

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex
COUNTY: WINNEBAGO

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Winnebago County.

The report is a PDF (Adobe Acrobat) document and includes a total of 13 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: HERITAGE ASSISTED LIVING (0010366)
Address: 2600 S HERITAGE WOODS DR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 06/08/2001
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 2 of 13 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: TOUCHMARK ON WEST PROSPECT (0010375)
Address: 2601 TOUCHMARK DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 06/27/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106807 **End Date:** 07/22/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103933 **End Date:** 04/13/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WINNEBAGO

Complaint History (TOUCHMARK ON WEST PROSPECT)

Date Complaint Received: 01/21/2010

Date Investigation Completed: 07/22/2010

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/27/2009

Date Investigation Completed: 04/13/2009

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Residential Care Apartment Complex (REGISTERED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: ALEXANDRITE MANOR VNA APARTMENTS (0010359)

Address: 1537 LYON DRIVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/02/2002

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: IRISH VILLA (0012279)
Address: 1760 IRISH ROAD, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 01/23/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101503 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: ISLAND SHORES (0013323)
Address: 131 E NORTH WATER ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 05/05/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106209 **End Date:** 05/05/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: VILLA SAINT CLARE (0010353)
Address: 130 BRYD AVE, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 03/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104076 **End Date:** 04/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U96R11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		

Survey ID: 0103528 **End Date:** 02/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R4T713 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	04/30/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WINNEBAGO

Enforcement History (VILLA SAINT CLARE)

Date: 03/05/2009 **SOD #R4T713**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---89.23(1)

--Facility Compliant 04/30/2009 12:00:00AM

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For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WINNEBAGO

Complaint History (VILLA SAINT CLARE)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 04/30/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/26/2008

Date Investigation Completed: 10/06/2008

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

R4T713

NUTRITION & FOOD SERVICES

SUBSTANTIATED

R4T713

MEDICATIONS

SUBSTANTIATED

R4T713

STAFF ADEQUACY

SUBSTANTIATED

R4T713

PROGRAM SERVICES

SUBSTANTIATED

R4T713

Date Complaint Received: 08/15/2008

Date Investigation Completed: 10/06/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF ADEQUACY

SUBSTANTIATED

R4T713

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Facility Information

Facility Name: BELLA VISTA (0013150)
Address: 631 HAZEL ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 12/29/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105490 **End Date:** 12/29/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: EVERGREEN GARDEN PLACE (0010361)
Address: 1130 NORTH WESTFIELD STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 09/25/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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Facility Information

Facility Name: GABRIELS VILLA (0010363)
Address: 215 N WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 03/14/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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