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 66.00 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.
Facility Information

Facility Name: ANITA ADULT FAMILY HOME (0014295)
Address: 1849 BURNS AVE, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 10/1/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123167     End Date: 5/3/2017     Type: ABBREVIATED     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name:  BAYLITE DRIVE ADULT FAMILY HOME (0014006)
Address:  2766 BAYLITE DR, GREEN BAY, WI 54313
License Status:  REGULAR
Licensed/Certified/Registered 1/1/2012  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0123872        End Date:  7/25/2017        Type:  ABBREVIATED        Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: BRENNER PLACE (0012462)
Address: 2461 BRENNER PL, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 8/11/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>CHARITY LANE ADULT FAMILY HOME (0013368)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>352 CHARITY LN, GREEN BAY, WI 54311</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>6/29/2010 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>0124612</th>
<th>End Date</th>
<th>9/26/2017</th>
<th>Type</th>
<th>ABBREVIATED</th>
<th>Purpose</th>
<th>SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CHESTNUT HOME (0016130)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>611 N CHESTNUT AVE, GREEN BAY, WI 54303</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>10/11/2016 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

### Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: CLARITY CARE CARDINAL LANE HOME (490035)
Address: 1410 CARDINAL LN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 12/1/1995 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130441 End Date: 5/21/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
# Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

## Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>CLARITY CARE MANETTE HEIGHTS (0009195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1796-98 CABINET MAKER CT, GREEN BAY, WI 54313</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>12/15/2000  12:00:00AM</td>
</tr>
<tr>
<td>Regional Office</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>0122943</th>
<th>End Date</th>
<th>4/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>ABBREVIATED</td>
<td>Purpose</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is Page 8 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
### Facility Information

Facility Name: CORNERSTONE ADULT FAMILY HOME (0011330)
Address: 335 GRAASS STREET, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 3/27/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

Survey ID: 0129969    End Date: 4/18/2019    Type: ABBREVIATED    Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 2/9/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131816 End Date: 10/16/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129065 End Date: 12/17/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #6FLU11 Served 1/24/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>10/16/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0123739 End Date: 7/14/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CURO CARE LLC ROCKDALE ADULT FAMILY HOME--0014005)

Date: 1/24/2019 SOD #6FLU11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 10 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
## Complaint History (CURO CARE LLC ROCKDALE ADULT FAMILY HOME--0014005)

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/11/2018</th>
<th>Date Investigation Completed: 12/17/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
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 4/13/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123015          End Date: 4/13/2017          Type: INITIAL          Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: EMPOWERMENT OPTIONS AFH (0009645)
Address: 3045 COLLEEN DR, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 6/11/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130842  End Date: 7/16/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125133  End Date: 11/17/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EMPOWERMENT OPTIONS AFH--0009645)

Date Complaint Received: 7/10/2019  Date Investigation Completed: 7/16/2019
Subject Area(s)  Result  SOD #
PHYSICAL ENVIRONMENT/SAFETY  NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: ENRICHED LIFESTYLES LLC HEMLOCK (0017727)
Address: 2448 HEMLOCK ST, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 7/19/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130959      End Date: 7/19/2019      Type: INITIAL      Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ENRICHED LIFESTYLES LLC (0016331)
Address: 1047 ST LAWRENCE DR, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 12/8/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: FIRST QUALITY CARE HOME (0016477)
Address: 1452 LINDALE LN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 5/2/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123162 End Date: 5/2/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: FOREST GLEN (0015660)
Address: 1628 FOREST GLEN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 7/13/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123687   End Date: 7/13/2017   Type: STANDARD   Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: GARDEN PLACE (0013720)
Address: 2464/2466 GARDEN HEIGHTS CT, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 5/3/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125026   End Date: 11/6/2017   Type: ABBREVIATED   Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
### 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 4/25/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128592</td>
<td>9/13/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0126583</td>
<td>4/25/2018</td>
<td>INITIAL</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

#### Statement of Deficiency

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.06(3)(d)5</td>
<td>SIGNED STATEMENT OF AGREEMENT</td>
</tr>
<tr>
<td>88.07(1)(b)</td>
<td>AUTONOMY AND CHOICES</td>
</tr>
<tr>
<td>88.07(1)(e)</td>
<td>OVERNIGHT SUPERVISION</td>
</tr>
<tr>
<td>88.11(1)</td>
<td>REPORTING OF ABUSE AND NEGLECT</td>
</tr>
<tr>
<td>88.11(2)</td>
<td>NOTIFY APPROPRIATE PERSONS OF INCIDENT</td>
</tr>
</tbody>
</table>

#### Enforcement History (GENUINE HEARTS LLC FOREST GLEN AFH–0016949)

Date: 11/19/2018  SOD #S1RR11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
<table>
<thead>
<tr>
<th>Date Complaint Received: 8/20/2018</th>
<th>Date Investigation Completed: 9/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>

SOD # S1RR11

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 6/3/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130336   End Date: 5/8/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
## Facility Information

Facility Name: GONZALEZ AFH (0009749)  
Address: 706 THRUSH ST, GREEN BAY, WI 54303  
License Status: REGULAR  
Licensed/Certified/Registered 8/20/2002 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132230</td>
<td>12/20/19</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0132159</td>
<td>12/10/19</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125781</td>
<td>1/30/18</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

## Statement of Deficiency: #PUGG11  Served 12/13/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>12/20/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>12/20/19</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Survey ID: 0124358  End Date: 9/19/2017  Type: OTHER  Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PB9H11  Served 9/22/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified 1/8/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected Yes</td>
</tr>
</tbody>
</table>

Enforcement History (GONZALEZ AFH--0009749)

Date: 9/21/2017  SOD #PB9H11  Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

This is Page 23 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: GREEN ISLE HOME (0010935)
Address: 2679 GREEN ISLE CT, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 4/28/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131336  End Date: 8/30/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131073  End Date: 5/22/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7B5V11  Served 8/6/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>8/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td>8/30/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (GREEN ISLE HOME--0010935)

Date: 8/6/2019  SOD #7B5V11  Appealed: No
Sanctions
OTHER SANCTION

This is Page 24 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: GREENER ACRES (0012896)
Address: 130 BROADVIEW DR, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 8/1/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0123179 End Date: 5/3/2017 Type: ABBREVIATED Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: HANNAH STREET ADULT FAMILY HOME (0012935)
Address: 1281 HANNAH ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 8/4/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123193 End Date: 5/3/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: HAPPY HOUSE (0016376)
Address: 722 S MONROE AVE, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 2/2/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20
## Facility Information

Facility Name: HIL CLAYTON PLACE (0011977)
Address: 1009 CLAYTON PL, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 6/1/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132383</td>
<td>1/9/2020</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131893</td>
<td>7/19/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0130155</td>
<td>5/1/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Statement of Deficiency

Statement of Deficiency: #TU7P11 Served 11/1/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td>1/9/20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Sanctions
OTHER SANCTION

Enforcement History (HIL CLAYTON PLACE--0011977)

Date: 11/1/2019
SOD #TU7P11 Appealed: No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

---

### Complaint History (HIL CLAYTON PLACE--0011977)

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/28/2019</th>
<th>Date Investigation Completed: 7/19/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
### Facility Information

- **Facility Name:** HIL GLENHAVEN (0011024)
- **Address:** 518 E BRIAR LANE, GREEN BAY, WI 54301
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 7/12/2005 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

- **Survey ID:** 0128620  
  **End Date:** 11/21/2018  
  **Type:** ABBREVIATED  
  **Purpose:** SURVEY

- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

*This is Page 31 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 2/18/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128548 End Date: 11/12/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: ILS FISK HOME (0013712)
Address: 425 N FISK ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 5/19/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128272   End Date: 10/9/2018   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128139   End Date: 9/12/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #3DDE11 Served 9/27/2018

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified</td>
<td>10/9/18</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: JORDAN POINTE AFH (0012719)
Address: 1647 BIEMERT ST, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 3/13/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: KURTZ ADULT FAMILY HOME (0013010)
Address: 1447 KURTZ AVE, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 10/1/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0122941    End Date: 4/11/2017    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: LASALLE HOUSE (0009984)
Address: 2608 FINGER RD, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 3/3/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126631   End Date: 5/2/2018   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126451   End Date: 3/7/2018   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #U8L211 Served 4/13/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(n)2</td>
<td>CLEAN BEDDING AND LINENS</td>
<td>5/2/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Complaint History (LASALLE HOUSE--0009984)

Date Complaint Received: 3/2/2018   Date Investigation Completed: 3/7/2018
Subject Area(s) Result
RESIDENT RIGHTS NOT SUBSTANTIATED SOD #

This is Page 36 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: LIMITLESS POSSIBILITIES ROSE (0016804)
Address: 164 ROSE LANE, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 9/11/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130137  End Date: 5/2/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128477  End Date: 9/4/2018  Type: OTHER  Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #SG3R11  Served 11/7/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>Verified</td>
</tr>
<tr>
<td>88.10(3)(m)1</td>
<td>FREEDOM FROM SECLUSION AND RESTRAINTS</td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4/30/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4/30/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0124291  End Date: 9/11/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/5/2018</td>
<td>SG3R11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

**Enforcement History (LIMITLESS POSSIBILITIES ROSE--0016804)**

**Date Complaint Received:** 5/31/2018  
**Date Investigation Completed:** 9/4/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>SG3R11</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: LIMITLESS POSSIBILITIES TROJAN (0016642)
Address: 2466 TROJAN DR, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 7/26/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130095   End Date: 4/24/2019   Type: STANDARD   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127068   End Date: 5/2/2018   Type: OTHER   Purpose: SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #67QB11 Served 6/19/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>4/24/19</td>
</tr>
<tr>
<td>88.09(2)(c)</td>
<td>LOCATION AND RETENTION PERIOD</td>
<td>4/24/19</td>
</tr>
</tbody>
</table>

Survey ID: 0123793   End Date: 7/26/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LIMITLESS POSSIBILITIES TROJAN--0016642)

Date: 6/14/2018   SOD #67QB11   Appealed: No
Sanctions
COMPLY WITH REQUIREMENT

This is Page 39 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: LOCUST ADULT FAMILY HOME (0015598)
Address: 1030 LOCUST ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 5/12/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130498   End Date: 5/22/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128678   End Date: 10/1/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #WE8011 Served 12/7/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified</td>
</tr>
</tbody>
</table>

Enforcement History (LOCUST ADULT FAMILY HOME--0015598)

Date: 12/4/2018   SOD #WE8011   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: MIRAGE POINTE AFH (0011027)
Address: 1315 MIRAGE DR, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 6/24/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131938   End Date: 10/15/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 41 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: NEMETZ ADULT FAMILY HOME (0009605)
Address: 1124 KELLOGG ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 4/16/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126059 End Date: 1/19/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: NEW BEGINNINGS (0013855)
Address: 3208 LIBAL ST, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 9/26/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 2/22/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/8/17 to 2/8/20

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: NORTHERN AVENUE HOME (0008867)
Address: 302 NORTHERN AVE, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 3/22/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126304       End Date: 3/19/2018       Type: OTHER       Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125429       End Date: 9/19/2017       Type: ABBREVIATED       Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PNJZ11 Served 12/21/2017

Deficiencies Cited | Subject Area                          | Compliance Verified | Corrected
88.03(5)(e)1       | SIGNIFICANT CHANGE TO THE RESIDENT     | 3/19/18             | Yes
88.10(3)(l)        | SAFE PHYSICAL ENVIRONMENT              | 3/19/18             | Yes

Enforcement History (NORTHERN AVENUE HOME--0008867)

Date: 12/18/2017       SOD #PNJZ11       Appealed: No
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

This is Page 45 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>PNJZ11</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>PNJZ11</td>
</tr>
</tbody>
</table>

Date Complaint Received: 8/11/2017  Date Investigation Completed: 9/19/2017

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: OAKWOOD (0015370)
Address: 2407 OAKWOOD DR, GREEN BAY, WI 54303
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: 0130540  End Date: 6/13/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130289  End Date: 5/6/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #G0TH12 Served 5/21/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0128587  End Date: 9/5/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #G0TH11 Served 11/19/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(a)</td>
<td>FAIR TREATMENT</td>
<td>12/7/18</td>
<td>Yes</td>
</tr>
<tr>
<td>Date</td>
<td>SOD #</td>
<td>Appealed</td>
<td>Sanctions</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>----------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>11/19/2018</td>
<td>G0TH11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

**Enforcement History (OAKWOOD--0015370)**

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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: 0125990   End Date: 2/15/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 49 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ONTARIO II (0012121)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1852 ONTARIO RD, GREEN BAY, WI 54311</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>9/18/2007 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: | 0125986 |
| End Date: | 2/15/2018 |
| Type: | ABBREVIATED |
| Purpose: | SURVEY |
| Results: | NO STATEMENT OF DEFICIENCY ISSUED |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 4/27/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125526 End Date: 12/21/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: PECAN HOUSE (0017028)
Address: 2406 PECAN STREET, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 3/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126095   End Date: 3/1/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>RELIABLE PERSEVERING PROVIDERS LLC (0017567)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>821 MATHER ST, GREEN BAY, WI 54303</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>10/16/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

### Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0131770</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>10/16/2019</td>
</tr>
<tr>
<td>Type:</td>
<td>INITIAL</td>
</tr>
<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

*This is Page 53 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Facility Information

Facility Name: REM ONTARIO (0014291)
Address: 2439 ONTARIO, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 9/21/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125272   End Date: 11/27/2017   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123828   End Date: 5/22/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #204J11   Served 7/31/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified 11/27/17  Corrected Yes</td>
</tr>
</tbody>
</table>

Enforcement History (REM ONTARIO--0014291)

Date: 7/31/2017   SOD #204J11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
### Facility Information

Facility Name: REM WISCONSIN CORMIER (0013642)
Address: 1006 CORMIER, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 3/15/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128423</td>
<td>10/29/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128370</td>
<td>10/2/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #UVR211 Served 10/18/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10/29/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN II - GLORY (0011067)
Address: 778 GLORY RD, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 8/30/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0124772</td>
<td>10/17/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0124297</td>
<td>8/16/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0123573</td>
<td>6/22/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0123032</td>
<td>2/15/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #ZPHC11 Served 4/24/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5/1/17</td>
</tr>
</tbody>
</table>

Corrected: Yes
## Enforcement History (REM WISCONSIN II - GLORY--0011067)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/24/2017</td>
<td>ZPHC11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

## Complaint History (REM WISCONSIN II - GLORY--0011067)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/6/2017</td>
<td>10/17/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>6/11/2017</td>
<td>8/16/2017</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>5/11/2017</td>
<td>6/22/2017</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

This is Page 57 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: REM WISCONSIN II BLACKBERRY (0014791)
Address: 3400 BLACKBERRY LN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 9/20/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125716  End Date: 1/22/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122722  End Date: 3/16/2017  Type: OTHER  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM WISCONSIN II BLACKBERRY--0014791)

Date Complaint Received: 11/29/2017  Date Investigation Completed: 1/22/2018
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
Facility Information

Facility Name: REM WISCONSIN II DANBAR (0014792)
Address: 2805 DANBAR, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 9/20/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127411 End Date: 7/10/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126855 End Date: 5/21/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #3SXC11 Served 5/30/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>7/10/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(n)1</td>
<td>BED-CLEAN, GOOD CONDITION, PROPER SIZE</td>
<td>7/10/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
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: 0123092 End Date: 4/21/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>SANCTUARY AFH (THE) (0011944)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3385 BAY SETTLEMENT RD, GREEN BAY, WI 54311</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>9/28/2007 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0125470</th>
<th>End Date:</th>
<th>12/19/2017</th>
<th>Type:</th>
<th>ABBREVIATED</th>
<th>Purpose:</th>
<th>VERIFICATION VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0129721</th>
<th>End Date:</th>
<th>4/18/2017</th>
<th>Type:</th>
<th>OTHER</th>
<th>Purpose:</th>
<th>DESK REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 88.04(5)(b) | TRAINING-8 HOURS ANNUALLY | 12/18/17 | Yes |

Enforcement History (SANCTUARY AFH (THE)--0011944)

<table>
<thead>
<tr>
<th>Date:</th>
<th>7/10/2017</th>
<th>SOD #:</th>
<th>M2F211</th>
<th>Appealed:</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanctions</td>
<td>OTHER SANCTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is Page 61 of 66 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: SANDIA AFH (0012109)
Address: 2923 SANDIA DR, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 10/24/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
No survey activity during the period 2/8/17 to 2/8/20

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 5/3/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123176   End Date: 5/3/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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

Survey ID:  0125664  End Date:  1/10/2018  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name: UNIVERSITY HOME (0017744)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 1931 UNIVERSITY AVE, GREEN BAY, WI 54302</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 7/1/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

Survey History

<table>
<thead>
<tr>
<th>Survey ID: 0130743</th>
<th>End Date: 7/1/2019</th>
<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>WINDSOR HOME (0010941)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>819 S RIDGE RD, GREEN BAY, WI 54304</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>4/28/2005 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

## Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0122997</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>4/6/2017</td>
</tr>
<tr>
<td>Type:</td>
<td>ABBREVIATED</td>
</tr>
<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

*Disclaimer:* This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.