Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

Fond Du Lac

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Fond Du Lac County. The report is a PDF (Adobe Acrobat) document and includes a total of 12.00 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 01/21/2022 to 01/20/2025

Adult Family Home

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

Facility Information

Facility Name: ARC BECHAUD ADULT FAMILY HOME (0009336)

Address: 1200 BECHAUD, N FOND DU LAC, WI 54937

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: 0139941 End Date: 06/23/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ARC SADOFF ADULT FAMILY HOME (0015980)

Address: 317 BLACKBIRD ST, N FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 04/19/2016 12:00:00AM

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

Survey History

Survey ID: 0139087 End Date: 02/04/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WRB512 Served 03/29/2022

Compliance

Deficiencies Cited Subject Area Verified Corrected

88.06(2)(a) ADMISSION-HEALTH EXAM 5/13/22

Survey History

No survey activity during the period 1/21/22 to 1/20/25

This is Page 3 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

Facility Information

Facility Name: ARC SMITH ADULT FAMILY HOME (0015908) Address: 309 BLACKBIRD ST, N FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 11/13/2015 12:00:00AM

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

Survey History

Survey ID: 0142529 End Date: 03/17/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139594 End Date: 02/11/2022 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PMR812 Served 05/18/2022

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/17/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/17/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/17/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/17/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/17/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/17/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/17/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/17/23	Yes

This is Page 4 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

Enforcement History (ARC SMITH ADULT FAMILY HOME--0015908)

Date: 05/18/2022 SOD #PMR812 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

This is Page 5 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CHAPMAN HOME (0011108)

Address: 1715 CHAPMAN AVE, N FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 09/21/2005 12:00:00AM

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

Survey History

Survey ID: 0138864 End Date: 03/01/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Prairie Fox Court (0020536)

Address: 225 Prairie Fox Court, North Fond du Lac, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 10/23/2024 12:00:00AM

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

Survey History

Survey ID: 0147926 End Date: 10/23/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Thurke Avenue (0020535)

Address: 1821 Thurke Avenue North, North Fond du Lac, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 10/23/2024 12:00:00AM

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

Survey History

Survey ID: 0147927 End Date: 10/23/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 8 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVERSE OPTIONS INC COUNTRY ACRES (0009126)

Address: N7876 ANGLE RD, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 10/12/2000 12:00:00AM

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

Survey History

Survey ID: 0140149 End Date: 07/14/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVERSE OPTIONS INC MARYRIDGE (0014229)

Address: 536 MAYPARTY DR, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 07/25/2012 12:00:00AM

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

Survey History

Survey ID: 0144734 End Date: 10/02/2023 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #85YJ11 Served 11/07/2023

Deficiencies Cited	Subject Area	Verified	Corrected
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/22/23	Yes
88.06(3)(f)	REVIEW OF ISP	12/22/23	Yes
88.08	TERMINATION OF PLACEMENT	12/22/23	Yes

Compliance

Survey ID: 0138938 End Date: 03/08/2022 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DIVERSE OPTIONS INC MARYRIDGE--0014229)

Date Complaint Received: 06/26/2023 Date Investigation Completed: 10/02/2023

Subject Area(s)ResultSOD #ADMINISTRATIONSUBSTANTIATED85YJ11

This is Page 10 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVERSE OPTIONS INC MAYPARTY (0009176)

Address: 538 MAYPARTY DR, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 03/07/2001 12:00:00AM

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

This is Page 11 of 12 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WITTHUN ADULT FAMILY HOME (0015733)

Address: N2953 SAVAGE RD, WAUPUN, WI 53963

License Status: REGULAR

Licensed/Certified/Registered 08/13/2015 12:00:00AM

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

Survey History

Survey ID: 0141223 End Date: 10/25/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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