

Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Fond Du Lac County.

The report includes only facilities located within the City of Fond du Lac. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 44.00 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 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: AGAPE 12 (0013987)

Address: 577/579 E SCOTT ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 2/7/2012 12:00:00AM

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

Survey History

Survey ID: 0118217 **End Date:** 7/9/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AGAPE 12--0013987)

Date Complaint Received: 4/15/2015

Date Investigation Completed: 7/9/2015

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
YGY011

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC MARIA LANE (0009338)

Address: 51 MARIA LN, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 5/24/2001 12:00:00AM

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

Survey History

Survey ID: 0116419 **End Date:** 10/15/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114687 **End Date:** 2/26/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114235 **End Date:** 1/15/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NO8M11 Served 1/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Yes

Enforcement History (ARC MARIA LANE--0009338)

Date: 12/15/2014 **SOD #**NO8M11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC MARSHALL AVENUE HOME (0008807)

Address: 598 MARSHALL AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/1/1999 12:00:00AM

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

Survey History

Survey ID: 0116623 **End Date:** 11/3/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9EDY11 Served 12/1/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		

Survey ID: 0114692 **End Date:** 2/26/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114243 **End Date:** 1/15/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6FUJ11 Served 1/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Yes

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Enforcement History (ARC MARSHALL AVENUE HOME--0008807)

Date: 1/15/2014 **SOD #**6FUJ11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC MICHELS ADULT FAMILY HOME (0015392)

Address: 769 MUSTANG LN, FOND DU LAC, WI 54935

License Status: REGULAR

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

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

Survey History

Survey ID: 0116774 **End Date:** 12/11/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC POPLAR ADULT FAMILY HOME (490066)

Address: 373 POPLAR ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 4/1/1996 12:00:00AM

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

Survey History

Survey ID: 0116622 **End Date:** 9/30/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #41UR11 Served 12/1/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Survey ID: 0114689 **End Date:** 2/26/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114246 **End Date:** 1/15/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MI7011 Served 1/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Yes

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Enforcement History (ARC POPLAR ADULT FAMILY HOME--490066)

Date: 1/15/2014 **SOD #**MI7011 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC SEYMOUR ADULT FAMILY HOME (0009470)
Address: 400 S SEYMOUR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/1/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0114695 **End Date:** 2/26/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114250 **End Date:** 1/15/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7JNR11 Served 1/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Yes

Enforcement History (ARC SEYMOUR ADULT FAMILY HOME--0009470)

Date: 1/15/2014 **SOD #**7JNR11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: ARC STONE ADULT FAMILY HOME (0015393)

Address: 779 MUSTANG LN, FOND DU LAC, WI 54935

License Status: REGULAR

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

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

Survey History

Survey ID: 0116772 **End Date:** 12/11/2014 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: BANK STREET HOME (0010685)

Address: 413 E BANK ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/21/2004 12:00:00AM

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

Survey History

Survey ID: 0114272 **End Date:** 1/16/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UVDN11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Withdrawn

Survey History

No survey activity during the period 1/8/14 to 1/7/17

Enforcement History (BANK STREET HOME--0010685)

Date: 1/16/2014 **SOD #**UVDN11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: BERGER PARKWAY HOME (0010686)

Address: 23 N BERGER PARKWAY, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/21/2004 12:00:00AM

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

Survey History

Survey ID: 0122149 **End Date:** 12/15/2016 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T5TQ11 Served 1/4/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/17/17	Yes

Survey ID: 0116387 **End Date:** 10/13/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #84D611 Served 10/23/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: BERGER PLACE (490125)

Address: 34 S BERGER PKWY, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 4/1/1998 12:00:00AM

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

Survey History

Survey ID: 0120631 **End Date:** 6/8/2016 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0116151 **End Date:** 9/10/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114546 **End Date:** 1/16/2014 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Complaint History (BERGER PLACE--490125)

Date Complaint Received: 1/28/2016

Date Investigation Completed: 6/8/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/15/2014

Date Investigation Completed: 9/10/2014

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: CARPENTER HOME (0012228)

Address: 56 CARPENTER ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/13/2007 12:00:00AM

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

Survey History

Survey ID: 0116456 **End Date:** 10/17/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114275 **End Date:** 1/16/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EUQD11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Withdrawn

Enforcement History (CARPENTER HOME--0012228)

Date: 1/16/2014 **SOD #**EUQD11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: CLARITY CARE GOODRICH HOUSE (0010628)

Address: 300 LINDEN ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/1/2002 12:00:00AM

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

Survey History

Survey ID: 0118205 **End Date:** 7/2/2015 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118049 **End Date:** 6/5/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #116411 Served 6/29/2015

Deficiencies Cited
88.05(3)(b)

Subject Area
FREE OF HAZARDS

Compliance
Verified
7/24/15

Corrected
Yes

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: CLARITY CARE MIHILL HOUSE (490010)

Address: 975-977 MIHILL AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 2/1/1991 12:00:00AM

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

Survey History

Survey ID: 0118932 **End Date:** 9/23/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: EMERY ART RESIDENCE (0013963)

Address: 164 6TH ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/22/2011 12:00:00AM

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

Survey History

Survey ID: 0120448 **End Date:** 5/18/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119725 **End Date:** 1/5/2016 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PLQ311 Served 2/18/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	5/18/16	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	5/18/16	Yes

Survey ID: 0118673 **End Date:** 9/9/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (EMERY ART RESIDENCE--0013963)

Date: 2/16/2016 **SOD #**PLQ311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Complaint History (EMERY ART RESIDENCE--0013963)

Date Complaint Received: 9/17/2015

Date Investigation Completed: 1/5/2016

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

PLQ311

Date Complaint Received: 8/20/2015

Date Investigation Completed: 9/9/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/1/2015

Date Investigation Completed: 9/9/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: FAIR HAVEN (0010722)

Address: 364 E 13TH ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/21/2004 12:00:00AM

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

Survey History

Survey ID: 0120740 **End Date:** 7/19/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120522 **End Date:** 5/3/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H2J912 Served 6/20/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/29/16	Yes

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Survey ID: 0119427 End Date: 12/7/2015 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2J911 Served 1/7/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/3/16	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/3/16	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/3/16	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	5/3/16	Yes

Survey ID: 0114277 End Date: 1/16/2014 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #23GC11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	1/30/14	Withdrawn

Enforcement History (FAIR HAVEN--0010722)

Date: 1/7/2016 SOD #H2J911 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 1/16/2014 SOD #23GC11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Complaint History (FAIR HAVEN--0010722)

Date Complaint Received: 11/12/2015

Date Investigation Completed: 12/7/2015

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
H2J911

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: FAITH HOUSE AFH III LLC (0015896)

Address: 377 GROVE ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 3/16/2016 12:00:00AM

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

Survey History

Survey ID: 0119935 **End Date:** 3/16/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: HINRICHS ADULT FAMILY HOME (0012321)

Address: 549 T BIRD DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 3/31/2008 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP COBBLESTONE (0010139)

Address: W7003 COBBLESTONE DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/2/2003 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP HUNTER GROVE (0009960)

Address: 1595 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 2/18/2003 12:00:00AM

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

Survey History

Survey ID: 0116416 **End Date:** 10/9/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNAPP HUNTER GROVE--0009960)

Date Complaint Received: 6/5/2014

Date Investigation Completed: 10/9/2014

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP LEDGEVIEW (0011102)

Address: 1508 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/11/2005 12:00:00AM

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

Survey History

Survey ID: 0118931 **End Date:** 9/23/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP MEADOW (0011505)

Address: 1432 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 6/21/2006 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP TREELINE (0011103)

Address: 1360 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/11/2005 12:00:00AM

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

Survey History

Survey ID: 0121741 **End Date:** 11/9/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121189 **End Date:** 8/10/2016 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNAPP TREELINE--0011103)

Date Complaint Received: 9/16/2016

Date Investigation Completed: 11/9/2016

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/27/2016

Date Investigation Completed: 8/10/2016

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: KNAPP WHIPPOORWILL (0010968)

Address: 683 PRAIRIE RD, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 6/13/2005 12:00:00AM

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

Survey History

Survey ID: 0121191 **End Date:** 8/25/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118200 **End Date:** 6/24/2015 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: MARTIN HOUSE (490070)

Address: 909 MARTIN AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 6/1/1996 12:00:00AM

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

Survey History

Survey ID: 0115970 **End Date:** 8/6/2014 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0115350 **End Date:** 3/4/2014 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #335511 Served 5/15/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	8/6/14	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	8/6/14	Yes

Enforcement History (MARTIN HOUSE--490070)

Date: 5/15/2014 **SOD #**335511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: NICHOLEE AFH THOMAS STREET (0013925)
Address: 474 THOMAS ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/1/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0117067 **End Date:** 2/4/2015 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0116207 **End Date:** 7/2/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0X1711 Served 9/30/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	2/4/15	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/4/15	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	2/4/15	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/4/15	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	2/4/15	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/4/15	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	2/4/15	Yes

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Enforcement History (NICHOLEE AFH THOMAS STREET--0013925)

Date: 9/26/2014 **SOD #**0X1711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: OAK (0014277)

Address: 233 OAK ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 8/28/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: PALMER PLACE (0016197)

Address: 69 W ARNDT STREET, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 8/16/2016 12:00:00AM

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

Survey History

Survey ID: 0121013 **End Date:** 8/16/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: PARK HAVEN (490067)

Address: 151 N PARK AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 3/28/1996 12:00:00AM

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

Survey History

Survey ID: 0117953 **End Date:** 6/10/2015 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0117539 **End Date:** 3/5/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JRUT11 Served 4/16/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	6/10/15	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/10/15	Yes
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY	6/10/15	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/10/15	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	6/10/15	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	6/10/15	Yes

Survey ID: 0115973 **End Date:** 8/6/2014 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Enforcement History (PARK HAVEN--490067)

Date: 4/15/2015 **SOD #**JRUT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

Date: 1/16/2014 **SOD #**6ZLS12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (PARK HAVEN--490067)

Date Complaint Received: 2/25/2015

Date Investigation Completed: 3/5/2015

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

JRUT11
JRUT11

Date Complaint Received: 1/23/2015

Date Investigation Completed: 3/5/2015

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

JRUT11

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: PETERS AVE (0009771)

Address: 55 N PETERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/12/2002 12:00:00AM

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

Survey History

Survey ID: 0120637 **End Date:** 7/5/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120524 **End Date:** 4/28/2016 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CK3K11 Served 6/22/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/15/16	Yes
88.10(3)(q)	MEDICATIONS	7/15/16	Yes

Survey ID: 0118044 **End Date:** 6/24/2015 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0117493 **End Date:** 3/3/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

88.06(3)(f)	REVIEW OF ISP	4/9/15	
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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Survey ID: 0115061 **End Date:** 3/20/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1FDJ11 Served 4/14/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(d)8	RESIDENT RECORD-ISP	3/3/15	Yes

Complaint History (PETERS AVE--0009771)

Date Complaint Received: 10/21/2015

Date Investigation Completed: 4/28/2016

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
CK3K11

Date Complaint Received: 1/23/2015

Date Investigation Completed: 3/3/2015

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/10/2014

Date Investigation Completed: 3/20/2014

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: PIONEER COURT (0014740)

Address: 74 PIONEER COURT, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/27/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: REM PHEASANT (0013950)

Address: 121 PHEASANT DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/7/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN ARVEY LANE (0011144)

Address: 123 ARVEY LANE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/28/2005 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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Provider Inspection Summary

For the period 1/8/2014 to 1/7/2017

Adult Family Home

Facility Information

Facility Name: RESPECTFUL LIVING MUSTANG LANE (0013992)

Address: 718 MUSTANG LN, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 1/26/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/8/14 to 1/7/17

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