

## Provider Inspection Summary

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

Fond Du Lac

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Fond Du Lac County.**

**The report includes only facilities located within the City of FOND DU LAC. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 31.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** ADELAIDE PLACE (0015112)

**Address:** 478 W ARNDT ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0146131    **End Date:** 04/12/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144891    **End Date:** 09/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V5VN13    Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/12/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/12/24	Yes
83.41(3)(b)	FOOD SAFETY	4/12/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/12/24	Yes
83.45(3)	TOXIC SUBSTANCES	4/12/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143734**    **End Date: 04/18/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TKEF11    Served 07/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/8/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/8/23	Yes

**Survey ID: 0141831**    **End Date: 01/09/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V5VN12    Served 01/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	9/27/23	Yes

**Survey ID: 0140464**    **End Date: 05/04/2022**    **Type: ABBREVIATED**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V5VN11    Served 08/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/6/22	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (ADELAIDE PLACE--0015112)

**Date:** 11/28/2023      **SOD #**V5VN13      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35 3D

**Date:** 01/12/2023      **SOD #**V5VN12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 08/17/2022      **SOD #**V5VN11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (ADELAIDE PLACE--0015112)

**Date Complaint Received: 07/10/2023**

**Date Investigation Completed: 09/27/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 01/09/2023**

**Date Investigation Completed: 04/18/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

TKEF11

RESIDENT RIGHTS

SUBSTANTIATED

TKEF11

**Date Complaint Received: 12/12/2022**

**Date Investigation Completed: 01/09/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/25/2022**

**Date Investigation Completed: 05/04/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** ARC FOND DU LAC (410551)

**Address:** 27 E THIRD ST 208, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1998 12:00:00AM

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

#### Survey History

**Survey ID:** 0142646    **End Date:** 02/08/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9VGL11    Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/19/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** BEACON HOUSE (410343)

**Address:** 166 S PARK AVE, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1994 12:00:00AM

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

### Survey History

**Survey ID:** 0143907    **End Date:** 08/08/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Edenbrook Meadows Assisted Living LLC (0018914)

**Address:** 154 S Pioneer Parkway, Fond du Lac, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/26/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0148291    **End Date:** 09/16/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3L4511    Served 12/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/11/25	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/11/25	Yes
83.25	CONTINUING EDUCATION	2/11/25	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/11/25	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/11/25	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/11/25	Yes
83.47(2)(d)	FIRE DRILLS	2/11/25	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	2/11/25	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140381 End Date: 07/26/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (Edenbrook Meadows Assisted Living LLC--0018914)

Date: 12/11/2024 SOD #3L4511 Appealed:

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---N0219 83.17(1)  
FORFEITURE---N0277 83.25  
FORFEITURE---N0525 83.47(2)(d)

### Complaint History (Edenbrook Meadows Assisted Living LLC--0018914)

Date Complaint Received: 05/24/2024

Date Investigation Completed: 09/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	3L4511
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	3L4511
PROGRAM SERVICES	SUBSTANTIATED	3L4511
RESIDENT RIGHTS	SUBSTANTIATED	3L4511
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	3L4511

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

Facility Name: FLORIDA (0014656)

Address: 125 GARFIELD ST, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 09/26/2013 12:00:00AM

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

#### Survey History

Survey ID: 0148301 End Date: 12/10/2024 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146991 End Date: 05/08/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XVWL12 Served 07/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/10/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/10/24	Yes
83.38(1)(g)	HEALTH MONITORING	12/10/24	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141799    End Date: 01/10/2023    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #XVWL11    Served 01/10/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/8/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/8/24	No
83.38(1)(g)	HEALTH MONITORING	5/8/24	No
83.39(1)	INFECTION CONTROL PROGRAM	5/8/24	Yes

**Enforcement History (FLORIDA--0014656)**

**Date: 07/18/2024    SOD #XVWL12    Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY FORFEITURE---83.35 3d

**Date: 01/10/2023    SOD #XVWL11    Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY FORFEITURE---83.38 1 G FORFEITURE---83.39 1

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** FRANKLIN HOUSE (410009)

**Address:** 349 W 11TH ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/1984 12:00:00AM

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

### Survey History

**Survey ID:** 0144371      **End Date:** 09/26/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LIBERTY HOUSE (0014573)

**Address:** 701 S MAIN ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0146679    **End Date:** 06/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144528    **End Date:** 10/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143622    **End Date:** 05/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4T4Q11    Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/11/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/11/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/11/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	10/11/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(4)(e) DELAYED EGRESS: IRREVERSIBLE PROCESS 10/11/23 Yes  
RELEASE

---

Survey ID: 0142488 End Date: 03/14/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0139738 End Date: 05/31/2022 Type: OTHER Purpose: SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (LIBERTY HOUSE--0014573)

Date: 07/17/2023 SOD #4T4Q11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---N 381 83.35(1)(a)

FORFEITURE---N 389 83.35(3)(d)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (LIBERTY HOUSE--0014573)

**Date Complaint Received: 03/28/2024**

**Date Investigation Completed: 06/11/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 04/06/2023**

**Date Investigation Completed: 05/03/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

4T4Q11

PROGRAM SERVICES

SUBSTANTIATED

4T4Q11

RESIDENT RIGHTS

SUBSTANTIATED

4T4Q11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

4T4Q11

**Date Complaint Received: 06/17/2022**

**Date Investigation Completed: 03/14/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LINCOLN HOUSE (410289)

**Address:** 342 FOREST AVE, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/30/1991 12:00:00AM

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

#### Survey History

**Survey ID:** 0143540    **End Date:** 06/23/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (LINCOLN HOUSE--410289)

**Date Complaint Received:** 01/03/2023

**Date Investigation Completed:** 06/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MANOR AT THE MEADOWS LLC (The) (0020433)  
**Address:** 590 W. ROLLING MEADOWS DR, FOND DU LAC, WI 54937  
**License Status:** PROBATIONARY  
**Licensed/Certified/Registered** 07/01/2024 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0148588    **End Date:** 10/11/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TEH011    Served 01/29/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(b)	SUPERVISION		

**Survey ID:** 0146793    **End Date:** 06/24/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

#### Complaint History (MANOR AT THE MEADOWS LLC (The)--0020433)

**Date Complaint Received:** 07/23/2024

**Date Investigation Completed:** 10/11/2024

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
TEH011

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MAPLE MEADOWS ASSISTED LIVING (0016731)

**Address:** 1001 PRIMROSE LANE, FOND DU LAC, WI 549351800

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0148051    **End Date:** 08/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I4PN11    Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	2/6/25	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/6/25	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/6/25	Yes
83.38(1)(g)	HEALTH MONITORING	2/6/25	Yes

**Survey ID:** 0140657    **End Date:** 09/01/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (MAPLE MEADOWS ASSISTED LIVING--0016731)

**Date:** 11/07/2024      **SOD #**I4PN11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 230 83.19  
FORFEITURE---N 353 83.32(3)(i)  
FORFEITURE---N 431 83.38(1)(g)

#### Complaint History (MAPLE MEADOWS ASSISTED LIVING--0016731)

**Date Complaint Received:** 08/06/2024      **Date Investigation Completed:** 08/27/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received:** 05/09/2024      **Date Investigation Completed:** 08/27/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received:** 04/17/2024      **Date Investigation Completed:** 08/27/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	I4PN11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MAYBERRY MANOR (0018542)

**Address:** W7205 ROGERSVILLE ROAD, FOND DU LAC, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/02/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139749    **End Date:** 05/31/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** ROBERT E BERRY HOUSE (410017)

**Address:** 178 SIXTH ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1979 12:00:00AM

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

#### Survey History

**Survey ID:** 0146380    **End Date:** 03/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D8PG11    Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.45(1)(d)	HAZARDS	6/24/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/24/24	Yes

**Survey ID:** 0142056    **End Date:** 02/02/2023    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID: 0139448    End Date: 04/18/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #7LQ211    Served 05/04/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	2/2/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/2/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	2/2/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/2/23	Yes

**Enforcement History (ROBERT E BERRY HOUSE--410017)**

**Date: 05/04/2022    SOD #7LQ211    Appealed: No**

Sanctions

ORDER TO COMPLY

**Complaint History (ROBERT E BERRY HOUSE--410017)**

**Date Complaint Received: 02/28/2024    Date Investigation Completed: 03/27/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received: 03/16/2022    Date Investigation Completed: 04/18/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7LQ211

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TARFA TERRACE (410094)

**Address:** 54 W ARNDT ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1986 12:00:00AM

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

### Survey History

**Survey ID:** 0147129    **End Date:** 07/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9CD012    Served 07/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/12/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/12/24	Yes

**Survey ID:** 0145514    **End Date:** 12/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9CD011    Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/10/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/10/24	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143863 End Date: 08/01/2023 Type: OTHER Purpose: COMPLAINT/VV**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Survey ID: 0142408 End Date: 11/14/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #9TDE12 Served 03/08/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/1/23	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	8/1/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/1/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/1/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/1/23	Yes
83.25	CONTINUING EDUCATION	8/1/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/1/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/1/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/1/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	8/1/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	8/1/23	Yes
83.47(2)(d)	FIRE DRILLS	8/1/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/1/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (TARFA TERRACE--410094)

**Date:** 02/08/2024      **SOD #**9CD011      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 239 83.20(2)(a)-(d)  
FORFEITURE---N 397 83.36(1)(b)

**Date:** 03/08/2023      **SOD #**9TDE12      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.32 3d  
FORFEITURE---83.35 3d  
FORFEITURE---83.38 1h  
FORFEITURE---83.47 2e

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (TARFA TERRACE--410094)

**Date Complaint Received: 05/20/2024**

**Date Investigation Completed: 07/10/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/25/2023**

**Date Investigation Completed: 12/12/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/26/2023**

**Date Investigation Completed: 08/01/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/10/2023**

**Date Investigation Completed: 08/01/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 11/02/2022**

**Date Investigation Completed: 11/14/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9TDE12

**Date Complaint Received: 05/24/2022**

**Date Investigation Completed: 11/14/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9TDE12

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 01/31/2022**

**Date Investigation Completed: 11/14/2022**

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

9TDE12

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** WOODLANDS SENIOR PARK (0010166)

**Address:** 77 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/17/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0147895    **End Date:** 08/15/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PT6G11    Served 10/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/2/24	Yes

**Survey ID:** 0145191    **End Date:** 01/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140988    **End Date:** 10/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (WOODLANDS SENIOR PARK--0010166)

**Date Complaint Received: 08/05/2024**

**Date Investigation Completed: 08/15/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PT6G11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

PT6G11

**Date Complaint Received: 10/03/2023**

**Date Investigation Completed: 01/04/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** WOODLANDS SENIOR PARK (0011204)  
**Address:** 87 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/07/2006 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0147894    **End Date:** 08/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IQ5311    Served 10/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/2/24	Yes

**Survey ID:** 0145930    **End Date:** 03/18/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (WOODLANDS SENIOR PARK--0011204)

**Date Complaint Received: 08/05/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IQ5311

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IQ5311

**Date Complaint Received: 02/13/2024**

**Date Investigation Completed: 03/18/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 01/24/2024**

**Date Investigation Completed: 03/18/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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