

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
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 is a PDF (Adobe Acrobat) document and includes a total of 28 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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS WEST (0012699)

Address: 140 S MAYFLOWER DRIVE, GRAND CHUTE, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009

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

Survey History

Survey ID: 0108927 **End Date:** 07/07/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #24ZJ11 Served 07/27/2011

	<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
Survey ID: 0106997 End Date: 08/25/2010 Type: OTHER Purpose: COMPLAINT				
Results: NO STATEMENT OF DEFICIENCY ISSUED				
Survey ID: 0104832 End Date: 08/20/2009 Type: OTHER Purpose: COMPLAINT				
Results: NO STATEMENT OF DEFICIENCY ISSUED				
Survey ID: 0103319 End Date: 01/22/2009 Type: INITIAL Purpose: CHOW--LICENSURE				
Results: LICENSE/CERT/REGISTRATION ISSUED				

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (GRAND HORIZONS WEST)

Date Complaint Received: 05/02/2011

Date Investigation Completed: 07/07/2011

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/17/2011

Date Investigation Completed: 07/07/2011

Subject Area(s)
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
24ZJ11

Date Complaint Received: 06/08/2010

Date Investigation Completed: 08/25/2010

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
OTHER

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 04/29/2009

Date Investigation Completed: 08/19/2009

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: KINDREDHEARTS OF GREENVILLE (0013792)

Address: W7098 BUTTERCUP CT, GREENVILLE, WI 54942

License Status: PROBATIONARY

Licensed/Certified/Registered 01/27/2012

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LIVING TREE ESTATES LLC (0010721)

Address: N1916 GREENVILLE DRIVE, GREENVILLE, WI 54942

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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

Survey History

Survey ID: 0104846 **End Date:** 08/25/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M4XM11 Served 09/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: OUTAGAMIE

Enforcement History (LIVING TREE ESTATES LLC)

Date: 09/21/2009 SOD #M4XM11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AQUA VIEW (410266)
Address: BOX 400 W9449 GIVENS RD, HORTONVILLE, WI 54944
License Status: REGULAR
Licensed/Certified/Registered 07/01/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107964 **End Date:** 02/08/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YP3Z11 Served 02/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (AQUA VIEW)

Date Complaint Received: 11/24/2010

Date Investigation Completed: 02/09/2011

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
YP3Z11

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: DELLVIEW (410293)

Address: N2784 HWY 15, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 03/01/1993

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: FIELDSTONE HOUSE (0009276)
Address: 495 W NYE ST, HORTONVILLE, WI 54944
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: SYLVAN VIEW (410275)

Address: W9405 GIVENS RD, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 08/01/1992

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 3 12TH ST (410039)

Address: 412 E 12TH ST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 11/01/1987

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

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 7 FIELDCREST (410189)

Address: 3003 FIELDCREST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 11/20/1989

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

Survey History

Survey ID: 0106746 **End Date:** 07/08/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (AGAPE 7 FIELDCREST)

Date Complaint Received: 10/19/2009

Date Investigation Completed: 07/08/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: AMERICAN GRAND ASSISTED LIVING SUITES (0012817)

Address: 795 TARRAGON DR, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010

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

Survey History

Survey ID: 0106524 **End Date:** 06/21/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104228 **End Date:** 06/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (AMERICAN GRAND ASSISTED LIVING SUITES)

Date Complaint Received: 05/04/2010

Date Investigation Completed: 06/21/2010

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: KINDREDHEARTS KAUKAUNA (0009721)

Address: 548 FRANCES ST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0105678 **End Date:** 01/27/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2F8611 Served 02/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (KINDREDHEARTS KAUKAUNA)

Date Complaint Received: 12/07/2009

Date Investigation Completed: 01/27/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS KIMBERLY I (0013831)

Address: 820 SCHELFHOUT LN, KIMBERLY, WI 54136

License Status: PROBATIONARY

Licensed/Certified/Registered 08/22/2011

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

Survey History

Survey ID: 0109085 **End Date:** 08/16/2011 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS KIMBERLY II (0013878)

Address: 816 SCHELFHOUT LN, KIMBERLY, WI 54136

License Status: PROBATIONARY

Licensed/Certified/Registered 10/12/2011

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

Survey History

Survey ID: 0109357 **End Date:** 10/12/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: KIMBERLY PLACE (0010891)
Address: 314 W KIMBERLY AVE, KIMBERLY, WI 54136
License Status: REGULAR
Licensed/Certified/Registered 04/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107432 **End Date:** 11/08/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DCJN12 Served 11/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106721 **End Date:** 06/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DCJN11 Served 07/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	11/02/2010	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	11/02/2010	Yes
83.47(3)	FIRE INSPECTION	11/02/2010	Yes

Survey ID: 0103498 **End Date:** 02/24/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Enforcement History (KIMBERLY PLACE)

Date: 07/29/2010	SOD #DCJN11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 11/02/2010
COMPLY WITH REQUIREMENT		--Facility Compliant 11/02/2010
FORFEITURE---83.38(1)(i)		

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (KIMBERLY PLACE)

Date Complaint Received: 05/20/2010

Date Investigation Completed: 06/30/2010

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

NOT RECORDED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: CARE PARTNERS LITTLE CHUTE (0009052)

Address: 425 MOASIS DR, LITTLE CHUTE, WI 54140

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0109111 **End Date:** 08/17/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD9713 Served 08/31/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108447 **End Date:** 03/25/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD9712 Served 05/03/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	08/10/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/10/2011	Yes
83.38(2)(c)	TERMINALLY ILL: COORDINATED PLAN OF CARE	08/10/2011	Yes
83.39(1)	INFECTION CONTROL PROGRAM	08/10/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Survey ID: 0107014 **End Date: 08/10/2010** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD9711 Served 09/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	03/04/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/04/2011	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/04/2011	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	03/04/2011	Yes

Survey ID: 0104160 **End Date: 05/06/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: OUTAGAMIE

Enforcement History (CARE PARTNERS LITTLE CHUTE)

Date: 08/29/2011 **SOD #XD9713** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(d)

Date: 05/02/2011 **SOD #XD9712** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/10/2011
COMPLY WITH REQUIREMENT --Facility Compliant 08/10/2011
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(2)(c)
FORFEITURE---83.39(1)

Date: 09/07/2010 **SOD #XD9711** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/04/2011
COMPLY WITH REQUIREMENT --Facility Compliant 03/04/2011
FORFEITURE---83.32(3)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(d)

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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 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (CARE PARTNERS LITTLE CHUTE)

Date Complaint Received: 02/25/2011

Date Investigation Completed: 03/25/2011

Subject Area(s)

SUPERVISION
MEDICATIONS
ADMINISTRATION
OTHER

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XD9712

XD9712

Date Complaint Received: 06/11/2010

Date Investigation Completed: 08/10/2010

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/24/2010

Date Investigation Completed: 08/10/2010

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/11/2010

Date Investigation Completed: 08/10/2010

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

XD9711

Date Complaint Received: 03/09/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: SHEPHERD'S INN (0013175)

Address: 621 W FACTORY ST, SEYMOUR, WI 54165

License Status: REGULAR

Licensed/Certified/Registered 01/26/2010

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

Survey History

Survey ID: 0105699 **End Date:** 01/20/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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