

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Waushara County.

The report is a PDF (Adobe Acrobat) document and includes a total of 25.00 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 07/01/2012 to 06/30/2015
Adult Family Home

Facility Information

Facility Name: PRAIRIE STREET RESIDENCE (0009077)

Address: 511 W PRAIRIE ST, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 06/08/2000

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2012-07-01 through 2015-06-30.

This is Page 2 of 25 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 07/01/2012 to 06/30/2015
Adult Family Home

Facility Information

Facility Name: WOODHAVEN RESIDENCE (0009621)

Address: W6547 WOODHAVEN CIRCLE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/15/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2012-07-01 through 2015-06-30.

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Adult Family Home

Facility Information

Facility Name: HIDDEN PINES INC (0012249)

Address: N5085 18TH ROAD, WILD ROSE, WI 54984

License Status: REGULAR

Licensed/Certified/Registered 02/21/2008

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2012-07-01 through 2015-06-30.

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRESTON PLACE CBRF (0014632)

Address: 401 PRESTON LN, REDGRANITE, WI 54970

License Status: REGULAR

Licensed/Certified/Registered 06/01/2014

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0117843 **End Date:** 05/11/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114492 **End Date:** 01/20/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113028 **End Date:** 06/10/2013 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PRESTON PLACE CBRF)

Date Complaint Received: 03/02/2015

Date Investigation Completed: 05/11/2015

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR PINES INC (0012367)

Address: 540 W PRAIRIE STREET, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 04/10/2008

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2012-07-01 through 2015-06-30.

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTLAND HOUSE CBRF (0014477)
Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 02/01/2014
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0113996 **End Date:** 11/26/2013 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113505 **End Date:** 09/11/2013 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0112055 **End Date:** 01/15/2013 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEARTLAND HOUSE CBRF)

Date Complaint Received: 07/18/2013

Date Investigation Completed: 09/11/2013

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVER LAKE HAVEN (0012405)
Address: N2641 17TH LANE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 06/03/2008
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0113042 **End Date:** 05/28/2013 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ICDV11 Served 07/01/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED		

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SILVER LAKE HAVEN)

Date Complaint Received: 01/08/2013

Date Investigation Completed: 05/28/2013

Subject Area(s)
ABUSE
STAFF ADEQUACY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2012 to 06/30/2015

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVER LAKE MANOR CBRF (0012406)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/01/2008

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0114025 **End Date:** 12/04/2013 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113198 **End Date:** 05/28/2013 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M16W11 Served 07/23/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	12/04/2013	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEAS	12/04/2013	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	12/04/2013	Yes
83.20(2)(c)	TRAINING IN FIRST AID AND CHOKING	12/04/2013	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	12/04/2013	Yes

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SILVER LAKE MANOR CBRF)

Date: 07/22/2013 SOD #M16W11 Appealed: No

Sanctions

FORFEITURE---83.20(2)(c)
FORFEITURE---83.21(1)
FORFEITURE---83.20(2)(b)

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SILVER LAKE MANOR CBRF)

Date Complaint Received: 01/08/2013

Date Investigation Completed: 05/28/2013

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2012 to 06/30/2015

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: TOWNLINE ROAD RESIDENCE (410059)

Address: 130 S TOWNLINE RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2012-07-01 through 2015-06-30.

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Provider Inspection Summary

For the period 07/01/2012 to 06/30/2015

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WAUTOMA HOUSE (THE) (0010450)

Address: 402 E DIVISION ST, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 01/28/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0115855 **End Date:** 07/28/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113988 **End Date:** 10/30/2013 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9FRS12 Served 12/02/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(2)(a)	PROVIDE PROGRAM STATEMENT	07/23/2014	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	07/23/2014	Yes

Survey ID: 0112629 **End Date:** 04/02/2013 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9FRS11 Served 05/02/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/23/2013	Yes

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WAUTOMA HOUSE (THE))

Date: 11/26/2013 **SOD #9FRS12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.36(1)(b)

Date: 05/01/2013 **SOD #9FRS11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.12(2)(a)

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WAUTOMA HOUSE (THE))

Date Complaint Received: 07/01/2014

Date Investigation Completed: 07/28/2014

Subject Area(s)
SUPERVISION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/10/2013

Date Investigation Completed: 10/30/2013

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/20/2012

Date Investigation Completed: 04/02/2013

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
9FRS11

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Provider Inspection Summary

For the period 07/01/2012 to 06/30/2015

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROSEMORE VILLAGE dba PCDBOWEN LLC (0015495)

Address: 830 HIGH ST, WILD ROSE, WI 54984

License Status: PROBATIONARY

Licensed/Certified/Registered 02/16/2015

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0117292 **End Date:** 02/16/2015 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRESTON PLACE RCAC (0014633)

Address: 401 PRESTON LN, REDGRANITE, WI 54970

License Status: REGULAR

Licensed/Certified/Registered 06/10/2013

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0117844 **End Date:** 05/11/2015 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113033 **End Date:** 06/10/2013 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PRESTON PLACE RCAC)

Date Complaint Received: 03/02/2015

Date Investigation Completed: 05/11/2015

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HEARTLAND HOUSE RCAC (0014478)
Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 01/17/2013
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0113502 **End Date:** 09/10/2013 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0112056 **End Date:** 01/15/2013 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HEARTLAND HOUSE RCAC)

Date Complaint Received: 07/18/2013

Date Investigation Completed: 09/10/2013

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SILVER LAKE MANOR RCAC (0012407)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 06/03/2008

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0113016 **End Date:** 05/28/2013 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2012 to 06/30/2015
Residential Care Apartment Complex (CERTIFIED)

Complaint History (SILVER LAKE MANOR RCAC)

Date Complaint Received: 01/08/2013

Date Investigation Completed: 05/28/2013

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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