOR (0011930)

Address: 3201 W 1ST AVENUE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0106931 End Date: 08/11/2010 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104819 End Date: 08/18/2009 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TU3511 Served 09/21/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------------------------|----------------------------|------------------|
| 83.12(5)(a) | NOTIFICATION: INCIDENT, INJURY, CHANGES | 08/11/2010 | Yes |
| 83.32(3)(i) | RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT | 08/11/2010 | Yes |

Survey ID: 0103073 End Date: 11/26/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD9011 Served 01/07/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 83.33(2)(a) | SUPERVISION | 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: OUTAGAMIE

Survey ID: 0101718 **End Date:** 05/13/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (CAROLINA MANOR)

Date Complaint Received: 12/03/2010

Date Investigation Completed: 04/19/2011

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/12/2010

Date Investigation Completed: 08/11/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 11/13/2008

Date Investigation Completed: 11/26/2008

Subject Area(s)

Result

SOD #

SUPERVISION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

XD9011

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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: OUTAGAMIE

Facility Information

Facility Name: CASA CLARE A DIVISION OF MOORING PROGRAM INC (0011241)

Address: 201 S GLENRIDGE CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006

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

Survey History

Survey ID: 0103377 **End Date:** 02/02/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (CASA CLARE A DIVISION OF MOORING PROGRAM INC)

Date Complaint Received: 01/30/2009

Date Investigation Completed: 02/02/2009

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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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: OUTAGAMIE

Facility Information

Facility Name: COUNTRY TERRACE APPLETON (0009664)

Address: 749 W PARKWAY BLVD, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

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

Survey History

Survey ID: 0103504 **End Date:** 02/23/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GG6R11 Served 03/04/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------|----------------------------|------------------|
| 83.43(5)(a)5 | ENCLOSED LAUNDRY ROOM | 04/01/2009 | Yes |

Survey ID: 0102445 **End Date:** 08/20/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

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: OUTAGAMIE

Complaint History (COUNTRY TERRACE APPLETON)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/23/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/07/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

RESIDENT RIGHTS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY
PROGRAM SERVICES
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: ELDER CARE ASSISTED LIVING INC (0012182)
Address: 2 BRIGHTON CIRCLE, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 01/30/2008
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: OUTAGAMIE

Facility Information

Facility Name: FOX RIVER ASSISTED LIVING & MEMORY CARE COMMU (0013372)

Address: 5800 PENNSYLVANIA AVE, APPLETON, WI 54915

License Status: PROBATIONARY

Licensed/Certified/Registered 08/05/2010

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

Survey History

Survey ID: 0106904 **End Date:** 08/05/2010 **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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS II (0011963)

Address: 5118 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 07/03/2007

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

Survey History

Survey ID: 0104029 **End Date:** 05/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGGN11 Served 05/27/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 50.065(2)(bm) | OUT OF STATE BACKGROUND CHECKS | 04/12/2011 | Yes |

Survey ID: 0102358 **End Date:** 08/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZTZ11 Served 08/23/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------|----------------------------|------------------|
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 05/11/2009 | 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: OUTAGAMIE

Enforcement History (GRAND HORIZONS II)

Date: 08/22/2008 **SOD #KZTZ11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

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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: OUTAGAMIE

Complaint History (GRAND HORIZONS II)

Date Complaint Received: 10/22/2010

Date Investigation Completed: 04/12/2011

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/25/2008

Date Investigation Completed: 08/05/2008

Subject Area(s)
RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

KZTZ11

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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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS III (0012690)

Address: 5117 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009

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

Survey History

Survey ID: 0107682 **End Date:** 12/16/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103433 **End Date:** 01/22/2009 **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: OUTAGAMIE

Complaint History (GRAND HORIZONS III)

Date Complaint Received: 08/27/2010

Date Investigation Completed: 12/16/2010

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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS (0011338)

Address: 5102 N CHERRYVALE AVE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0101947 **End Date:** 06/17/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC III (0011054)

Address: 1407 N MASON ST, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 10/27/2005

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

Survey History

Survey ID: 0106748 **End Date:** 07/13/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104020 **End Date:** 04/08/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC III)

Date Complaint Received: 05/25/2010

Date Investigation Completed: 07/13/2010

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/22/2010

Date Investigation Completed: 07/13/2010

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/02/2009

Date Investigation Completed: 07/13/2010

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/02/2009

Date Investigation Completed: 04/08/2009

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

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: OUTAGAMIE

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC IV (0012559)

Address: 1413 N MASON STREET, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/03/2008

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

Survey History

Survey ID: 0107821 **End Date:** 01/13/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5O9G11 Served 02/08/2011

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|----------------------------|------------------|
| 13.05(3)(d) | NOTIFY SUBJECT OF REPORT | | |
| 83.12(2)(c) | REPORT TO LAW ENFORCEMENT AND CORONER | | |
| 83.35(1)(c) | LISTED AREAS FOR ASSESSMENTS | | |

Survey ID: 0102818 **End Date:** 11/03/2008 **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: OUTAGAMIE

Enforcement History (HEARTWOOD HOMES SENIOR LIVING INC IV)

Date: 02/01/2011 **SOD #509G11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(2)(c)

FORFEITURE---83.35(1)(c)

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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: OUTAGAMIE

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC IV)

Date Complaint Received: 05/25/2010

Date Investigation Completed: 01/13/2011

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

5O9G11

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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: OUTAGAMIE

Facility Information

Facility Name: KLISTER HOUSE (410040)
Address: 408 N LAWE ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 12/01/1984
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: OUTAGAMIE

Facility Information

Facility Name: LSS CLOVERDALE GROUP HOME (410153)

Address: 1825 CLOVERDALE DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 05/01/1988

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 ANA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS EASTWOOD CRISIS FACILITY (0010046)

Address: 430 S KENSINGTON DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS GRANDSTONE GROUP HOME (0010462)
Address: 1308 N LEONA ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 03/11/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103291 **End Date:** 12/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PT9611 Served 01/28/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 04/01/2009 | Yes |
| 83.19(3)(d) | WHEREABOUTS UNKNOWN | 04/01/2009 | Yes |
| 83.19(3)(e) | WHEN POLICE ARE CALLED TO FACILITY | 04/01/2009 | Yes |

Survey ID: 0102112 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X1QN11 Served 07/11/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------------|----------------------------|------------------|
| 83.35(7)(b)2 | FOOD PREPARATION AREA CLEAN GOOD REPAIR | 12/29/2008 | Yes |
| 83.41(10)(a) | BUILDING MAINTENANCE | 12/29/2008 | 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: OUTAGAMIE

Enforcement History (LSS GRANDSTONE GROUP HOME)

Date: 01/27/2009 SOD #PT9611 Enforcement Appealed: No

Sanctions

FORFEITURE---83.19(3)(d)

FORFEITURE---83.19(3)(e)

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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: OUTAGAMIE

Complaint History (LSS GRANDSTONE GROUP HOME)

Date Complaint Received: 11/25/2008

Date Investigation Completed: 12/29/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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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: OUTAGAMIE

Facility Information

Facility Name: LSS GREENBRIER (410413)

Address: 1310 GREENBRIER DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

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 CS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS RANDYS LANE (410414)

Address: N224 RANDYS LN, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

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

Survey History

Survey ID: 0101654 **End Date:** 05/01/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS ROGERS AVENUE (0010720)

Address: 1719 ROGERS AVE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 10/27/2004

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

Survey History

Survey ID: 0102173 **End Date:** 07/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8F6V11 Served 07/18/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------|----------------------------|------------------|
| 83.41(5)(d)2 | HOT WATER TEMPERATURES | 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: OUTAGAMIE

Facility Information

Facility Name: LSS RUSSET COURT GROUP HOME (410147)

Address: 2210 RUSSET CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 02/01/1988

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

Survey History

Survey ID: 0106106 **End Date:** 04/01/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: MOORING PROGRAMS INC (410041)
Address: 607 W SEVENTH ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 11/01/1981
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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: PNUMA 1 (410357)
Address: W7066 WINNEGAMIE DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 12/01/1994
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108177 **End Date:** 03/04/2011 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (PNUMA 1)

Date Complaint Received: 10/06/2010

Date Investigation Completed: 03/04/2011

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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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: OUTAGAMIE

Facility Information

Facility Name: PNUMA 2 (410381)
Address: 233 S LYNNDALE DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 08/01/1995
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103190 **End Date:** 12/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D1WV11 Served 01/08/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------------|----------------------------|------------------|
| 83.42(3)(e) | QUARTERLY FIRE DRILLS | 04/01/2009 | Yes |
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | 04/01/2009 | Yes |
| 83.43(3)(a) | SMOKE DETECTION SYSTEM & HEAT DETECTORS | 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: OUTAGAMIE

Facility Information

Facility Name: PROVINCE TERRACE VILLAS LONG CT LLC (0012777)

Address: 5216 LONG CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/2010

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

Survey History

Survey ID: 0107231 **End Date:** 07/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0105188 **End Date:** 10/28/2009 **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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: RYAN COMMUNITY INC (410043)
Address: 1338 W PROSPECT AVE, APPLETON, WI 549145069
License Status: REGULAR
Licensed/Certified/Registered 12/05/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103444 **End Date:** 02/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MZ6111 Served 02/11/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 83.33(3)(c)1 | CONTROLLED SUBSTANCES | 04/01/2009 | Yes |
| 83.33(3)(c)3 | PROOF-OF-USE RECORD AUDITED DAILY | 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: OUTAGAMIE

Facility Information

Facility Name: SHEELIN COTTAGE (0012288)

Address: W2613 BARNEY CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 45 of 54 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: SHEELIN HOUSE (0012287)

Address: W2629 BARNEY CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0106804 **End Date:** 07/30/2010 **Type:** STANDARD **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (SHEELIN HOUSE)

Date Complaint Received: 02/01/2010

Date Investigation Completed: 07/30/2010

Subject Area(s)

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

Result

NOT SUBSTANTIATED
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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: TRI MANOR SOUTH (410200)

Address: 1312 S MONROE ST, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 04/01/1990

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 AS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: VILLA HOPE (410105)

Address: 613 N DIVISION ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 02/23/1982

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

Survey History

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Survey ID: 0107653 End Date: 11/30/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1L5F11 Served 12/23/2010

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------------------------|----------------------------|------------------|
| 83.12(2)(a) | ADMINISTRATOR QUALIFICATIONS | 03/29/2011 | Yes |
| 83.14(2)(a) | LICENSEE ENSURES FACILITY COMPLIES WITH LAWS | 03/29/2011 | No |
| 83.28(3) | PROVIDE ADMISSION AGREEMENT AS REQUIRED | 03/29/2011 | Yes |
| 83.31(4)(a) | NOTICE OF FACILITY INITIATED DISCHARGES | 03/29/2011 | Yes |
| 83.32(3)(i) | RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT | 03/29/2011 | Yes |
| 83.32(3)(l) | RIGHTS OF RESIDENTS: LEAST RESTRICTIVE | 03/29/2011 | Yes |
| 83.35(1)(a) | MEET THE NUTRITIONAL NEEDS | 03/29/2011 | Yes |
| 83.36(1)(a) | ADEQUATE STAFF TO MEET RESIDENT NEEDS | 03/29/2011 | Yes |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 03/29/2011 | Yes |
| 83.38(1)(c) | LEISURE TIME ACTIVITIES | 03/29/2011 | No |
| 83.41(1)(a) | FOOD SUPPLY | 03/29/2011 | Yes |
| 83.41(2)(b) | EACH RESIDENT SHALL HAVE | 03/29/2011 | Yes |
| 83.54(4)(b) | BEDROOM SIZE: CLASS AS, CS, ANA | 03/29/2011 | Yes |

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: OUTAGAMIE

Enforcement History (VILLA HOPE)

Date: 12/22/2010

SOD #1L5F11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 04/04/2011 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 04/04/2011 12:00:00AM

NO NEW ADMISSIONS

--Facility Compliant 04/04/2011 12:00:00AM

FORFEITURE---83.12(2)(a)

FORFEITURE---83.31(4)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.41(1)(a)

FORFEITURE---83.41(2)(b)

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Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (VILLA HOPE)

Date Complaint Received: 01/31/2011

Date Investigation Completed: 04/04/2011

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 11/17/2010

Date Investigation Completed: 11/30/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

12/22/10

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

SUBSTANTIATED

12/22/10

Date Complaint Received: 10/25/2010

Date Investigation Completed: 11/30/2010

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

SUBSTANTIATED

12/22/10

STAFF ADEQUACY

SUBSTANTIATED

12/22/10

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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: OUTAGAMIE

Facility Information

Facility Name: VILLA PHOENIX (410046)
Address: 418 N LAWE ST, APPLETON, WI 54912
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105026 **End Date:** 10/07/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F31C11 Served 10/21/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------------------|----------------------------|------------------|
| 83.48(3)(a) | FIRE DETECTION SYSTEMS INSPECTED ANNUALLY | | |

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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: OUTAGAMIE

Complaint History (VILLA PHOENIX)

Date Complaint Received: 07/08/2009

Date Investigation Completed: 10/07/2009

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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