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.
## Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>HIL TURNER (0017847)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3279 BITTERS CT, ALLOUEZ, WI 54301</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>1/20/2020 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>0132517</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>1/20/2020</td>
</tr>
<tr>
<td>Type:</td>
<td>INITIAL</td>
</tr>
<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

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

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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: 0134374  End Date: 7/28/2020  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128532  End Date: 9/13/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #148J11  Served 11/21/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.03</td>
<td>LICENSING, POWERS AND DUTIES</td>
<td>Verified 7/28/20</td>
</tr>
</tbody>
</table>

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

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

This is Page 3 of 16 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

<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>
<tr>
<td></td>
<td>SOD #</td>
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<td>148J11</td>
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</table>

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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

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Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Adult Family Home

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
Survey ID: 0126387 End Date: 3/28/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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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

Survey ID: 0133174  End Date: 11/12/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NF7C11 Served 4/13/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</tbody>
</table>

Enforcement History (ILS MORNING GLORY HOME--0011412)

Date: 4/13/2020  SOD #NF7C11  Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: KIMBROUGH ADULT FAMILY HOME LLC (0017811)
Address: 209 CA VIL WAY, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 7/30/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0134457   End Date: 7/30/2020   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Adult Family Home

Facility Information

Facility Name: CURO CARE MANDALAY (0018025)
Address: 863 MANDALAY TERRACE, DEPERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 4/10/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0133318 End Date: 4/10/2020 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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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
## 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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0133158</td>
<td>4/9/2020</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
<tr>
<td>0133102</td>
<td>11/6/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

Results:

- **Survey ID: 0133158**  End Date: 4/9/2020  Type: OTHER  Purpose: DESK REVIEW
  - Results: NO STATEMENT OF DEFICIENCY ISSUED

- **Survey ID: 0133102**  End Date: 11/6/2019  Type: STANDARD  Purpose: SURVEY
  - Results: STATEMENT OF DEFICIENCY ISSUED

### Statement of Deficiency:

- Reference: #FI5F11  Served 3/31/2020

<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(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td></td>
<td>4/9/20</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td></td>
<td>4/9/20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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DEPARTMENT OF HEALTH SERVICES  
Division of Quality Assurance  
Printed 9/4/2020

STATE OF WISCONSIN  
Bureau of Assisted Living  
P.O. Box 7940  
Madison WI 53707-7940

Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Adult Family Home

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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

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Survey History

Survey ID: 0128110  End Date: 9/12/2018  Type: ABBREVIATED  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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

Survey History

Survey ID: 0132824 End Date: 2/20/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Adult Family Home

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 8/6/2017 to 8/5/2020
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
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 8/6/17 to 8/5/20