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 15.00 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 11/03/2018 to 11/02/2021
Adult Family Home

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: 0130478 End Date: 06/07/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130291 End Date: 04/08/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #EFG11 Served 05/21/2019

<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(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>6/7/19</td>
<td>Yes</td>
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</tbody>
</table>

This is Page 2 of 15 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 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

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<thead>
<tr>
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<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0132476</td>
<td>07/31/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0130383</td>
<td>05/20/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

### Deficiencies Cited

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<th>Subject Area</th>
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<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
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## Enforcement History (ARC SADOFF ADULT FAMILY HOME--0015980)

<table>
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<tr>
<th>Date</th>
<th>SOD #WRB511</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>01/27/2020</td>
<td>#WRB511</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td></td>
<td></td>
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<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

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### Complaint History (ARC SADOFF ADULT FAMILY HOME--0015980)

<table>
<thead>
<tr>
<th>Date Complaint Received: 07/16/2019</th>
<th>Date Investigation Completed: 07/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>
### 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:** 0132467  
**End Date:** 07/31/2019  
**Type:** STANDARD  
**Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #PMR811 Served 01/27/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Verified</td>
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<tr>
<td>88.09(1)(d)7</td>
<td>RESIDENT RECORD-MEDICAL EXAMINATIONS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.10(3)(c)</td>
<td>CONFIDENTIALITY</td>
<td></td>
</tr>
</tbody>
</table>

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

**Date:** 01/27/2020  
**SOD #:** PMR811  
**Appealed:** No  
**Sanctions:** OTHER SANCTION

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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

No survey activity during the period 11/3/18 to 11/2/21
Facility Information

Facility Name: KNAPP THURKE AVENUE (0010071)
Address: 1821 THURKE AVE, N FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 08/05/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129417 End Date: 02/22/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KNAPP THURKE AVENUE--0010071)

Date: 12/13/2018 SOD #Z2FT11 Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: KNAPP PRAIRIE FOX COURT (0010185)
Address: 225 PRAIRIE FOX CT, NORTH FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 10/07/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131651 End Date: 10/01/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131084 End Date: 05/23/2019 Type: OTHER Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #6RLR11 Served 08/06/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.03(2)(b)2</td>
<td>PROGRAM STATEMENT</td>
<td>10/1/19</td>
<td>Yes</td>
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<tr>
<td>88.07(2)(b)</td>
<td>SERVICES DIRECTED TO GOALS</td>
<td>10/1/19</td>
<td>Yes</td>
<td></td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>10/1/19</td>
<td>Yes</td>
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Enforcement History (KNAPP PRAIRIE FOX COURT--0010185)

Date: 08/06/2019 SOD #6RLR11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Complaint History (KNAPP PRAIRIE FOX COURT--0010185)

<table>
<thead>
<tr>
<th>Date Complaint Received: 03/01/2019</th>
<th>Date Investigation Completed: 05/23/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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<td></td>
<td>SOD #</td>
</tr>
<tr>
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<td>6RLR11</td>
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</table>
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: 0130702 End Date: 06/27/2019 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: DIVERSE OPTIONS INC HILLTOP (490061)
Address: 315 W OSHKOSH ST, RIPON, WI 54971
License Status: REGULAR
Licensed/Certified/Registered 02/01/1996 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130706  End Date: 06/27/2019  Type: ABBREVIATED  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
### 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

No survey activity during the period 11/3/18 to 11/2/21
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

Survey History

No survey activity during the period 11/3/18 to 11/2/21
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>MAHLSTEDT ADULT FAMILY HOME (0009380)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>W10004 CTY RD TC, WAUPUN, WI 53963</td>
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<tr>
<td>License Status</td>
<td>CLOSED</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>08/08/2001 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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### Survey History

<table>
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<td>SURVEY</td>
</tr>
<tr>
<td>Results</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 11/03/2018 to 11/02/2021
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: 0132116 End Date: 11/27/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED