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 16.00 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>
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<tbody>
<tr>
<td>0130291</td>
<td>4/8/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0125001</td>
<td>11/2/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124331</td>
<td>9/19/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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</tbody>
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Statement of Deficiency: #EFGR11 Served 5/21/2019
Deficiencies Cited: 88.05(2)(a)
Subject Area: DIFFICULTY WALKING
Compliance Verified Corrected

Statement of Deficiency: #G0IZ11 Served 9/22/2017
Deficiencies Cited: 12.05(1)(a)
Subject Area: ENTITY SANCTION
Compliance Verified Corrected
11/2/17 Yes

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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
## 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 4/19/2016 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

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<td>0125009</td>
<td>11/2/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0124340</td>
<td>9/19/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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**Statement of Deficiency:** #1Z4711  
Served 9/22/2017  

<table>
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<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified</td>
<td>11/2/17</td>
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## Enforcement History (ARC SADOFF ADULT FAMILY HOME--0015980)

- **Date:** 9/20/2017  
  **SOD #1Z4711**  
  **Appealed:** No  
  **Sanctions:**  
  COMPLY WITH REQUIREMENT  
  OTHER SANCTION

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*This is Page 4 of 16 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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Provider Inspection Summary

For the period 4/23/2016 to 4/23/2019

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

No survey activity during the period 4/23/16 to 4/23/19
## 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

Deficiencies Cited Subject Area Compliance Verified Corrected
88.05(3)(a) HOME ENVIRONMENT 7/2/18 Yes

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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

Survey ID: 0129417  End Date: 2/22/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128760  End Date: 10/11/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #Z2FT11 Served 12/13/2018

<table>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
<td>2/22/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND</td>
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<td>2/22/19</td>
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<td></td>
<td>MAINTENANCE</td>
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Enforcement History (KNAPP THURKE AVENUE--0010071)

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

This is Page 8 of 16 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: 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

Survey ID: 0127237  End Date: 6/21/2018  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: BONNIE VIEW (0015670)
Address: 6424 BONNIE VIEW RD, PICKETT, WI 549649505
License Status: REGULAR
Licensed/Certified/Registered 7/1/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123678 End Date: 3/30/2017 Type: OTHER Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #V7ZU11 Served 7/19/2017

<table>
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<th>Compliance</th>
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<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
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<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>11/1/17</td>
<td>Yes</td>
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<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>11/1/17</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>11/1/17</td>
<td>Yes</td>
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<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td>11/1/17</td>
<td>Yes</td>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>11/1/17</td>
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<td>88.09(1)(d)9</td>
<td>RESIDENT RECORD-RESIDENT RIGHTS</td>
<td>11/1/17</td>
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Enforcement History (BONNIE VIEW--0015670)

Date: 7/17/2017 SOD #V7ZU11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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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

No survey activity during the period 4/23/16 to 4/23/19
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

No survey activity during the period 4/23/16 to 4/23/19
Provider Inspection Summary
For the period 4/23/2016 to 4/23/2019
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 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

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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

Survey ID: 0123982 End Date: 8/18/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123887 End Date: 6/23/2017 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #GSIL11 Served 8/7/2017

<table>
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<tr>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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</table>

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Provider Inspection Summary
For the period 4/23/2016 to 4/23/2019
Adult Family Home

Facility Information

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

Survey History

No survey activity during the period 4/23/16 to 4/23/19

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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

No survey activity during the period 4/23/16 to 4/23/19