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 37.00 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 8/6/2017 to 8/5/2020
Adult Family Home

Facility Information

Facility Name: BLIZZARD HOUSE (0017735)
Address: 2601 S EAST ST, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 3/18/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132992    End Date: 3/18/2020    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: HELENS HOUSE LAKE PARK (0015288)
Address: N9138 BRENDA DR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 12/16/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126669 End Date: 5/4/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HELENS HOUSE LAKE PARK--0015288)

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

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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 3/5/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Survey History

Survey ID: 0133946  End Date: 3/5/2020  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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This is Page 4 of 37 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:  STEVE AND MISSY WISNIEWSKI (0013644)
Address:  71 BRENTWOOD LN, APPLETON, WI 54915
License Status:  REGULAR
Licensed/Certified/Registered 2/25/2011  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0128898   End Date:  11/15/2018   Type:  ABBREVIATED   Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
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 8/30/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127834 End Date: 8/30/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: LIMITLESS POSSIBILITIES W2025 RICH COURT (0015253)
Address: W2025 RICH CT, BRILLION, WI 54110
License Status: REGULAR
Licensed/Certified/Registered 10/1/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131684  End Date: 8/7/2019  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #P5HN12  Served 10/8/2019

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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
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<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>Corrected</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Adult Family Home

Survey ID: 0128065  End Date: 6/6/2018  Type: OTHER  Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #P5HN11  Served 9/17/2018

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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Survey ID: 0126203  End Date: 3/13/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Survey ID: 0126058  End Date: 2/1/2018  Type: OTHER  Purpose: SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #ZN3F11  Served 3/2/2018

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<tr>
<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
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Enforcement History (LIMITLESS POSSIBILITIES W2025 RICH COURT--0015253)

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<tr>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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<tbody>
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<tr>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Adult Family Home

<table>
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<tr>
<th>Subject Area(s)</th>
<th>Result</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>P5HN11</td>
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Date Complaint Received: 3/15/2018  Date Investigation Completed: 6/6/2018

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

Facility Information

Facility Name: NATIONAL HOUSE (0015356)
Address: 319 E NATIONAL AVE, BRILLION, WI 54110
License Status: REGULAR
Licensed/Certified/Registered 11/24/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128965 End Date: 1/4/2019 Type: ABBREVIATED 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: BROOKLYN HOUSE (0011748)
Address: 69 E BROOKLYN ST, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 1/25/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130816 End Date: 7/11/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: CASS HOUSE (0015184)
Address: 137 CASS ST, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 9/11/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132064 End Date: 11/27/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: STEENPORT HOME (0017014)
Address: 1024 STEENPORT LANE, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 2/26/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0133790 End Date: 6/2/2020 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133766 End Date: 2/20/2020 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #RVMJ11 Served 5/28/2020

Deficiencies Cited Subject Area
88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance Verified Corrected
Verified 6/2/20 No

Survey ID: 0126114 End Date: 2/26/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (STEENPORT HOME--0017014)

Date Complaint Received: 11/25/2019 Date Investigation Completed: 2/20/2020
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

Facility Name: ACS CLINICAL SERVICES LLC APPLETON (0014907)
Address: 2 BRIGHTON CIRCLE, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 3/13/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131307 End Date: 6/18/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NZR511 Served 8/28/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>83.19</td>
<td>ORIENTATION</td>
<td>Verified</td>
</tr>
<tr>
<td>83.37(1)(g)</td>
<td>DISPOSITION OF MEDICATIONS</td>
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<tr>
<td>83.43(1)</td>
<td>ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE</td>
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<tr>
<td>83.45(1)(a)</td>
<td>EXTERIOR AREAS</td>
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Enforcement History (ACS CLINICAL SERVICES LLC APPLETON--0014907)

Date: 8/28/2019 SOD #NZR511 Appealed: Decision: PENDING
Sanctions
FORFEITURE---83.19
FORFEITURE---83.37(1)(g)

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# Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

## Complaint History (ACS CLINICAL SERVICES LLC APPLETON--0014907)

<table>
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<th>Date Investigation Completed: 6/18/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
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<td>PROGRAM SERVICES</td>
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<table>
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<th>Date Investigation Completed: 6/18/2019</th>
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<tr>
<td>Subject Area(s)</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<td>SOD #</td>
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</table>

NZR511

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Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
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 2/20/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132231 End Date: 9/17/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #K20G11 Served 12/23/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>83.12(2)(b)</td>
<td>NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT</td>
<td>2/5/20</td>
<td>Yes</td>
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<tr>
<td>83.12(4)(a)</td>
<td>REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN</td>
<td>2/5/20</td>
<td>Yes</td>
</tr>
<tr>
<td>83.12(4)(b)</td>
<td>REPORTING WHEN LAW ENFORCEMENT IS CALLED</td>
<td>2/5/20</td>
<td>Yes</td>
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<tr>
<td>83.12(5)(b)</td>
<td>NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS</td>
<td>2/5/20</td>
<td>Yes</td>
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<tr>
<td>83.13(3)(b)</td>
<td>POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES</td>
<td>2/5/20</td>
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<tr>
<td>83.15(3)(a)</td>
<td>ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION</td>
<td>2/5/20</td>
<td>Yes</td>
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<tr>
<td>83.17(2)(a)</td>
<td>EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE</td>
<td>2/5/20</td>
<td>Yes</td>
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<tr>
<td>83.29(2)</td>
<td>ADMISSION AGREEMENT</td>
<td>2/5/20</td>
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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(4) RESIDENT SATISFACTION EVALUATION 2/5/20 Yes
83.35(5)(a) INITIAL EVALUATION OF EVACUATION LIMITATIONS 2/5/20 Yes
83.35(5)(b) ANNUAL EVALUATION OF EVACUATION LIMITS 2/5/20 Yes
83.37(3)(c) MEDICATION STORAGE: LOCKED CABINET 2/5/20 Yes
83.37(3)(g) MEDICATION STORAGE: CONTROLLED SUBSTANCES 2/5/20 Yes

Survey ID: 0127226 End Date: 6/18/2018 Type: STANDARD Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124109 End Date: 8/23/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DARBOY ASSISTED LIVING--0015847)

Date: 12/23/2019 SOD #K20G11 Appealed:
Sanctions
FORFEITURE---83.12(2)(B)
FORFEITURE---83.12(4)(a)
FORFEITURE---83.12(4)(b)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.37(3)(g)

This is Page 17 of 37 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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<td>Subject Area(s): RESIDENT RIGHTS</td>
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<tr>
<td>SOD #</td>
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<td>Result NOT SUBSTANTIATED</td>
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<tr>
<td>SOD #</td>
<td></td>
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</table>
## Facility Information

Facility Name:  **BRILLION WEST HAVEN (0012537)**  
Address:  **220 ACHIEVEMENT DR, BRILLION, WI 54110**  
License Status:  **REGULAR**  
Licensed/Certified/Registered 11/1/2009  12:00:00AM  
Regional Office:  **NORTHEASTER REGION (GREEN BAY), (920) 448-5252**

## Survey History

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<td>DESK REVIEW</td>
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<th>Purpose</th>
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**Statement of Deficiency:**  #PQCM12  Served 11/1/2019

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<td>83.37(1)(b)</td>
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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131005  End Date: 4/25/2019  Type: STANDARD  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PQCM11  Served 8/1/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>83.35(1)(c)</td>
<td>LISTED AREAS FOR ASSESSMENTS</td>
<td>10/9/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.38(1)(b)</td>
<td>SUPERVISION</td>
<td>10/9/19</td>
<td>Yes</td>
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<tr>
<td>83.42(1)</td>
<td>RESIDENT RECORD MAINTAINED</td>
<td>10/9/19</td>
<td>Yes</td>
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</tbody>
</table>

Survey ID: 0128740  End Date: 11/30/2018  Type: OTHER  Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128122  End Date: 8/22/2018  Type: OTHER  Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PZNG11  Served 9/24/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.12(4)(a)</td>
<td>REPORTING WHEN RESIDENT’S WHEREABOUTS UNKNOWN</td>
<td>9/27/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0124305  End Date: 9/14/2017  Type: STANDARD  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BRILLION WEST HAVEN--0012537)

Date: 8/1/2019  SOD #PQCM11  Appealed:

Sanctions
FORFEITURE---83.35(1)(c)
FORFEITURE---83.38(1)(b)

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### Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<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>3/18/2019</td>
<td>4/25/2019</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>PQCM11</td>
</tr>
<tr>
<td>10/3/2018</td>
<td>11/30/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>8/14/2018</td>
<td>8/22/2018</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>PZNG11</td>
</tr>
</tbody>
</table>

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**Facility Information**

Facility Name: GARROW VILLA (410344)  
Address: 210 S PARKWAY DR, BRILLION, WI 54110  
License Status: REGULAR  
Licensed/Certified/Registered 3/1/1995 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>
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</thead>
<tbody>
<tr>
<td>0127499</td>
<td>7/18/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0127247</td>
<td>6/4/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #5S8212 Served 6/27/2018

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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</tr>
</thead>
<tbody>
<tr>
<td>FOOD SAFETY</td>
<td></td>
<td>7/18/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0126010  End Date: 1/12/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5S8211  Served 2/21/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
<td>Verified 6/4/18, Corrected Yes</td>
</tr>
<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
<td>Verified 6/4/18, Corrected Yes</td>
</tr>
<tr>
<td>83.48(6)(d)</td>
<td>INTEGRATED HEAT DETECTOR IN FURNACE ROOM</td>
<td>Verified 6/4/18, Corrected Yes</td>
</tr>
<tr>
<td>83.48(6)(e)</td>
<td>INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM</td>
<td>Verified 6/4/18, Corrected Yes</td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>Verified 6/4/18, Corrected Yes</td>
</tr>
</tbody>
</table>

Enforcement History (GARROW VILLA--410344)

Date: 2/21/2018  SOD #5S8211  Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION FORFEITURE---83.47(2)(d)

Complaint History (GARROW VILLA--410344)

Date Complaint Received: 12/4/2017  Date Investigation Completed: 1/12/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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## Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

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:** 10/1/2018 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>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128783</td>
<td>12/11/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127123</td>
<td>6/12/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124091</td>
<td>8/16/2017</td>
<td>INITIAL</td>
<td>CHOW--LICENSURE</td>
<td>PROBATIONARY LICENSE ISSUED</td>
</tr>
</tbody>
</table>

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

- **Date Complaint Received:** 10/29/2018
- **Date Investigation Completed:** 12/11/2018

Subject Area(s) | Result | SOD #
---|---|---
PROGRAM SERVICES | NOT SUBSTANTIATED | |

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### Facility Information

Facility Name: CENTURY RIDGE II (0016780)
Address: 531 E CALUMET ST, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 10/1/2018 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>
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<tbody>
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<td>6/12/2018</td>
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<td>SURVEY</td>
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<td></td>
<td>OF DEFICIENCY</td>
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<td>ISSUED</td>
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<td>0124099</td>
<td>8/16/2017</td>
<td>INITIAL</td>
<td>CHOW--LICENSURE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROBATIONARY LICENSE ISSUED</td>
<td></td>
</tr>
</tbody>
</table>
## Facility Information

Facility Name:  CENTURY RIDGE III (0016781)
Address:  535 E CALUMET STREET, CHILTON, WI 53014
License Status:  REGULAR
Licensed/Certified/Registered 10/1/2018  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>
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</thead>
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<tr>
<td>0127146</td>
<td>6/12/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
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<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0124113</td>
<td>8/16/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results: PROBATIONARY LICENSE ISSUED</td>
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</tbody>
</table>
Facility Information

Facility Name: FIELDLANE (0016088)
Address: 335 FIELDLANE, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 4/28/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132135 End Date: 12/5/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128600 End Date: 11/12/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128174 End Date: 8/3/2018 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5KT511 Served 10/3/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.12(4)(a)</td>
<td>REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN</td>
<td>11/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>83.12(4)(b)</td>
<td>REPORTING WHEN LAW ENFORCEMENT IS CALLED</td>
<td>11/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>83.32(3)(h)</td>
<td>RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION</td>
<td>11/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>83.38(1)(b)</td>
<td>SUPERVISION</td>
<td>11/12/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0126194  End Date: 3/1/2018  Type: OTHER  Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (FIELDLANE--0016088)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Sanctions</th>
<th>Appealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/2018</td>
<td>5KT511</td>
<td>FORFEITURE---83.12(4)(b)</td>
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<tr>
<td></td>
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<td>FORFEITURE---83.38(1)(b)</td>
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</tr>
</tbody>
</table>

Complaint History (FIELDLANE--0016088)

<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>11/22/2019</td>
<td>12/5/2019</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>8/8/2018</td>
<td>11/12/2018</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>1/17/2018</td>
<td>3/1/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIBBYS HOUSE OF CHILTON (0013613)
Address: 323 FIELD LN, CHILTON, WI 53014
License Status: REGULAR
Licensed/Certified/Registered 2/19/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131009   End Date: 5/15/2019   Type: OTHER   Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #VKDQ11 Served 8/1/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.35(1)(a)</td>
<td>PRE-ADMISSION AND ONGOING ASSESSMENTS</td>
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</tr>
<tr>
<td>83.35(3)(d)</td>
<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
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<tr>
<td>83.37(1)(i)</td>
<td>PRN PSYCHOTROPIC MEDICATION</td>
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<tr>
<td>83.38(1)(i)</td>
<td>BEHAVIOR MANAGEMENT</td>
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</tr>
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</table>

Survey ID: 0127400   End Date: 7/10/2018   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 8/6/2017 to 8/5/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0126852   End Date: 4/18/2018   Type: STANDARD   Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7BKB11    Served 5/29/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<th>Corrected</th>
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<tbody>
<tr>
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<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
<td>7/10/18</td>
<td>Yes</td>
</tr>
<tr>
<td>83.48(6)(d)</td>
<td>INTEGRATED HEAT DETECTOR IN FURNACE ROOM</td>
<td>7/10/18</td>
<td>Yes</td>
</tr>
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</table>

Enforcement History (LIBBYS HOUSE OF CHILTON--0013613)

Date: 8/1/2019   SOD #VKDQ11   Appealed:    Decision: PENDING

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(i)

Complaint History (LIBBYS HOUSE OF CHILTON--0013613)

Date Complaint Received: 1/7/2019   Date Investigation Completed: 5/15/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>VKDQ11</td>
</tr>
</tbody>
</table>
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: 0132115    End Date: 11/18/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK CREEK ASSISTED LIVING - KIEL (0012113)
Address: 1237 TEKLA PL, KIEL, WI 53042
License Status: REGULAR
Licensed/Certified/Registered 5/1/2008 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

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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

No survey activity during the period 8/6/17 to 8/5/20
Facility Information

Facility Name: OAK PARK PLACE OF MENASHA (0015983)
Address: 2205 MIDWAY ROAD, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 3/1/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132110  End Date: 12/6/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132000  End Date: 10/23/2019  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #9PPX11 Served 11/15/2019

<table>
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<tr>
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<th>Compliance Verified</th>
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<tbody>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.28(4)(a)</td>
<td>RESIDENT HEALTH SCREENING AND DOCUMENTATION</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Date Complaint Received: 8/23/2019  Date Investigation Completed: 10/23/2019
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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# Facility Information

Facility Name: CARING HANDS ASSISTED LIVING (0016710)
Address: 2514 WISCONSIN AVE, NEW HOLSTEIN, WI 53061
License Status: REGULAR
Licensed/Certified/Registered 9/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

<table>
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<tr>
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<th>End Date</th>
<th>Type</th>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Provider Inspection Summary
For the period 8/6/2017 to 8/5/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WILLOWPARK PLACE (0014651)
Address: 1706 HOOVER ST, NEW HOLSTEIN, WI 53061
License Status: REGULAR
Licensed/Certified/Registered 7/11/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124275  End Date: 8/15/2017  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 8/6/17 to 8/5/20

This is Page 36 of 37 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: OAK PARK PLACE OF MENASHA (0015973)
Address: 2205 MIDWAY ROAD, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 2/26/2016 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