

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Brown

### Notes

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

**The report includes only facilities located within the City of Green Bay. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 52.00 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 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ANITA ADULT FAMILY HOME (0014295)

**Address:** 1849 BURNS AVE, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0144995      **End Date:** 12/06/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ARBOR HAVEN FAMILY HOME LLC (0018710)

**Address:** 553 EDELWEISS DR, GREEN BAY, WI 54302

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/14/2021 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** BRENNER PLACE (0012462)

**Address:** 2461 BRENNER PL, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/11/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0147375      **End Date:** 08/19/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CHARITY LANE ADULT FAMILY HOME (0013368)

**Address:** 352 CHARITY LN, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/29/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0142846    **End Date:** 04/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140466    **End Date:** 08/16/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139274    **End Date:** 03/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VTG611    Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE	8/16/22	Yes

### Enforcement History (CHARITY LANE ADULT FAMILY HOME--0013368)

**Date:** 04/18/2022    **SOD #VTG611**    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Complaint History (CHARITY LANE ADULT FAMILY HOME--0013368)

**Date Complaint Received: 12/02/2022**

**Date Investigation Completed: 04/17/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Clarity Care Edgehill (0020129)

**Address:** 2545 He Nis Ra Ln, Green Bay, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146101      **End Date:** 04/04/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CORNERSTONE ADULT FAMILY HOME (0011330)

**Address:** 335 GRAASS STREET, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/27/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0148281      **End Date:** 12/09/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138994      **End Date:** 03/16/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CURO CARE LLC ROCKDALE ADULT FAMILY HOME (0014005)

**Address:** 1410 ROCKDALE ST, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/09/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0148117      **End Date:** 11/14/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138871      **End Date:** 02/03/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YVBP11      Served 03/03/2022

Deficiencies Cited

50.065(2)(bb)

50.065(4m)(b)intro

Subject Area

DETERMINE FINAL DISPOSITION OF CHARGE

CAREGIVER HIRING AND CONTRACTING

PROCESS

Compliance

Verified

4/17/22

4/17/22

Corrected

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CURO CARE ROLLING GREEN 1 (0016615)

**Address:** 912 ROLLING GREEN DRIVE, GREEN BAY, WI 54313

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/13/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148084      **End Date:** 11/12/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Elmore AFH (0019569)

**Address:** 930 Elmore St, Green Bay, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/16/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144562      **End Date:** 10/16/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ENRICHED LIFESTYLES LLC HEMLOCK (0017727)

**Address:** 2448 HEMLOCK ST, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/19/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0140710    **End Date:** 08/16/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q8K711    Served 09/13/2022

Deficiencies Cited  
88.05(4)(a)

Subject Area  
FIRE SAFETY-FIRE EXTINGUISHERS

Compliance  
Verified  
10/28/22

Corrected

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Enriched Lifestyles LLC (0019901)

**Address:** 455 Masters Ln, Green Bay, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/29/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146358      **End Date:** 03/29/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** FOREST GLEN (0015660)

**Address:** 1628 FOREST GLEN, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/13/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0147383      **End Date:** 08/20/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GENUINE HEARTS LLC FOREST GLEN AFH (0016949)

**Address:** 1620 FOREST GLEN DR, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/25/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0146732      **End Date:** 06/18/2024      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139133      **End Date:** 02/21/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2ZE611      Served 04/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	5/16/22	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/16/22	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/16/22	

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GENUINE HEARTS LLC SWAMP RD AFH (0018648)

**Address:** 1318 SWAMP RD, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/11/2022 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GLEN CREEK ADULT FAMILY HOME (0010591)

**Address:** 1579 GLEN RD, GREEN BAY, WI 54313

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/03/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0139105      **End Date:** 03/30/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GREEN ISLE HOME (0010935)

**Address:** 2679 GREEN ISLE CT, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/28/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0148344    **End Date:** 12/17/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139417    **End Date:** 04/13/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2L4F11    Served 05/02/2022

Deficiencies Cited

88.05(4)(b)2

Subject Area

SMOKE DETECTORS-TESTING AND  
MAINTENANCE

Compliance

Verified

6/16/22

Corrected

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GREEN MEADOWS ASSISTED LIVING LLC (0019920)

**Address:** 1103 S ONEIDA STREET, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/04/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147797      **End Date:** 10/04/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HANNAH II ADULT FAMILY HOME (0013038)  
**Address:** 1276 HANNAH ST, GREEN BAY, WI 54303  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/19/2009 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142587    **End Date:** 03/28/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HANNAH II ADULT FAMILY HOME--0013038)

<b>Date Complaint Received:</b> 09/12/2022	<b>Date Investigation Completed:</b> 03/28/2023
<u>Subject Area(s)</u>	<u>Result</u> <u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED
PROGRAM SERVICES	NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HANNAH STREET ADULT FAMILY HOME (0012935)

**Address:** 1281 HANNAH ST, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/04/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0147928      **End Date:** 10/23/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HAPPY HOUSE (0016376)

**Address:** 722 S MONROE AVE, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/02/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0140173      **End Date:** 07/18/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HIL COOPERS RUN (0018078)

**Address:** 2460 FORESTVILLE DRIVE, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/13/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0148246      **End Date:** 12/05/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140324      **End Date:** 08/01/2022      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HIL GLENHAVEN (0011024)

**Address:** 518 E BRIAR LANE, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/12/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0148269      **End Date:** 12/09/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HIL SHADE TREE (0009738)

**Address:** 1216 ST AGNES DR, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/18/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0148247      **End Date:** 12/05/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138835      **End Date:** 02/28/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** JORDAN POINTE AFH (0012719)

**Address:** 1647 BIEMERT ST, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/13/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0146815      **End Date:** 06/26/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** LASALLE HOUSE (0009984)

**Address:** 2608 FINGER RD, GREEN BAY, WI 54302

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/03/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0147127    **End Date:** 06/28/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #R2DU11    Served 07/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/12/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/12/24	Yes

**Survey ID:** 0138510    **End Date:** 01/25/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (LASALLE HOUSE--0009984)

**Date Complaint Received:** 04/25/2024

**Date Investigation Completed:** 06/28/2024

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** LIMITLESS POSSIBILITIES ROSE (0016804)

**Address:** 164 ROSE LANE, GREEN BAY, WI 54302

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/11/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0139387      **End Date:** 04/05/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** LIMITLESS POSSIBILITIES TROJAN (0016642)

**Address:** 2466 TROJAN DR, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/26/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147359      **End Date:** 08/14/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Locust Home (0019624)

**Address:** 1030 N Locust St, Green Bay, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/22/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143494      **End Date:** 06/22/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** MIDNIMO LIVING LLC (0020459)

**Address:** 909 Colonial Ave, Green Bay, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/18/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147628      **End Date:** 09/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** NATURAL LIVING AFH 662 DOST HOME (0018973)

**Address:** 662 DOST COURT, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/10/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140547      **End Date:** 08/10/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** NEMETZ ADULT FAMILY HOME (0009605)

**Address:** 1124 KELLOGG ST, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/16/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0144665      **End Date:** 10/26/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** NEW BEGINNINGS (0013855)

**Address:** 3208 LIBAL ST, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/26/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0141376      **End Date:** 11/02/2022      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** NEWBERRY HILL (0012223)

**Address:** 420 MENLO PARK RD, GREEN BAY, WI 54302

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/22/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0148082      **End Date:** 11/12/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** OAKWOOD (0015370)

**Address:** 2407 OAKWOOD DR, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/30/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0146694      **End Date:** 06/12/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138608      **End Date:** 02/03/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ONTARIO HOME (0011272)

**Address:** 1838 ONTARIO RD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/27/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0148618      **End Date:** 01/17/2025      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138743      **End Date:** 01/24/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WDMC11 Served 02/18/2022

Deficiencies Cited  
88.04(5)(b)

Subject Area  
TRAINING-8 HOURS ANNUALLY

Compliance  
Verified  
4/4/22

Corrected

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ONTARIO II (0012121)

**Address:** 1852 ONTARIO RD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/18/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0142220    **End Date:** 01/18/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4G6Q11    Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	4/6/23	

### Complaint History (ONTARIO II--0012121)

**Date Complaint Received:** 02/23/2022

**Date Investigation Completed:** 01/18/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	4G6Q11
RESIDENT RIGHTS	SUBSTANTIATED	4G6Q11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** OUR FAMILY HOME (0010451)

**Address:** 425 ABRAMS ST, GREEN BAY, WI 543023209

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/27/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0148451    **End Date:** 10/22/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SB1X11    Served 01/07/2025

Deficiencies Cited  
88.04(5)(b)

Subject Area  
TRAINING-8 HOURS ANNUALLY

Compliance  
Verified

Corrected

**Survey ID:** 0140175    **End Date:** 07/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OUR FAMILY HOME--0010451)

**Date:** 01/07/2025    **SOD #**SB1X11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** PECAN HOUSE (0017028)

**Address:** 2406 PECAN STREET, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0138742    **End Date:** 01/25/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JCP011    Served 02/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/4/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/4/22	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/4/22	

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** REM ONTARIO (0014291)

**Address:** 2439 ONTARIO RD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0148076      **End Date:** 11/11/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN CORMIER (0013642)

**Address:** 1006 CORMIER RD, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0139113      **End Date:** 02/09/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #L0QV11      Served 03/31/2022

Deficiencies Cited  
88.04(5)(b)

Subject Area  
TRAINING-8 HOURS ANNUALLY

Compliance  
Verified  
5/15/22

Corrected

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN II DANBAR (0014792)

**Address:** 2805 DANBAR DR, GREEN BAY, WI 54313

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/20/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0138578      **End Date:** 02/01/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN II INC DIVISION (0011105)

**Address:** 1294 DIVISION ST, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/27/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0143751      **End Date:** 07/21/2023      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143096      **End Date:** 02/23/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W5UW11 Served 05/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE	7/21/23	Yes

### Enforcement History (REM WISCONSIN II INC DIVISION--0011105)

**Date:** 05/18/2023      **SOD #**W5UW11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Complaint History (REM WISCONSIN II INC DIVISION--0011105)

**Date Complaint Received:** 09/12/2022

**Date Investigation Completed:** 02/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

W5UW11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

W5UW11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SANCTUARY AFH (THE) (0011944)

**Address:** 3385 BAY SETTLEMENT RD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/28/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0148619    **End Date:** 10/29/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PDSB11    Served 01/29/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SCHULTZ ADULT FAMILY HOME (THE) (0012896)

**Address:** 130 BROADVIEW DR, GREEN BAY, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0141472      **End Date:** 11/30/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140122      **End Date:** 07/05/2022      **Type:** OTHER      **Purpose:** OTHER

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1FGC12      Served 07/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/30/22	Yes
88.05(3)(b)	FREE OF HAZARDS	11/30/22	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Enforcement History (SCHULTZ ADULT FAMILY HOME (THE)--0012896)

**Date:** 07/13/2022      **SOD #**1FGC12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 04/15/2022      **SOD #**1FGC11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SHADY OAK (0018296)

**Address:** 2465 SHADY OAK DRIVE, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/04/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146668      **End Date:** 06/06/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** STEPPING STONES ADULT FAMILY HOME (0016463)

**Address:** 1738 JUNIPER DRIVE, GREEN BAY, WI 54302

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/03/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148012      **End Date:** 10/28/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SUPERIOR ROAD ADULT FAMILY HOME (0012195)

**Address:** 620 SUPERIOR ROAD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/2007 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** WINDSOR HOME (0010941)

**Address:** 819 S RIDGE RD, GREEN BAY, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/28/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0148322    **End Date:** 09/24/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DR6311    Served 12/16/2024

Deficiencies Cited  
88.07(3)(a)

Subject Area  
PRESCRIPTION MEDICATIONS

Compliance  
Verified  
1/30/25

Corrected  
Yes

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