

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

Notes

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

The report includes only facilities located within the City of Sheboygan. 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 36 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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: COUNTRYSIDE MANOR WEST (0011501)

Address: 4228 KADLEC DRIVE, SHEBOYGAN, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 06/20/2006

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

Survey History

Survey ID: 0107874 **End Date:** 01/31/2011 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9R111 Served 02/09/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

Survey ID: 0107032 **End Date:** 09/02/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103734 **End Date:** 03/03/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1B9W11 Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	Yes
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: SHEBOYGAN

Survey ID: 0103089 **End Date: 11/26/2008** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102893 **End Date: 10/16/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102797 **End Date: 10/01/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102465 **End Date: 08/12/2008** **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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (COUNTRYSIDE MANOR WEST)

Date: 02/03/2011 **SOD #S9R111** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(c)

Date: 04/02/2009 **SOD #1B9W11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)1

FORFEITURE---83.33(2)(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: SHEBOYGAN

Complaint History (COUNTRYSIDE MANOR WEST)

Date Complaint Received: 03/18/2010

Date Investigation Completed: 09/02/2010

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/17/2008

Date Investigation Completed: 03/03/2009

Subject Area(s)
RESIDENT RIGHTS
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

1B9W11

Date Complaint Received: 10/17/2008

Date Investigation Completed: 11/26/2008

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/01/2008

Date Investigation Completed: 10/16/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/22/2008

Date Investigation Completed: 10/01/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

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: SHEBOYGAN

Facility Information

Facility Name: COUNTRYSIDE MANOR (0011462)

Address: 4221 KADLEC DRIVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 05/05/2006

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

Survey History

Survey ID: 0107870 **End Date:** 01/24/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTY811 Served 02/09/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION		

Survey ID: 0103659 **End Date:** 03/18/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102867 **End Date:** 10/30/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VZ6Y11 Served 11/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	02/23/2009	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	02/23/2009	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: SHEBOYGAN

Enforcement History (COUNTRYSIDE MANOR)

Date: 02/02/2011 SOD #CTY811 Enforcement Appealed: No

Sanctions

FORFEITURE---83.38(1)(h)

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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: SHEBOYGAN

Complaint History (COUNTRYSIDE MANOR)

Date Complaint Received: 07/14/2010

Date Investigation Completed: 01/11/2011

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/18/2009

Date Investigation Completed: 03/18/2009

Subject Area(s)
ADMINISTRATION

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 AA (AMBULATORY)
COUNTY: SHEBOYGAN

Facility Information

Facility Name: GENESIS SHEBOYGAN RESIDENTIAL CENTER (410465)

Address: 503 WISCONSIN AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 09/01/1990

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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: HARBOR HEIGHTS OF SHEBOYGAN II (410479)

Address: 505 S WATER ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 11/01/1997

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

Survey History

Survey ID: 0104997 **End Date:** 09/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R90P11 Served 10/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	05/05/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	05/05/2011	Yes
83.38(1)(b)	SUPERVISION	05/05/2011	Yes

Survey ID: 0103369 **End Date:** 01/23/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MLIG13 Served 02/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	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: SHEBOYGAN

Survey ID: 0102247 End Date: 07/24/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MLIG12 Served 08/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/23/2009	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: SHEBOYGAN

Enforcement History (HARBOR HEIGHTS OF SHEBOYGAN II)

Date: 10/15/2009 **SOD #**R90P11 **Enforcement Appealed:** No

Sanctions

FORFEITURE---83.38(1)(b)

Date: 02/09/2009 **SOD #**MLIG13 **Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a)

Date: 08/07/2008 **SOD #**MLIG12 **Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/23/2009 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 01/23/2009 12:00:00AM
FORFEITURE--83.33(4)

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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: SHEBOYGAN

Complaint History (HARBOR HEIGHTS OF SHEBOYGAN II)

Date Complaint Received: 08/19/2009

Date Investigation Completed: 09/23/2009

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/22/2009

Date Investigation Completed: 09/23/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2009

Date Investigation Completed: 09/23/2009

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/10/2008

Date Investigation Completed: 01/23/2009

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

MLIG13

Date Complaint Received: 04/29/2008

Date Investigation Completed: 07/23/2008

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: HARBOR HOUSE SHEBOYGAN 19 (0013433)

Address: 2629 INDIANA AVE, SHEBOYGAN, WI 53081

License Status: PROBATIONARY

Licensed/Certified/Registered 08/15/2010

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

Survey History

Survey ID: 0106855 **End Date:** 08/15/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: SHEBOYGAN

Facility Information

Facility Name: HARBOR HOUSE SHEBOYGAN 8 (0013434)

Address: 2611 INDIANA AVE, SHEBOYGAN, WI 53081

License Status: PROBATIONARY

Licensed/Certified/Registered 08/15/2010

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

Survey History

Survey ID: 0106854 **End Date:** 08/15/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: SHEBOYGAN

Facility Information

Facility Name: HARMONY OF SHEBOYGAN EAST (0008709)

Address: 3315 SUPERIOR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0102753 **End Date:** 09/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102461 **End Date:** 08/25/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101823 **End Date:** 05/01/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GZKS12 Served 06/04/2008

<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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (HARMONY OF SHEBOYGAN EAST)

Date: 06/03/2008

SOD #GZKS12

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

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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: SHEBOYGAN

Complaint History (HARMONY OF SHEBOYGAN EAST)

Date Complaint Received: 09/04/2008

Date Investigation Completed: 09/18/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 05/27/2008

Date Investigation Completed: 08/25/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	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: SHEBOYGAN

Facility Information

Facility Name: HARMONY OF SHEBOYGAN WEST (0008711)

Address: 3319 SUPERIOR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0104287 End Date: 05/29/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O3OW11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

Survey ID: 0102501 End Date: 09/11/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0GOU12 Served 09/18/2008

<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: SHEBOYGAN

Enforcement History (HARMONY OF SHEBOYGAN WEST)

Date: 06/30/2009 **SOD #O3OW11** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.35(c)(1)

Date: 09/17/2008 **SOD #0GOU12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.33(2)(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: SHEBOYGAN

Complaint History (HARMONY OF SHEBOYGAN WEST)

Date Complaint Received: 04/08/2009

Date Investigation Completed: 05/29/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

O3OW11

Date Complaint Received: 08/25/2008

Date Investigation Completed: 09/03/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/07/2008

Date Investigation Completed: 09/03/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: SHEBOYGAN

Facility Information

Facility Name: HIL KAUFMANN HOME (0009736)

Address: 2307 N 30TH ST, SHEBOYGAN, WI 53083

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0102871 **End Date:** 10/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B3PH11 Served 11/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(9)	CLEANLINESS OF ROOMS	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: SHEBOYGAN

Facility Information

Facility Name: HIL NEW HORIZONS (0010603)

Address: 1411 N 26TH ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 06/14/2004

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: SHEBOYGAN

Facility Information

Facility Name: HIL PRAIRIE VIEW (0009737)
Address: 4545 PRAIRIE VIEW RD, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102236 **End Date:** 07/24/2008 **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 CS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: HIL SOUTHMOOR CBRF (0010219)

Address: 2833 S 12TH ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 10/15/2003

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

Survey History

Survey ID: 0102083 **End Date:** 06/25/2008 **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 AS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: HOMETOWN RETIREMENT SHEBOYGAN HOME (410464)

Address: 920 N 26TH ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 02/06/1988

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

Survey History

Survey ID: 0103004 **End Date:** 11/26/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P6KN13 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE 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 AS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (HOMETOWN RETIREMENT SHEBOYGAN HOME)

Date: 12/03/2008

SOD #P6KN13

Enforcement Appealed: No

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.42(2)(a)

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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: SHEBOYGAN

Facility Information

Facility Name: LSS TURNING POINT FACILITY (0012142)
Address: 1202 N 31ST ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 02/25/2008
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 AA (AMBULATORY)
COUNTY: SHEBOYGAN

Facility Information

Facility Name: OUR PLACE (410471)
Address: 1117 CLARA AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 06/01/1982
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105356 **End Date:** 12/02/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101533 **End Date:** 04/16/2008 **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: SHEBOYGAN

Facility Information

Facility Name: REBOS MANOR (410473)
Address: 908 JEFFERSON AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 06/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102730 **End Date:** 10/02/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BL2I12 Served 10/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

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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: SHEBOYGAN

Facility Information

Facility Name: SHEBOYGAN CO HALFWAY HOUSE (410480)
Address: 503 ONTARIO AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 12/01/1979
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102975 **End Date:** 11/18/2008 **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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: SHEBOYGAN SENIOR COMMUNITY INC (410474)

Address: 930 N 6TH ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 10/01/1979

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

Survey History

Survey ID: 0104213 **End Date:** 06/15/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (SHEBOYGAN SENIOR COMMUNITY INC)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 06/15/2009

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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: SHEBOYGAN

Facility Information

Facility Name: TLC NORTH 33RD PLACE (0009340)

Address: 1536 N 33RD PLACE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 12/01/2001

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

Survey History

Survey ID: 0102940 **End Date:** 11/10/2008 **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: SHEBOYGAN

Facility Information

Facility Name: WILLOWGLEN ACADEMY WILSON (0009016)
Address: 3603 S BUSINESS DR, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 12/01/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106698 **End Date:** 06/15/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J3E211 Served 07/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(b)	SUPERVISION		
83.38(1)(g)	HEALTH MONITORING		
83.45(1)(a)	EXTERIOR AREAS		
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

Survey ID: 0101517 **End Date:** 04/15/2008 **Type:** OTHER **Purpose:** DESK REVIEW

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: SHEBOYGAN

Enforcement History (WILLOWGLEN ACADEMY WILSON)

Date: 07/27/2010 SOD #J3E211 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

- FORFEITURE---83.16(1)
- FORFEITURE---83.32(3)(h)
- FORFEITURE---83.35(3)(a)
- FORFEITURE---83.38(1)(b)
- FORFEITURE---83.38(1)(g)
- FORFEITURE---83.45(1)(a)
- FORFEITURE---83.45(1)(f)

Date: 04/23/2008 SOD #RNX613 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

--Facility Compliant 10/07/2008 12:00:00AM
--Facility Compliant 10/07/2008 12:00:00AM

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