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 17.00 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: ARC BECHAUD ADULT FAMILY HOME (0009336)
Address: 1200 BECHAUD, N FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 5/24/2001  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>
<th>Compliance</th>
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<tbody>
<tr>
<td>0130478</td>
<td>6/7/2019</td>
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<tr>
<td>#EFGR11</td>
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<tr>
<td>0125001</td>
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<td>DESK REVIEW</td>
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**Statement of Deficiency:** #EFGR11

88.05(2)(a) DIFFICULTY WALKING

Verified: 6/7/19  Corrected: Yes
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0124331   End Date: 9/19/2017   Type: OTHER   Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0IZ11 Served 9/22/2017

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<td>12.05(1)(a)</td>
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<tr>
<td></td>
<td></td>
<td>11/2/17</td>
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<td></td>
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<td>Corrected</td>
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Enforcement History (ARC BECHAUD ADULT FAMILY HOME--0009336)

Date: 9/20/2017   SOD #G0IZ11   Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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Facility Name: ARC SADOFF ADULT FAMILY HOME (0015980)
Address: 317 BLACKBIRD ST, N FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 4/19/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132476  End Date: 7/31/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WRB511 Served 1/27/2020

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<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
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Survey ID: 0130383  End Date: 5/20/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125009  End Date: 11/2/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Survey ID: 0124340   End Date: 9/19/2017   Type: OTHER   Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1Z4711    Served 9/22/2017

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<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified: 11/2/17  Corrected: Yes</td>
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Enforcement History (ARC SADOFF ADULT FAMILY HOME--0015980)

Date: 1/27/2020    SOD #WRB511    Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 9/20/2017    SOD #1Z4711    Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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

Date Complaint Received: 7/16/2019    Date Investigation Completed: 7/31/2019

Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

This is Page 5 of 17 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 3/9/2020

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

Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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: 7/31/2019   Type: STANDARD   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PMR811 Served 1/27/2020

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<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
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<tr>
<td>88.09(1)(d)(7)</td>
<td>RESIDENT RECORD-MEDICAL EXAMATIONS</td>
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<td>88.10(3)(c)</td>
<td>CONFIDENTIALITY</td>
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</table>

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

Date: 1/27/2020   SOD #PMR811   Appealed: No
Sanctions
OTHER SANCTION

This is Page 6 of 17 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: BROADWAY HOUSE (490009)
Address: 158 BROADWAY, N FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 5/1/1993 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128258 End Date: 10/3/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: CHAPMAN HOME (0011108)
Address: 1715 CHAPMAN AVE, N FOND DU LAC, WI 54937
License Status: REGULAR
Licensed/Certified/Registered 9/21/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127305 End Date: 7/2/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126983 End Date: 5/31/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #967511 Served 6/11/2018

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<td>HOME ENVIRONMENT</td>
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## Facility Information

- **Facility Name**: KNAPP THURKE AVENUE (0010071)
- **Address**: 1821 THURKE AVE, N FOND DU LAC, WI 54937
- **License Status**: REGULAR
- **Licensed/Certified/Registered**: 8/5/2003  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>0129417</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>ENFORCEMENT ACTION</td>
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### Statement of Deficiency:

- **Statement of Deficiency**: #Z2FT11 Served 12/13/2018

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<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified: 2/22/19  Corrected: Yes</td>
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<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Verified: 2/22/19  Corrected: Yes</td>
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## 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 10/7/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
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<td>#6RLR11 Served 8/6/2019</td>
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<td>0131084</td>
<td>5/23/2019</td>
<td>OTHER</td>
<td>COMPLAINT/SELF REPORT</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0127237</td>
<td>6/21/2018</td>
<td>STANDARD</td>
<td>SURVEY/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Deficiencies Cited | Subject Area | Compliance Verified | Corrected
88.03(2)(b)2       | PROGRAM STATEMENT   | 10/1/19     | Yes
88.07(2)(b)       | SERVICES DIRECTED TO GOALS | 10/1/19     | Yes
88.10(3)(q)       | MEDICATIONS         | 10/1/19     | Yes

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### Enforcement History (KNAPP PRAIRIE FOX COURT--0010185)

<table>
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<tr>
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<td>6RLR11</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
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### Complaint History (KNAPP PRAIRIE FOX COURT--0010185)

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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: 6/27/2019     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 2/1/1996 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

Survey ID: 0130706  
End Date: 6/27/2019  
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 7/25/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123609 End Date: 7/6/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

Facility Name: DIVERSE OPTIONS INC MAYPARTY (0009176)
Address:  538 MAYPARTY DR, RIPON, WI 54971
License Status: REGULAR
Licensed/Certified/Registered 3/7/2001  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
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**Statement of Deficiency:**

#GSIL11  Served 8/7/2017

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<th>Compliance</th>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>8/18/17</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
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<tr>
<th>Facility Information</th>
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<tr>
<td>Facility Name: MAHLSTEDT ADULT FAMILY HOME (0009380)</td>
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<tr>
<td>Address: W10004 CTY RD TC, WAUPUN, WI 53963</td>
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<tr>
<td>License Status: REGULAR</td>
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<td>Licensed/Certified/Registered 8/8/2001 12:00:00AM</td>
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<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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## Facility Information

Facility Name: WITTHUN ADULT FAMILY HOME (0015733)
Address: N2953 SAVAGE RD, WAUPUN, WI 53963
License Status: REGULAR
Licensed/Certified/Registered 8/13/2015 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