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 25.00 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: A BLESSING FAMILY HOME (0018517)
Address: 604 SKYLINE COURT, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/07/2021 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137182 End Date: 09/07/2021 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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:  ACC COMMUNITY CONNECTIONS WISCONSIN COURT EAST (0018545)
Address:  496 WISCONSIN COURT, FOND DU LAC, WI 54937
License Status:  REGULAR
Licensed/Certified/Registered 07/07/2021  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0136950    End Date:  07/07/2021    Type: INITIAL    Purpose: SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED

This is Page 3 of 25 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: 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**

<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>0128841</td>
<td>12/20/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128741</td>
<td>11/30/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #MWZ311 Served 12/17/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>12/20/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*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: 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: 0129421   End Date: 02/22/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

## Enforcement History (ARC MICHELS ADULT FAMILY HOME--0015392)

Date: 11/06/2018   SOD #VHTY11   Appealed: No
Sanctions
OTHER SANCTION

---

*This is Page 5 of 25 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: 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

Survey ID: 0128981  End Date: 01/14/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128928  End Date: 11/26/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #38U311  Served 01/09/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/14/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.
Provider Inspection Summary
For the period 11/03/2018 to 11/02/2021
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: 0136398  End Date: 06/02/2021  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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: 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: 0129036 End Date: 01/17/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128936 End Date: 12/03/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #YMER11 Served 01/11/2019

<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(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
<td>1/17/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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: 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: 0132162 End Date: 12/06/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131422 End Date: 07/02/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PIYY11 Served 09/12/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>12/6/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (BANK STREET HOME--0010685)

Date: 09/12/2019 SOD #PIYY11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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: 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

Survey History

Survey ID: 0131164 End Date: 08/14/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130625 End Date: 04/05/2019 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #RLZP11 Served 06/25/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>8/14/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (BERGER PARKWAY HOME–0010686)

Date: 06/25/2019 SOD #RLZP11 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.
Provider Inspection Summary

For the period 11/03/2018 to 11/02/2021

Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 03/19/2019</th>
<th>Date Investigation Completed: 04/05/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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: 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

<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>0129914</td>
<td>04/11/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0129253</td>
<td>01/30/2019</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Complaint History (CLARITY CARE BELL--0017336)

<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>03/14/2019</td>
<td>04/11/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>12/27/2018</td>
<td>01/30/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

_This is Page 12 of 25 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: 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

Survey ID: 0137532 End Date: 10/19/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131650 End Date: 09/26/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLARITY CARE MIHILL HOUSE--490010)

Date Complaint Received: 08/04/2020 Date Investigation Completed: 10/19/2021
Subject Area(s) Result SOD #
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED
Facility Information

Facility Name: CLARITY CARE WESTERN (0017552)
Address: 825 FOREST AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/01/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130154  End Date: 05/01/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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: 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

<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>0135946</td>
<td>03/03/2021</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT/VV</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0135756</td>
<td>02/26/2021</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #86F112 Served 04/08/2021

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>Verified</td>
</tr>
<tr>
<td>88.07(1)(b)</td>
<td>AUTONOMY AND CHOICES</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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.
**Provider Inspection Summary**

For the period 11/03/2018 to 11/02/2021

Adult Family Home

---

**Survey ID:** 0131602  **End Date:** 07/16/2019  **Type:** STANDARD  **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #86F111  Served 09/26/2019

<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>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
<td>3/3/21</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
<td>3/3/21</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td></td>
<td>3/3/21</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td></td>
<td>3/3/21</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**Survey ID:** 0131466  **End Date:** 07/02/2019  **Type:** OTHER  **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GOK311  Served 09/13/2019

<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>50.065(2)(b)</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td></td>
<td>2/26/21</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

This is Page 16 of 25 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.
## Enforcement History (FAIR HAVEN--0010722)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/08/2021</td>
<td>86F112</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY</td>
</tr>
<tr>
<td>09/26/2019</td>
<td>86F111</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>09/13/2019</td>
<td>GOK311</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
</tbody>
</table>

## Complaint History (FAIR HAVEN--0010722)

<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>01/16/2020</td>
<td>03/03/2021</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>86F112</td>
</tr>
<tr>
<td>06/24/2019</td>
<td>07/16/2019</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>86F111</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 11/03/2018 to 11/02/2021
Adult Family Home

Facility Information

Facility Name:  FOLLETT HOME (0017378)
Address:  163 EAST FOLLETT STREET, FOND DU LAC, WI 54935
License Status:  REGULAR
Licensed/Certified/Registered 09/11/2019  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136636  End Date: 06/29/2021  Type: STANDARD  Purpose: SURVEY/COMPLAINT/SELF REPORT
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131683  End Date: 09/11/2019  Type: INITIAL  Purpose: SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED

Complaint History (FOLLETT HOME--0017378)

Date Complaint Received: 03/23/2020  Date Investigation Completed: 06/29/2021

<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>

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:  HINRICH's 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
**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

<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>0137168</td>
<td>09/01/2021</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0132697</td>
<td>10/03/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #JC4U11  
Served 02/18/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(t)</td>
<td>VISITS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/1/21</td>
</tr>
</tbody>
</table>

<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>0129572</td>
<td>03/20/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Enforcement History (KNAPP LEDGEVIEW--0011102)

Date: 02/18/2020  
SOD #JC4U11  
Appealed: No

Sanctions:
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT

---

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.
## Complaint History (KNAPP LEDGEVIEW--0011102)

<table>
<thead>
<tr>
<th>Date Complaint Received: 09/15/2020</th>
<th>Date Investigation Completed: 09/01/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>PROGRAM SERVICES</td>
</tr>
<tr>
<td>Result</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 07/05/2019</th>
<th>Date Investigation Completed: 10/03/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>RESIDENT RIGHTS</td>
</tr>
<tr>
<td>Result</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td>JC4U11</td>
</tr>
</tbody>
</table>
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: 0137443    End Date: 09/07/2021    Type: STANDARD    Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

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

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

This is Page 22 of 25 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: 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: 0133709   End Date: 05/15/2020   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133698   End Date: 03/03/2020   Type: ABBREVIATED   Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #O4PJ11   Served 05/13/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>5/15/20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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: KNAPP WHIPPOORWILL AFH (0018169)
Address: 683 PRAIRIE ROAD, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 08/10/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0135971    End Date: 08/10/2020    Type: INITIAL    Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

- **Facility Name:** PALMER PLACE (0016197)
- **Address:** 69 W ARNDT STREET, FOND DU LAC, WI 54935
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 08/16/2016 12:00:00 AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

- **Survey ID:** 0131927
- **End Date:** 10/15/2019
- **Type:** STANDARD
- **Purpose:** SURVEY
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED