

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 25 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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE BROAD STREET HOUSE (490093)
Address: 408 BROAD STREET, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 10/01/1996
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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: THIRD STREET HOUSE (0011049)
Address: 357 THIRD ST, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 08/25/2005
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: WINNEBAGO

Facility Information

Facility Name: BREWER HOUSE (0011611)
Address: 165 PLUMMER CT, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 09/12/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101688 **End Date:** 05/07/2008 **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: WINNEBAGO

Facility Information

Facility Name: CRYSTAL PLACE (0012564)
Address: 700 JACKSON STREET, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/24/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102997 **End Date:** 11/14/2008 **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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: JANES WAY I (0009165)
Address: 846 BALDWIN ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 10/13/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104112 **End Date:** 05/01/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT8T12 Served 06/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	04/06/2011	No
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/06/2011	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	04/06/2011	Yes
88.06(3)(f)	REVIEW OF ISP	04/06/2011	No

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

Enforcement History (JANES WAY I)

Date: 06/04/2009 SOD #KT8T12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (JANES WAY I)

Date Complaint Received: 10/26/2010

Date Investigation Completed: 04/08/2011

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: JANES WAY INC (0010786)
Address: 908 BALDWIN ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/08/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103069 **End Date:** 11/13/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SFTO11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(1)(a)	RESIDENT RECORDS		
88.09(1)(d)11	RESIDENT FUNDS		

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

Facility Information

Facility Name: JOANS HOUSE (0012973)
Address: 861 BETTY AVE, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 12/15/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105421 **End Date:** 12/15/2009 **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: WINNEBAGO

Facility Information

Facility Name: PEARL HOUSE (0009014)
Address: 1218 - 1220 MEADOW LN, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 05/23/2000
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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: CATHERINE HOUSE (0012033)
Address: 1517 CATHERINE AVENUE, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 01/07/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104830 **End Date:** 08/25/2009 **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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE JACKSON HEIGHTS HOME (490032)

Address: 475 OLSON AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 03/01/1988

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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE NEBRASKA ON VINLAND (490100)
Address: 2776 VINLAND ROAD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 04/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106167 **End Date:** 04/05/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103310 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RR8W11 Served 01/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	04/05/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/05/2010	Yes

Survey ID: 0102742 **End Date:** 10/09/2008 **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
Adult Family Home
COUNTY: WINNEBAGO

Complaint History (CLARITY CARE NEBRASKA ON VINLAND)

Date Complaint Received: 03/24/2010

Date Investigation Completed: 04/05/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 09/10/2008

Date Investigation Completed: 10/09/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: CLARITY CARE VINLAND II HOUSE (490034)
Address: 2776A VINLAND RD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 04/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103302 **End Date:** 01/13/2009 **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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: NINTH (0012944)
Address: 250 W 9TH, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 08/21/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104967 **End Date:** 08/21/2009 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
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: WINNEBAGO

Facility Information

Facility Name: OUR FAMILY HOMES INC (0010629)
Address: 1061 DURFEE AVE, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 07/29/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106816 **End Date:** 07/27/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101702 **End Date:** 05/07/2008 **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: WINNEBAGO

Complaint History (OUR FAMILY HOMES INC)

Date Complaint Received: 05/19/2010

Date Investigation Completed: 07/27/2010

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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: PACKER HOUSE (0012933)
Address: 1029 MASON ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 08/11/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104718 **End Date:** 08/11/2009 **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: WINNEBAGO

Facility Information

Facility Name: SHELDON HOUSE (0010923)
Address: 3104 SHELDON DR, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 04/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104124 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GO1F11 Served 06/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Facility Information

Facility Name: SPINEL HOUSE (0009372)
Address: 264 N OAKWOOD RD, OSHKOSH, WI 54903
License Status: REGULAR
Licensed/Certified/Registered 06/21/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107395 **End Date:** 10/19/2010 **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
Adult Family Home
COUNTY: WINNEBAGO

Facility Information

Facility Name: TODDS ADULT FAMILY HOME (0013643)
Address: 516 WASHINGTON AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 03/30/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108333 **End Date:** 03/29/2011 **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: WINNEBAGO

Facility Information

Facility Name: WESTFIELD (0013608)
Address: 220 - 230 S WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 02/03/2011
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107902 **End Date:** 02/03/2011 **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: WINNEBAGO

Facility Information

Facility Name: LSS BONNIE VIEW (0009530)
Address: 6424 BONNIE VIEW RD, PICKETT, WI 54964
License Status: REGULAR
Licensed/Certified/Registered 02/07/2002
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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