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 41.00 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.
Facility Information

Facility Name: AGAPE 12 (0013987)
Address: 577/579 E SCOTT ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/07/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0118217 End Date: 07/09/2015 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AGAPE 12--0013987)

Date Complaint Received: 04/15/2015 Date Investigation Completed: 07/09/2015

Subject Area(s) Result SOD #
RESIDENT RIGHTS SUBSTANTIATED YGY011

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Facility Information

Facility Name: ARC MARIA LANE (0009338)
Address: 51 MARIA LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/24/2001 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: 02/26/2014 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114235 End Date: 01/15/2014 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NO8M11 Served 01/21/2014

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

Enforcement History (ARC MARIA LANE--0009338)

Date: 12/15/2014 SOD #NO8M11 Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

This is Page 3 of 41 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: ARC MARSHALL AVENUE HOME (0008807)
Address: 598 MARSHALL AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/01/1999 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

### Survey ID: 0116623
End Date: 11/03/2014
Type: STANDARD
Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9EDY11 Served 12/01/2014

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### Survey ID: 0114692
End Date: 02/26/2014
Type: OTHER
Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0114243
End Date: 01/15/2014
Type: OTHER
Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION

**Statement of Deficiency:** #6FUJ11 Served 01/21/2014

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<tr>
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<th>Subject Area</th>
<th>Compliance</th>
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This is Page 4 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Enforcement History (ARC MARSHALL AVENUE HOME--0008807)

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<th>SOD #6FUJ11</th>
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Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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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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## 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 04/01/1996 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

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<th>Purpose: DESK REVIEW</th>
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1/30/14  Yes

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<td>COMPLY WITH REQUIREMENT</td>
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Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

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 12/01/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0114695    End Date: 02/26/2014    Type: OTHER    Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114250    End Date: 01/15/2014    Type: OTHER    Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7JNR11 Served 01/21/2014

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<th>Compliance Verified</th>
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<td>1/30/14</td>
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Enforcement History (ARC SEYMOUR ADULT FAMILY HOME--0009470)

Date: 01/15/2014    SOD #7JNR11    Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

This is Page 9 of 41 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: 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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Facility Information

Facility Name: BANK STREET HOME (0010685)
Address: 413 E BANK ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0114272      End Date: 01/16/2014      Type: OTHER      Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #UVDN11

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

Enforcement History (BANK STREET HOME--0010685)

Date: 01/16/2014      SOD #UVDN11      Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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Facility Name: BERGER PARKWAY HOME (0010686)
Address: 23 N BERGER PARKWAY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Facility Information

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<td>SURVEY</td>
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<td>0114274</td>
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<td>DESK REVIEW</td>
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### Statement of Deficiency

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**Date:** 01/16/2014  
**SOD #MN9211**  
**Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

Enforcement History (BERGER PARKWAY HOME--0010686)

**Date:** 01/16/2014  
**SOD #MN9211**  
**Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

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Facility Information

Facility Name: BERGER PLACE (490125)
Address: 34 S BERGER PKWY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 04/01/1998 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0116151 End Date: 09/10/2014 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114546 End Date: 01/16/2014 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BERGER PLACE--490125)

Date Complaint Received: 08/15/2014 Date Investigation Completed: 09/10/2014
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

Date Complaint Received: 10/17/2013 Date Investigation Completed: 01/16/2014
Subject Area(s) Result SOD #
PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED Y48T11

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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: 01/16/2014 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #EUQD11

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<tr>
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<td>ENTITY SANCTION</td>
<td>Verified: 1/30/14 Corrected: Withdrawn</td>
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Enforcement History (CARPENTER HOME--0012228)

Date: 01/16/2014 SOD #EUQD11 Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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## Facility Information

Facility Name: CLARITY CARE GOODRICH HOUSE (0010628)

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

License Status: REGULAR

Licensed/Certified/Registered 12/01/2002 12:00:00AM

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

## Survey History

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Statement of Deficiency: #116411 Served 06/29/2015

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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 02/01/1991 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 9/22/12 to 9/22/15
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: 0118673 End Date: 09/09/2015 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0113975 End Date: 11/14/2013 Type: OTHER Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EMERY ART RESIDENCE--0013963)

Date Complaint Received: 08/20/2015
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 07/01/2015
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

Facility Name: FAIR HAVEN (0010722)
Address: 364 E 13TH ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0114277  End Date: 01/16/2014  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #23GC11

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Enforcement History (FAIR HAVEN--0010722)

Date: 01/16/2014  SOD #23GC11  Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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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 03/31/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 9/22/12 to 9/22/15
Facility Information

Facility Name: KNAPP COBBLESTONE (0010139)
Address: W7003 COBBLESTONE DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/02/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 9/22/12 to 9/22/15
Facility Information

Facility Name: KNAPP HUNTER GROVE (0009960)
Address: 1595 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/18/2003  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0116416   End Date: 10/09/2014   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNAPP HUNTER GROVE--0009960)

Date Complaint Received: 06/05/2014   Date Investigation Completed: 10/09/2014
Subject Area(s)          Result          SOD #
HOMELIKE ENVIRONMENT & CLEANLINESS NOT SUBSTANTIATED

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### 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

No survey activity during the period 9/22/12 to 9/22/15

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Facility Information

Facility Name: KNAPP MEADOW (0011505)
Address: 1432 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/21/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0112942 End Date: 05/30/2013 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNAPP MEADOW--0011505)

| Date Complaint Received: 12/17/2012 | Date Investigation Completed: 05/30/2013 |
| Subject Area(s) | Result | SOD # |
| ABUSE | NOT SUBSTANTIATED |
### 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

No survey activity during the period 9/22/12 to 9/22/15
Facility Information

Facility Name: KNAPP WHIPPOORWILL (0010968)
Address: 683 PRAIRIE RD, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/13/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0118200 End Date: 06/24/2015 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

- **Facility Name**: MARTIN HOUSE (490070)
- **Address**: 909 MARTIN AVE, FOND DU LAC, WI 54935
- **License Status**: REGULAR
- **Licensed/Certified/Registered**: 06/01/1996 12:00:00AM
- **Regional Office**: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
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<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0115970</td>
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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0115350</td>
<td>03/04/2014</td>
<td>STANDARD</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0113253</td>
<td>07/15/2013</td>
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<td>SURVEY/COMPLAINT</td>
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</table>

#### Statement of Deficiency

- **#335511 Served 05/15/2014**

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

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## Enforcement History (MARTIN HOUSE--490070)

<table>
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<tr>
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<tr>
<td>05/15/2014</td>
<td>335511</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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## Complaint History (MARTIN HOUSE--490070)

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<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>10/17/2013</td>
<td>03/04/2014</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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<td>06/18/2013</td>
<td>07/15/2013</td>
<td>OTHER</td>
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</table>

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Facility Information

Facility Name: NICOLEE AFH THOMAS STREET (0013925)
Address: 474 THOMAS ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/01/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0117067 End Date: 02/04/2015 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0116207 End Date: 07/02/2014 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #0X1711 Served 09/30/2014

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.04(2)(g)</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.06(1)(e)</td>
<td>INFORMATION TO DETERMINE SERVICES</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td></td>
<td>2/4/15</td>
<td>Yes</td>
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<tr>
<td>88.07(1)(c)</td>
<td>ACTIVITIES AND SERVICES</td>
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<td>2/4/15</td>
<td>Yes</td>
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Enforcement History (NICOLEE AFH THOMAS STREET--0013925)

Date: 09/26/2014  SOD #0X1711  Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
Facility Information

Facility Name: OAK (0014277)
Address: 233 OAK ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 08/28/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 9/22/12 to 9/22/15
Facility Information

Facility Name: PARK HAVEN (490067)
Address: 151 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 03/28/1996 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>
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<td>0117953</td>
<td>06/10/2015</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0117539</td>
<td>03/05/2015</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0115973</td>
<td>08/06/2014</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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</table>

Statement of Deficiency: #JRUT11 Served 04/16/2015

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

**This is Page 32 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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## Survey ID: 0114261  End Date: 11/21/2013  Type: OTHER  Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6ZLS12  Served 01/16/2014

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<th>Verified</th>
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<tbody>
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<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>8/6/14</td>
<td>Yes</td>
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</tr>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>8/6/14</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>8/6/14</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>8/6/14</td>
<td>Yes</td>
<td></td>
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<tr>
<td>88.11(3)</td>
<td>INVESTIGATION OF ABUSE OR NEGLECT</td>
<td>8/6/14</td>
<td>Yes</td>
<td></td>
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</table>

## Survey ID: 0112843  End Date: 04/04/2013  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6ZLS11  Served 05/30/2013

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<th>Compliance</th>
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<td>RESPONSIBILITIES</td>
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<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>10/15/13</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>10/15/13</td>
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<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>10/15/13</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>10/15/13</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>10/15/13</td>
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<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
<td>10/15/13</td>
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</table>
### Enforcement History (PARK HAVEN--490067)

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<tr>
<td>04/15/2015</td>
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<td>COMPLY WITH REQUIREMENT</td>
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<td>NO NEW ADMISSIONS</td>
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<td>6ZLS12</td>
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<td>05/28/2013</td>
<td>6ZLS11</td>
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<td></td>
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<td>NO NEW ADMISSIONS</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>02/25/2015</td>
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<td>JRUT11</td>
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<td>SUBSTANTIATED</td>
<td>JRUT11</td>
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<td>01/23/2015</td>
<td>03/05/2015</td>
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<td>11/21/2013</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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<td>04/04/2013</td>
<td>PHYSICAL PLANTS &amp; SAFETY HAZARDS</td>
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</table>

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### 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

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<th>Results</th>
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<td>03/03/2015</td>
<td>OTHER</td>
<td>COMPLAINT</td>
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<td>03/20/2014</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT/SELF REPORT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<td>88.06(3)(f)</td>
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<td>0113775</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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<tr>
<th>Date Complaint Received: 01/23/2015</th>
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<tr>
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<th>Date Investigation Completed: 03/20/2014</th>
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<td>Subject Area(s)</td>
<td>Result</td>
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<td>ABUSE</td>
<td>NOT SUBSTANTIATED</td>
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</table>
Provider Inspection Summary

For the period 09/22/2012 to 09/22/2015

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

Survey ID: 0114002 End Date: 11/27/2013 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: REM PHEASANT (0013950)
Address: 121 PHEASANT DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/07/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 9/22/12 to 9/22/15
Provider Inspection Summary
For the period 09/22/2012 to 09/22/2015
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
Survey ID: 0113010   End Date: 06/18/2013   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFIENCY ISSUED

Survey ID: 0111935   End Date: 09/26/2012   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #3EQY11 Served 01/11/2013

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(2)</td>
<td>ACCESS TO HOME AND WITHIN THE HOME</td>
<td>6/18/13 Yes</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>6/18/13 Yes</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>6/18/13 Yes</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>6/18/13 Yes</td>
</tr>
</tbody>
</table>

Enforcement History (REM WISCONSIN ARVEY LANE–0011144)
Date: 01/09/2013   SOD #3EQY11   Appealed: No
Sanctions
OTHER SANCTION

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: RESPECTFUL LIVING MUSTANG LANE (0013992)
Address: 718 MUSTANG LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 01/26/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

No survey activity during the period 9/22/12 to 9/22/15

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