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>
</tr>
</thead>
<tbody>
<tr>
<td>0130478</td>
<td>6/7/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<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>
</tr>
</tbody>
</table>

Statement of Deficiency: #EFGR11 Served 5/21/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>Verified 6/7/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 8/10/2017 to 8/9/2020

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>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/2/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (ARC BECHAUD ADULT FAMILY HOME--0009336)

Date: 9/20/2017  SOD #G0IZ11  Appealed: No

Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

This is Page 3 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: 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

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td></td>
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</table>

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 8/10/2017 to 8/9/2020

Adult Family Home

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**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>
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<th>Compliance</th>
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<tr>
<td>12.05(1)(a)</td>
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**Enforcement History (ARC SADOFF ADULT FAMILY HOME--0015980)**

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<th>Sanctions</th>
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<tbody>
<tr>
<td>1/27/2020</td>
<td>WRB511</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>9/20/2017</td>
<td>1Z4711</td>
<td>COMPLY WITH REQUIREMENT</td>
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<tr>
<td></td>
<td></td>
<td>OTHER SANCTION</td>
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**Complaint History (ARC SADOFF ADULT FAMILY HOME--0015980)**

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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</thead>
<tbody>
<tr>
<td>7/16/2019</td>
<td>7/31/2019</td>
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**Subject Area(s):** PROGRAM SERVICES  
**Result:** NOT SUBSTANTIATED

**SOD #:**
Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
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

<table>
<thead>
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<th>Subject Area</th>
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<tbody>
<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 EXAMINATIONS</td>
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<tr>
<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

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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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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>7/2/18</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

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

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<th>Compliance</th>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>2/22/19</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND</td>
<td>2/22/19</td>
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<tr>
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<td>MAINTENANCE</td>
<td>Yes</td>
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<td>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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<th>End Date</th>
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<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0131651</td>
<td>10/1/2019</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</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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Results:

<table>
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<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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<td>88.07(2)(b)</td>
<td>SERVICES DIRECTED TO GOALS</td>
<td>10/1/19</td>
<td>Yes</td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>10/1/19</td>
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</table>
## Enforcement History (KNAPP PRAIRIE FOX COURT--0010185)

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<th>Date: 8/6/2019</th>
<th>SOD #6RLR11</th>
<th>Appealed: No</th>
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<tbody>
<tr>
<td>Sanctions</td>
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<tr>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>COMPLY WITH REQUIREMENT</td>
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</table>

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 3/1/2019</th>
<th>Date Investigation Completed: 5/23/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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</table>

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Provider Inspection Summary

For the period 8/10/2017 to 8/9/2020

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: 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
Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
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
No survey activity during the period 8/10/17 to 8/9/20
Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
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 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 History

No survey activity during the period 8/10/17 to 8/9/20
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

Survey ID: 0131317   End Date: 8/23/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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

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