

Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 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 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: DEATHERAGE VELEKE AFH (0015190)

Address: 1026 RIVER CT, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/21/2015 12:00:00AM

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

Survey History

Survey ID: 0116949 **End Date:** 01/14/2015 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 14 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 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HIL NORTH WIND (0011347)

Address: 2410 KNUELL STREET, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/28/2006 12:00:00AM

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

Survey History

Survey ID: 0118192 **End Date:** 06/18/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HIL SIERRA HOME (0009688)

Address: 2021 KELLNER ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0113868 **End Date:** 10/07/2013 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0111994 **End Date:** 10/29/2012 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0LSZ11 Served 01/23/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	4/1/13	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	4/1/13	Yes
88.07(2)(b)5	MONITORING HEALTH	4/1/13	Yes
88.10(3)(a)	FAIR TREATMENT	4/1/13	Yes

Enforcement History (HIL SIERRA HOME--0009688)

Date: 01/22/2013 **SOD #**0LSZ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HIL SOUTH WIND (0011348)

Address: 2408 KNUELL STREET, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/28/2006 12:00:00AM

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

Survey History

No survey activity during the period 9/22/12 to 9/22/15

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: HIL YORKTOWN HOME (0009732)

Address: 2136 S 13TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0116495 **End Date:** 10/31/2014 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HIL YORKTOWN HOME--0009732)

Date Complaint Received: 05/09/2014

Date Investigation Completed: 10/31/2014

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: TLC HOMES EXPO DRIVE (0011183)

Address: 5053 EXPO DRIVE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 11/22/2005 12:00:00AM

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

Survey History

Survey ID: 0113850 **End Date:** 10/15/2013 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: TLC HOMES NORTH 21ST ST (0014115)

Address: 2127 MENASHA AVE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/17/2012 12:00:00AM

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

Survey History

No survey activity during the period 9/22/12 to 9/22/15

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: TLC KIMBERLY CIRCLE (0009127)

Address: 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 10/03/2000 12:00:00AM

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

Survey History

Survey ID: 0118753 **End Date:** 09/16/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: CEDARS THE (0014073)

Address: 3904 MARTIN LN, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 04/17/2012 12:00:00AM

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

Survey History

No survey activity during the period 9/22/12 to 9/22/15

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: MAPLES (THE) (0014562)

Address: 3017 48TH ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 05/01/2013 12:00:00AM

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

Survey History

Survey ID: 0116477 **End Date:** 10/29/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0112693 **End Date:** 05/01/2013 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (MAPLES (THE)--0014562)

Date Complaint Received: 10/13/2014

Date Investigation Completed: 10/29/2014

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 09/04/2014

Date Investigation Completed: 10/29/2014

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Facility Information

Facility Name: ROSE HARBOR (0015546)

Address: 1622 23RD ST, TWO RIVERS, WI 54221

License Status: REGULAR

Licensed/Certified/Registered 05/01/2015 12:00:00AM

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

Survey History

Survey ID: 0118052 **End Date:** 03/20/2015 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 09/22/2012 to 09/22/2015
Adult Family Home

Facility Information

Facility Name: **PETRZELKA FAMILY HOME (0010838)**
Address: **12112 MELNIK RD, WHITELAW, WI 54247**
License Status: **REGULAR**
Licensed/Certified/Registered **04/05/2005 12:00:00AM**
Regional Office: **NORTHEASTERN REGION (GREEN BAY), (920) 448-5252**

Survey History

Survey ID: **0114877** End Date: **03/20/2014** Type: **OTHER** Purpose: **DESK REVIEW**

Results: **NO STATEMENT OF DEFICIENCY ISSUED**

Survey ID: **0114620** End Date: **02/18/2014** Type: **STANDARD** Purpose: **VERIFICATION VISIT**

Results: **NO STATEMENT OF DEFICIENCY ISSUED**

Survey ID: **0114317** End Date: **01/16/2014** Type: **OTHER** Purpose: **DESK REVIEW**

Results: **ENFORCEMENT ACTION**

Statement of Deficiency: **#OP6S11 Served 01/22/2014**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	3/20/14	Yes

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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

Adult Family Home

Survey ID: 0113853 End Date: 08/30/2013 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JF1X11 Served 11/01/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	2/18/14	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	2/18/14	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	2/18/14	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/18/14	Yes
88.07(2)(b)5	MONITORING HEALTH	2/18/14	Yes
88.10(3)(a)	FAIR TREATMENT	2/18/14	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/18/14	Yes

Enforcement History (PETRZELKA FAMILY HOME--0010838)

Date: 01/21/2014 SOD #OP6S11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
 OTHER SANCTION

Date: 10/30/2013 SOD #JF1X11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 COMPLY WITH REQUIREMENT

Complaint History (PETRZELKA FAMILY HOME--0010838)

Date Complaint Received: 07/31/2013 Date Investigation Completed: 08/30/2013

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	JF1X11
PROGRAM SERVICES	SUBSTANTIATED	JF1X11

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