

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Fond Du Lac

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 28.00 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 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: A BLESSING FAMILY HOME (0018517)

Address: 604 SKYLINE COURT, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/7/2021 12:00:00AM

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

Survey History

Survey ID: 0141388 **End Date:** 11/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CKEH11 Served 11/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(m)	FREEDOM FROM ABUSE		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		
88.10(5)(d)	DISCLOSURE		
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0137182 **End Date:** 9/7/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (A BLESSING FAMILY HOME--0018517)

Date: 11/18/2022 **SOD #**CKEH11 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

REVOKE LICENSE

NO NEW ADMISSIONS

Complaint History (A BLESSING FAMILY HOME--0018517)

Date Complaint Received: 10/4/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CKEH11

RESIDENT RIGHTS

SUBSTANTIATED

CKEH11

Date Complaint Received: 6/24/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CKEH11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CKEH11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: ACC COMMUNITY CONNECTIONS WISCONSIN COURT EAST (0018545)

Address: 496 WISCONSIN COURT, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 7/7/2021 12:00:00AM

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

Survey History

Survey ID: 0143304 **End Date:** 4/7/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HT0D11 Served 6/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/24/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/24/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	7/24/23	Yes

Survey ID: 0136950 **End Date:** 7/7/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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: 0140987 **End Date:** 10/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139622 **End Date:** 2/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MS8C11 Served 5/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/6/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/6/22	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/6/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/6/22	Yes
88.08	TERMINATION OF PLACEMENT	10/6/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (ARC MARIA LANE--0009338)

Date: 5/23/2022 **SOD #**MS8C11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

Complaint History (ARC MARIA LANE--0009338)

Date Complaint Received: 7/20/2021

Date Investigation Completed: 2/15/2022

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

MS8C11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0141541 **End Date:** 10/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VPUW11 Served 12/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/22/23	
88.06(3)(f)	REVIEW OF ISP	1/22/23	

Complaint History (ARC MICHELS ADULT FAMILY HOME--0015392)

Date Complaint Received: 12/9/2021

Date Investigation Completed: 10/19/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
VPUW11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0138873 **End Date:** 3/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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: 0136398 **End Date:** 6/2/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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: 0138874 **End Date:** 3/3/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0142951 **End Date:** 5/3/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141294 **End Date:** 11/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BANK STREET HOME--0010685)

Date Complaint Received: 4/4/2022

Date Investigation Completed: 11/7/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0140721 **End Date:** 9/1/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VISB11 Served 9/12/2022

Deficiencies Cited

88.05(4)(b)2

Subject Area

SMOKE DETECTORS-TESTING AND
MAINTENANCE

Compliance

Verified

10/27/22

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CLARITY CARE BELL (0017336)

Address: 474 THOMAS ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/22/2018 12:00:00AM

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

Survey History

Survey ID: 0139607 **End Date:** 5/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0140521 **End Date:** 8/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137532 **End Date:** 10/19/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLARITY CARE MIHILL HOUSE--490010)

Date Complaint Received: 8/3/2022

Date Investigation Completed: 8/18/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/4/2020

Date Investigation Completed: 10/19/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CLARITY CARE WESTERN (0017552)

Address: 825 FOREST AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 5/1/2019 12:00:00AM

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

Survey History

Survey ID: 0139608 **End Date:** 5/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: COTTAGE RESIDENCE (0018452)

Address: 256 COTTAGE AVENUE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 1/11/2022 12:00:00AM

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

Survey History

Survey ID: 0141319 **End Date:** 8/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YEH912 Served 11/10/2022

Deficiencies Cited
88.10(3)(a)

Subject Area
FAIR TREATMENT

Compliance
Verified

Corrected

Survey ID: 0139364 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PDTK11 Served 4/27/2022

Deficiencies Cited
13.05(3)(a)

Subject Area
ENTITY ALLEGATION REPORTING
REQUIREMENTS

Compliance
Verified
6/11/22

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0139612 **End Date:** 2/10/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YEH911 Served 5/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	8/9/22	Yes
88.06(3)(f)	REVIEW OF ISP	8/9/22	Yes
88.07(2)(b)5	MONITORING HEALTH	8/9/22	Yes
88.10(3)(q)	MEDICATIONS	8/9/22	Yes
88.10(3)(s)	TELEPHONE CALLS	8/9/22	Yes

Survey ID: 0138708 **End Date:** 1/11/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (COTTAGE RESIDENCE--0018452)

Date: 11/10/2022 **SOD #**YEH912 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 5/20/2022 **SOD #**YEH911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (COTTAGE RESIDENCE--0018452)

Date Complaint Received: 6/24/2022

Date Investigation Completed: 8/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YEH912

RESIDENT RIGHTS

SUBSTANTIATED

YEH912

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

YEH912

Date Complaint Received: 3/2/2022

Date Investigation Completed: 3/23/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

PDTK11

Date Complaint Received: 1/25/2022

Date Investigation Completed: 2/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YEH911

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0141854 **End Date:** 10/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86F113 Served 1/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

Survey ID: 0135946 **End Date:** 3/3/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86F112 Served 4/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	10/6/22	Yes
88.07(1)(b)	AUTONOMY AND CHOICES	10/6/22	Yes

Survey ID: 0135756 **End Date:** 2/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (FAIR HAVEN--0010722)

Date: 1/17/2023 **SOD #**86F113 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 4/8/2021 **SOD #**86F112 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: FOLLETT HOME (0017378)

Address: 163 EAST FOLLETT STREET, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 9/11/2019 12:00:00AM

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

Survey History

Survey ID: 0136636 **End Date:** 6/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

Survey ID: 0137757 **End Date:** 11/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0142713 **End Date:** 4/3/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137168 **End Date:** 9/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNAPP LEDGEVIEW--0011102)

Date Complaint Received: 10/17/2022

Date Investigation Completed: 4/3/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/15/2020

Date Investigation Completed: 9/1/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

Survey ID: 0137443 **End Date:** 9/7/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IDSB11 Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/25/21	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	11/25/21	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/25/21	
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/25/21	
88.06(3)(f)	REVIEW OF ISP	11/25/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0142319 **End Date:** 10/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BGTM11 Served 2/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(2)(a)	SERVICES		
88.07(2)(b)6	NOTIFICATION OF CHANGES		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0133709 **End Date:** 5/15/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Enforcement History (KNAPP TREELINE--0011103)

Date: 2/28/2023 **SOD #**BGTM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (KNAPP TREELINE--0011103)

Date Complaint Received: 3/25/2022

Date Investigation Completed: 10/25/2022

Subject Area(s)

Result

SOD

ADMINISTRATION

SUBSTANTIATED

BGTM11

PROGRAM SERVICES

SUBSTANTIATED

BGTM11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

BGTM11

Date Complaint Received: 11/22/2021

Date Investigation Completed: 10/25/2022

Subject Area(s)

Result

SOD

RESIDENT RIGHTS

SUBSTANTIATED

BGTM11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: KNAPP WHIPPOORWILL AFH (0018169)

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

License Status: REGULAR

Licensed/Certified/Registered 8/10/2020 12:00:00AM

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

Survey History

Survey ID: 0142714 **End Date:** 4/3/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135971 **End Date:** 8/10/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (KNAPP WHIPPOORWILL AFH--0018169)

Date Complaint Received: 11/28/2022

Date Investigation Completed: 4/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0140652 **End Date:** 8/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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