

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Calumet County. The report is a PDF (Adobe Acrobat) document and includes a total of 45.00 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 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** BLIZZARD HOUSE (0017735)

**Address:** 2601 S EAST ST, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/18/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146681    **End Date:** 06/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** LIMITLESS POSSIBILITIES N9444 COUNTY ROAD N (0017985)

**Address:** N9444 COUNTY ROAD N, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/05/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0143348    **End Date:** 04/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LUM811    Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	7/29/23	Yes

#### Complaint History (LIMITLESS POSSIBILITIES N9444 COUNTY ROAD N--0017985)

**Date Complaint Received:** 02/18/2023

**Date Investigation Completed:** 04/27/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** HEARTS AT HOME (0017297)

**Address:** 610 S MAIN ST, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/30/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0138729    **End Date:** 02/16/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** LIMITLESS POSSIBILITIES W2025 RICH COURT (0015253)

**Address:** W2025 RICH CT, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0147809    **End Date:** 10/09/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140585    **End Date:** 08/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (LIMITLESS POSSIBILITIES W2025 RICH COURT--0015253)

**Date Complaint Received:** 05/14/2024

**Date Investigation Completed:** 10/09/2024

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** CASS HOUSE (0015184)

**Address:** 137 CASS ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/11/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142226    **End Date:** 01/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** STEENPORT HOME (0017014)

**Address:** 1024 STEENPORT LANE, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/26/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0143315    **End Date:** 04/14/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (STEENPORT HOME--0017014)

**Date Complaint Received:** 05/18/2022

**Date Investigation Completed:** 04/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** ACS CLINICAL SERVICES LLC APPLETON (0014907)

**Address:** 2 BRIGHTON CIRCLE, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/13/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0147869    **End Date:** 08/27/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LI5F11    Served 10/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/1/24	
83.47(2)(d)	FIRE DRILLS	12/1/24	
83.47(2)(e)	OTHER EVACUATION DRILLS	12/1/24	

**Survey ID:** 0139869    **End Date:** 06/14/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** DARBOY ASSISTED LIVING (0015847)  
**Address:** N9520 SILVER CT, APPLETON, WI 54915  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/20/2017 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0146349    **End Date:** 05/01/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ERK411    Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/23/24	

**Survey ID:** 0142650    **End Date:** 10/25/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0M9R11    Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	5/19/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/19/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/19/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/19/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (DARBOY ASSISTED LIVING--0015847)

**Date Complaint Received: 02/07/2022**

**Date Investigation Completed: 10/25/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
0M9R11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BRILLION WEST HAVEN (0012537)

**Address:** 220 ACHIEVEMENT DR, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0148678    **End Date:** 12/18/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TM4J11    Served 02/04/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/21/25	

**Survey ID:** 0144796    **End Date:** 11/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139874    **End Date:** 06/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PD3311    Served 06/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	8/4/22	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (BRILLION WEST HAVEN--0012537)

**Date Complaint Received: 08/21/2024**

**Date Investigation Completed: 12/18/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/25/2023**

**Date Investigation Completed: 11/08/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/26/2022**

**Date Investigation Completed: 06/10/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/07/2022**

**Date Investigation Completed: 06/10/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/07/2022**

**Date Investigation Completed: 06/10/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** GARROW VILLA (410344)

**Address:** 210 S PARKWAY DR, BRILLION, WI 54110

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1995 12:00:00AM

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

#### Survey History

**Survey ID:** 0147647    **End Date:** 09/17/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146973    **End Date:** 05/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VM8J11    Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/17/24	Yes
83.25	CONTINUING EDUCATION	9/17/24	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	9/17/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/17/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/17/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/17/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/17/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/17/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/17/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/17/24	Yes
83.47(2)(d)	FIRE DRILLS	9/17/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/17/24	Yes

Survey ID: 0143376    End Date: 06/14/2023    Type: OTHER    Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (GARROW VILLA--410344)

Date: 07/17/2024    SOD #VM8J11    Appealed:

Sanctions

- ORDER TO COMPLY
- FORFEITURE---83.25
- FORFEITURE---83.28 3
- FORFEITURE---83.32 3h
- FORFEITURE---83.35 3d
- FORFEITURE---83.37 1h
- FORFEITURE---83.37 1i

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (GARROW VILLA--410344)

**Date Complaint Received: 11/18/2024**

**Date Investigation Completed: 02/05/2025**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/12/2023**

**Date Investigation Completed: 05/10/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/07/2022**

**Date Investigation Completed: 06/14/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** ABridge Care Cottage of Chilton (0018305)

**Address:** 323 FIELD LANE, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/17/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0148037    **End Date:** 08/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2SI212    Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.07	PROHIBITED ACTS		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.13(1)(a)	MAINTAIN REPTS ABUSE NEGLECT MISAPPROPRIATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146413    **End Date:** 03/07/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2SI211    Served 05/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/5/24	No
83.19	ORIENTATION	7/25/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/5/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/25/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/25/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/5/24	Yes

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**Survey ID:** 0143844    **End Date:** 08/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0143186    **End Date:** 05/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142943**    **End Date: 11/30/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #75GY11    Served 05/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/17/23	Yes
83.40	OXYGEN STORAGE	6/17/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/17/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	6/17/23	Yes
83.46(4)(e)	ELECTRICAL OUTLETS	6/17/23	Yes
83.47(2)(d)	FIRE DRILLS	6/17/23	Yes

**Survey ID: 0139577**    **End Date: 05/16/2022**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (ABridge Care Cottage of Chilton--0018305)

**Date: 11/07/2024**    **SOD #2SI212**    **Appealed:**    **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---N0220 83.17(2)(a)

**Date: 05/14/2024**    **SOD #2SI211**    **Appealed: No**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20 2 A-D  
FORFEITURE---83.21 1-3

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ABridge Care Cottage of Chilton--0018305)

**Date Complaint Received: 07/01/2024**

**Date Investigation Completed: 08/05/2024**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2SI212
SUBSTANTIATED	2SI212

**Date Complaint Received: 03/27/2024**

**Date Investigation Completed: 08/05/2024**

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2SI212

**Date Complaint Received: 02/20/2024**

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

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 09/22/2023**

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

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 07/20/2023**

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

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 04/19/2023**

**Date Investigation Completed: 05/22/2023**

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/05/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 09/06/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
SUBSTANTIATED 75GY11  
SUBSTANTIATED 75GY11  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/11/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result SOD #  
SUBSTANTIATED 75GY11  
NOT SUBSTANTIATED  
SUBSTANTIATED 75GY11  
SUBSTANTIATED 75GY11

**Date Complaint Received: 04/12/2022**

**Date Investigation Completed: 05/16/2022**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/15/2022**

**Date Investigation Completed: 05/16/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CENTURY RIDGE I (0016779)

**Address:** 533 E CALUMET STREET, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0146864    **End Date:** 07/03/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142096    **End Date:** 11/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6CXU11    Served 02/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/26/23	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/26/23	

**Survey ID:** 0138850    **End Date:** 03/02/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (CENTURY RIDGE I--0016779)

**Date Complaint Received: 04/11/2024**

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/11/2022**

**Date Investigation Completed: 11/10/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

6CXU11

PROGRAM SERVICES

SUBSTANTIATED

6CXU11

RESIDENT RIGHTS

SUBSTANTIATED

6CXU11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6CXU11

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CENTURY RIDGE II (0016780)

**Address:** 531 E CALUMET ST, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0147833    **End Date:** 08/07/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H7EM11    Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/29/24	
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	11/29/24	

**Survey ID:** 0138851    **End Date:** 03/02/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (CENTURY RIDGE II--0016780)

**Date Complaint Received: 03/18/2024**

**Date Investigation Completed: 08/07/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CENTURY RIDGE III (0016781)

**Address:** 535 E CALUMET STREET, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0138854    **End Date:** 03/02/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** FIELD LANE HOUSE (0018632)

**Address:** 335 FIELD LANE, CHILTON, WI 53014

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0139816    **End Date:** 06/09/2022    **Type:** OTHER    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RGSS11    Served 06/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/25/22	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/25/22	

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS KAUKAUNA (0017854)  
**Address:** W5219 AMY AVE, KAUKAUNA, WI 54130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/18/2019 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0148615    **End Date:** 01/24/2025    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148100    **End Date:** 09/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3S JL11    Served 11/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	1/24/25	Yes

**Survey ID:** 0145160    **End Date:** 12/14/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6G JY11    Served 01/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	2/17/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0144113**    **End Date: 09/05/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0143308**    **End Date: 04/25/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LGDV11    Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/24/23	Yes

---

**Survey ID: 0142803**    **End Date: 11/18/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9XZ311    Served 04/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/2/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/2/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/2/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/2/23	Yes
83.38(1)(k)	TRANSPORTATION	6/2/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	6/2/23	Yes

---

**Survey ID: 0138723**    **End Date: 02/16/2022**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS KAUKAUNA--0017854)

**Date:** 11/14/2024      **SOD #**3SJL11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N0326 DHS 83.31(4)(a)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS KAUKAUNA--0017854)

**Date Complaint Received: 07/15/2024**

**Date Investigation Completed: 09/09/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

3SJL11  
3SJL11

**Date Complaint Received: 07/03/2024**

**Date Investigation Completed: 09/09/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 09/27/2023**

**Date Investigation Completed: 12/14/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED

6GJY11  
6GJY11

**Date Complaint Received: 08/31/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/23/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/02/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/21/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
PROGRAM SERVICES  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 03/14/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	LGDV11
SUBSTANTIATED	LGDV11

**Date Complaint Received: 03/09/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 01/09/2023**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

**Date Complaint Received: 12/06/2022**

**Date Investigation Completed: 04/25/2023**

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

**Date Complaint Received: 07/25/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	9XZ311
SUBSTANTIATED	9XZ311
SUBSTANTIATED	9XZ311
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/11/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 05/20/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED 9XZ311

**Date Complaint Received: 05/11/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED 9XZ311

**Date Complaint Received: 04/05/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311

**Date Complaint Received: 03/23/2022**

**Date Investigation Completed: 11/18/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311  
SUBSTANTIATED 9XZ311

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Sycamore Lodge Senior Living LLC Kiel (0019080)

**Address:** 1237 Teckla Place, Kiel, WI 53042

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142734    **End Date:** 04/06/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140857    **End Date:** 09/22/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** GARDENS OF FOUNTAIN WAY (THE) (0010205)  
**Address:** 1050 FOUNTAIN WAY, MENASHA, WI 54952  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/25/2003 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0148639    **End Date:** 10/29/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UUX011    Served 01/31/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(d)	POSTING ACTIVITY SCHEDULE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		
83.41(2)(c)	NUTRITION: MENUS		
83.41(3)(b)	FOOD SAFETY		
83.47(2)(e)	OTHER EVACUATION DRILLS		

**Survey ID:** 0143098    **End Date:** 05/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (GARDENS OF FOUNTAIN WAY (THE)--0010205)

**Date Complaint Received: 08/01/2024**

**Date Investigation Completed: 10/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 05/17/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/20/2023**

**Date Investigation Completed: 05/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/23/2023**

**Date Investigation Completed: 05/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OAK PARK PLACE OF MENASHA (0015983)  
**Address:** 2205 MIDWAY ROAD, MENASHA, WI 54952  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2017 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0148574    **End Date:** 12/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NO7611    Served 01/24/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

**Survey ID:** 0147642    **End Date:** 09/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0146377**    **End Date: 03/20/2024**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K7QW11    Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/18/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/18/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/18/24	Yes

**Survey ID: 0141664**    **End Date: 12/20/2022**    **Type: STANDARD**    **Purpose: COMPLAINT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0140283**    **End Date: 05/12/2022**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2WBQ11    Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	12/19/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/19/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/19/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/19/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/19/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	12/19/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/19/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/19/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/19/22	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (OAK PARK PLACE OF MENASHA--0015983)

**Date:** 01/24/2025      **SOD #**NO7611      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 05/10/2024      **SOD #**K7QW11      **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---N 243 83.21(1)-(3)

FORFEITURE---N 247 83.22(1)-(4)

FORFEITURE---N 352 83.32(3)(h)

**Date:** 07/29/2022      **SOD #**2WBQ11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.20(2)d

FORFEITURE---83.32(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(h)

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (OAK PARK PLACE OF MENASHA--0015983)

**Date Complaint Received: 11/19/2024**

**Date Investigation Completed: 12/09/2024**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 10/17/2024**

**Date Investigation Completed: 12/09/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	NO7611
SUBSTANTIATED	NO7611
SUBSTANTIATED	NO7611

**Date Complaint Received: 07/30/2024**

**Date Investigation Completed: 09/19/2024**

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

**Date Complaint Received: 11/08/2023**

**Date Investigation Completed: 03/20/2024**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	K7QW11

**Date Complaint Received: 10/16/2022**

**Date Investigation Completed: 12/20/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/26/2022**

**Date Investigation Completed: 05/12/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11
RESIDENT RIGHTS	SUBSTANTIATED	2WBQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	2WBQ11
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	2WBQ11

**Date Complaint Received: 04/22/2022**

**Date Investigation Completed: 05/12/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	2WBQ11
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	2WBQ11

**Date Complaint Received: 04/10/2022**

**Date Investigation Completed: 05/12/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11

**Date Complaint Received: 03/08/2022**

**Date Investigation Completed: 05/12/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	2WBQ11
PROGRAM SERVICES	SUBSTANTIATED	2WBQ11

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARING HANDS ASSISTED LIVING (0016710)

**Address:** 2514 WISCONSIN AVE, NEW HOLSTEIN, WI 53061

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0147871    **End Date:** 08/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2QKW11    Served 10/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(1)(a)	LIMITATION OF CAPACITY AS SHOWN ON LICENSE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0146856**    **End Date: 05/07/2024**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MYKD11    Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	8/17/24	

**Survey ID: 0147730**    **End Date: 04/09/2024**    **Type: OTHER**    **Purpose: OTHER**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0142810**    **End Date: 02/13/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WGPQ11    Served 04/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	6/2/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/2/23	Yes

**Survey ID: 0141467**    **End Date: 11/03/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (CARING HANDS ASSISTED LIVING--0016710)

**Date: 10/17/2024**    **SOD #2QKW11**    **Appealed:**    **Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---N0285 83.27(1)(a)

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (CARING HANDS ASSISTED LIVING--0016710)

**Date Complaint Received: 07/24/2024**

**Date Investigation Completed: 08/12/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

2QKW11

PROGRAM SERVICES

SUBSTANTIATED

2QKW11

RESIDENT RIGHTS

SUBSTANTIATED

2QKW11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

2QKW11

**Date Complaint Received: 01/17/2024**

**Date Investigation Completed: 05/07/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

MYKD11

**Date Complaint Received: 12/16/2022**

**Date Investigation Completed: 02/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LakeHouse New Holstein (0019882)

**Address:** 1706 Hoover St, New Holstein, WI 53061

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 05/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146372    **End Date:** 05/09/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** OAK PARK PLACE OF MENASHA (0015973)  
**Address:** 2205 MIDWAY ROAD, MENASHA, WI 54952  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/26/2016 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139425    **End Date:** 04/12/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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