Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Brown County. The report is a PDF (Adobe Acrobat) document and includes a total of 16.00 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 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HIL TURNER (0017847)
Address: 3279 BITTERS CT, ALLOUEZ, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 1/20/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132517 End Date: 1/20/2020 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: GENUINE HEARTS LLC VALLEY VIEW AFH (0016606)
Address: 1189 VALLEY VIEW ROAD, ASHWAUBENON, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 4/26/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128532 End Date: 9/13/2018 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #148J11 Served 11/21/2018

<table>
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<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<td>LICENSING, POWERS AND DUTIES</td>
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Survey ID: 0123098 End Date: 4/26/2017 Type: INITIAL Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (GENUINE HEARTS LLC VALLEY VIEW AFH--0016606)

Date: 11/20/2018 SOD #148J11 Appealed: Decision: PENDING
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.03(1)

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### Complaint History (GENUINE HEARTS LLC V ALLEY VIEW AFH--0016606)

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<th>Date Complaint Received: 8/20/2018</th>
<th>Date Investigation Completed: 9/13/2018</th>
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<td>Subject Area(s)</td>
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<tr>
<td>RESIDENT RIGHTS</td>
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**SOD #**

148J11

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Facility Information

Facility Name: CARRINGTON LANE (0010957)
Address: 1362 CARRINGTON LANE, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 6/2/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131999    End Date: 11/14/2019    Type: STANDARD    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 16 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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**Facility Information**

Facility Name: CLARITY CARE PATRIOT WAY (0010986)
Address: 1711-1713 PATRIOT WAY, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 5/10/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

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<td>OTHER</td>
<td>COMPLAINT/SELF REPORT</td>
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**Statement of Deficiency:** #D9MF11 Served 11/24/2017

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**Enforcement History (CLARITY CARE PATRIOT WAY--0010986)**

Date: 11/24/2017  SOD #D9MF11  Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ILS MORNING GLORY HOME (0011412)
Address: 803 MORNING GLORY LANE, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 5/1/2006 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: MANDALAY HOME (0017352)
Address: 863 MANDALAY TERRACE, DEPERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 1/28/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129199     End Date: 1/28/2019     Type: INITIAL     Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: RIVER TRAIL ADULT FAMILY HOME (0015868)
Address: 2211 RIVER TRAIL CT, DEPERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 9/30/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130487   End Date: 5/15/2019   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: ILS DEUSTER HOME (0010237)
Address: 6630 DEUSTER ST, GREENLEAF, WI 54126
License Status: REGULAR
Licensed/Certified/Registered 11/27/2003 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: CARDINAL LANE (0010958)
Address: 1473 CARDINAL LANE, HOWARD, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 5/27/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128110 End Date: 9/12/2018 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

Facility Name:  HIL SANDRA ROSE (0017891)
Address:  2633 SANDRA ROSE LN, NEW FRANKEN, WI 54229
License Status:  REGULAR
Licensed/Certified/Registered 2/20/2020  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Facility Information

Facility Name: RJS RIVER FOREST HILLS RETREAT (0017463)
Address: 3048 RIVER FOREST HILLS DR, PULASKI, WI 54162
License Status: REGULAR
Licensed/Certified/Registered 4/15/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129909    End Date: 4/15/2019    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: BROTOLOC WILDWOOD AFH (0011371)
Address: 2004 WILDWOOD, SUAMICO, WI 54173
License Status: REGULAR
Licensed/Certified/Registered 3/20/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130343 End Date: 5/13/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: EAGLE VIEW AFH (0011932)
Address: 1640 1642 GABERTFIELD CT, SUAMICO, WI 541738157
License Status: REGULAR
Licensed/Certified/Registered 4/27/2007 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

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