

## 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 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 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** HIL TURNER (0017847)

**Address:** 3279 BITTERS CT, ALLOUEZ, WI 54301

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/20/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147457      **End Date:** 08/29/2024      **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 VALLEY VIEW AFH (0016606)

**Address:** 1189 VALLEY VIEW ROAD, ASHWAUBENON, WI 54304

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/26/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147320      **End Date:** 08/12/2024      **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:** CLARITY CARE PATRIOT WAY (0010986)

**Address:** 1711-1713 PATRIOT WAY, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0143394    **End Date:** 06/16/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CLARITY CARE PATRIOT WAY--0010986)

**Date Complaint Received:** 12/14/2022

**Date Investigation Completed:** 06/16/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
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:** DEBRA PROGRAM (0018196)

**Address:** 1953 DICKINSON ROAD, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/10/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0144258      **End Date:** 08/31/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (DEBRA PROGRAM--0018196)

**Date Complaint Received:** 05/23/2023

**Date Investigation Completed:** 08/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

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:** ILS MORNING GLORY HOME (0011412)

**Address:** 803 MORNING GLORY LANE, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0143833    **End Date:** 08/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140536    **End Date:** 08/22/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139584    **End Date:** 02/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NF7C13    Served 05/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/18/22	Yes

### Enforcement History (ILS MORNING GLORY HOME--0011412)

**Date:** 05/18/2022    **SOD #NF7C13**    **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 (ILS MORNING GLORY HOME--0011412)

**Date Complaint Received: 03/22/2023**

**Date Investigation Completed: 08/02/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

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:** INDY PROGRAM (0018314)

**Address:** 2380 INDY CT, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/06/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139918      **End Date:** 06/06/2022      **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:** KIMBROUGH ADULT FAMILY HOME LLC (0017811)

**Address:** 209 CAVIL WAY, DE PERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/30/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147352      **End Date:** 08/14/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145823      **End Date:** 03/07/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143309      **End Date:** 06/07/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142464      **End Date:** 03/10/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**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

### Complaint History (KIMBROUGH ADULT FAMILY HOME LLC--0017811)

**Date Complaint Received: 07/02/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
HCBS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/11/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 10/04/2023**

**Date Investigation Completed: 03/07/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/01/2023**

**Date Investigation Completed: 06/07/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

**Date Complaint Received: 02/27/2023**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 03/10/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 03/10/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
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:** RIVER TRAIL ADULT FAMILY HOME (0015868)

**Address:** 2211 RIVER TRAIL CT, DEPERE, WI 54115

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/30/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0139392      **End Date:** 04/26/2022      **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:** CARDINAL LANE (0010958)

**Address:** 1473 CARDINAL LANE, HOWARD, WI 54313

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/27/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0138552      **End Date:** 01/31/2022      **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:** HIL SANDRA ROSE (0017891)

**Address:** 2633 SANDRA ROSE LN, NEW FRANKEN, WI 54229

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/20/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0148055      **End Date:** 11/07/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142719      **End Date:** 04/05/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139092      **End Date:** 02/08/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #26DT11      Served 03/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/14/22	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	5/14/22	
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/14/22	

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## Provider Inspection Summary

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

Adult Family Home

### Complaint History (HIL SANDRA ROSE--0017891)

**Date Complaint Received: 01/13/2023**

**Date Investigation Completed: 04/05/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/03/2022**

**Date Investigation Completed: 04/05/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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:** EAGLE VIEW AFH (0011932)

**Address:** 1640 1642 GABERTFIELD CT, SUAMICO, WI 541738157

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/27/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0147796      **End Date:** 10/08/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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