

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

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Sheboygan County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 23 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 Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** KIND HEARTS INC (0010833)  
**Address:** 36 VAN ALTENA AVE, CEDAR GROVE, WI 53013  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/04/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102014    **End Date:** 06/18/2008    **Type:** STANDARD    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** CHOUINARD ADULT FAMILY HOME (490106)  
**Address:** N8713 LITTLE ELKHART LAKE RD, ELKHART LAKE, WI 53020  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/13/1997  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104862      **End Date:** 09/10/2009      **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: SHEBOYGAN

**Facility Information**

**Facility Name:** OUR HOME NORTHSIDE (0010823)  
**Address:** 406 N 13TH ST, OOSTBURG, WI 53070  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/16/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0108201    **End Date:** 03/07/2011    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** OUR HOME PARKSIDE (0008735)  
**Address:** 1145 PARK AVE PO BOX 700065, OOSTBURG, WI 53070  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102405    **End Date:** 08/26/2008    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES INC MINNESOTA AVE (0011919)  
**Address:** 831 MINNESOTA AVE, OOSTBURG, WI 53070  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104453      **End Date:** 07/06/2009      **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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES - PLAZA LN (0010890)  
**Address:** 356 PLAZA LANE, PLYMOUTH, WI 53073  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/10/2005  
**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: SHEBOYGAN

**Facility Information**

**Facility Name:** ELLA KLEMME HOME (0008724)  
**Address:** 2013 N 38 ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/07/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103008    **End Date:** 12/02/2008    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL PACIFIC HOME (0009789)  
**Address:** 1510 GREENFIELD AVE, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104690    **End Date:** 08/11/2009    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL WOODLAND (0009743)  
**Address:** 4170 S 15TH ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102233    **End Date:** 07/23/2008    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES HAWTHORN RD (0011945)  
**Address:** 6400 HAWTHORN RD, SHEBOYGAN, WI 53083  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105675      **End Date:** 02/02/2010      **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES NORTH 29TH (0011503)  
**Address:** 1227 NORTH 29TH ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/11/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102089    **End Date:** 06/30/2008    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Complaint History (TLC HOMES NORTH 29TH)**

**Date Complaint Received: 04/04/2008**

**Date Investigation Completed: 06/30/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES NORTH 49TH STREET (0013033)  
**Address:** 1342 NORTH 49TH ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/06/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105049    **End Date:** 10/06/2009    **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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES PAGE COURT (0013034)  
**Address:** 908 PAGE COURT, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/28/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105192    **End Date:** 10/28/2009    **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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC MANOR PARKWAY (0009644)  
**Address:** 1729 MANOR PKWY, SHEBOYGAN, WI 530821407  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/27/2002  
**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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC SOUTH 17TH PLACE (490105)  
**Address:** 3907 S 17TH PL, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/13/1997  
**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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC SOUTH 25TH STREET (0008575)  
**Address:** 2503 LEON CT BOX 1407, SHEBOYGAN, WI 530821407  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/06/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105673    **End Date:** 02/02/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** WASHINGTON HOUSE (0013542)  
**Address:** 1409 N 11 ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/13/2011  
**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: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL STONE CREEK (0011594)  
**Address:** 563 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/28/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106871      **End Date:** 08/04/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102457      **End Date:** 08/28/2008      **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL WALDEN (0011593)  
**Address:** 553 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/28/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106870    **End Date:** 08/04/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102460    **End Date:** 08/28/2008    **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  
Adult Family Home  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC HOMES FALLS (0011410)  
**Address:** 743 OLD COUNTY RD PP, SHEBOYGAN FALLS, WI 53085  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/27/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103256    **End Date:** 01/07/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102400    **End Date:** 08/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HCTG11    Served 09/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/29/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/29/2008	Yes
88.06(3)(f)	REVIEW OF ISP	12/29/2008	Yes

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

**Complaint History (TLC HOMES FALLS)**

**Date Complaint Received: 11/20/2008**

**Date Investigation Completed: 01/07/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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