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 23.00 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 8/10/2017 to 8/9/2020

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 8/1/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128218 End Date: 9/25/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ADELAIDE PLACE--0015112)

Date Complaint Received: 7/18/2018 Date Investigation Completed: 9/25/2018

Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Name: ARC FOND DU LAC (410551)
Address: 27 E THIRD ST 208, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/1/1998 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey ID: 0128282 End Date: 10/5/2018 Type: ABBREVIATED Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126725 End Date: 3/9/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #UFPE11 Served 5/16/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>83.48(6)(d)</td>
<td>INTEGRATED HEAT DETECTOR IN FURNACE ROOM</td>
<td>10/5/18</td>
<td>Yes</td>
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Enforcement History (ARC FOND DU LAC--410551)
Date: 5/11/2018 SOD #UFPE11 Appealed:
Sanctions
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)

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Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC PARK AVE GROUP HOME (410005)
Address: 100 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/1/1986 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130460 End Date: 5/29/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125018 End Date: 11/2/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124366 End Date: 9/19/2017 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #75ID11 Served 9/25/2017

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<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
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<td>Corrected</td>
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<td>Yes</td>
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</table>

Enforcement History (ARC PARK AVE GROUP HOME--410005)

Date: 9/21/2017 SOD #75ID11 Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

This is Page 4 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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### Complaint History (ARC PARK AVE GROUP HOME--410005)

<table>
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<tr>
<th>Date Complaint Received:</th>
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<td>PROGRAM SERVICES</td>
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<tr>
<td>Result</td>
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Facility Information

Facility Name: BEACON HOUSE (410343)
Address: 166 S PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 6/1/1994 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132774  End Date: 2/21/2020  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132502  End Date: 9/27/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #Y0KF11 Served 1/30/2020

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<td>83.17(2)(a)</td>
<td>EMPLOYEES SCREENED FOR COMMUNICABLE</td>
<td>2/21/20  Yes</td>
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<td></td>
<td>DISEASE</td>
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<td>83.46(1)(c)</td>
<td>HEATING SYSTEM MAINTENANCE</td>
<td>2/21/20  Yes</td>
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<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
<td>2/21/20  Yes</td>
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<tr>
<td>83.48(4)(d)</td>
<td>SMOKE DETECTOR IN COMMON USE ROOMS</td>
<td>2/21/20  Yes</td>
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Enforcement History (BEACON HOUSE--410343)

Date: 1/30/2020  SOD #Y0KF11  Appealed:
Sanctions
FORFEITURE---83.20(2)(a)
FORFEITURE---83.47(2)(d)

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Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES - FDL 21ST STRE (0010691)
Address: 37 & 43 21ST ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/15/2004 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<td>12/11/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0131907</td>
<td>7/25/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY/SELF REPORT</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #J35911 Served 11/4/2019

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<tbody>
<tr>
<td>83.32(3)(g)</td>
<td>RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS</td>
<td>12/11/19</td>
<td>Yes</td>
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<tr>
<td>83.32(3)(n)</td>
<td>RIGHTS OF RESIDENTS: SAFE ENVIRONMENT</td>
<td>12/11/19</td>
<td>Yes</td>
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<tr>
<td>83.41(3)(b)</td>
<td>FOOD SAFETY</td>
<td>12/11/19</td>
<td>Yes</td>
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</table>

Enforcement History (BETHESDA LUTHERAN COMMUNITIES - FDL 21ST STRE--0010691)

Date: 11/4/2019
SOD #J35911 Appealed:

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(n)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BLANDINE HOUSE INC (410007)
Address: 25 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registerd 6/1/1980 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126017  End Date: 2/15/2018  Type: STANDARD  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BLANDINE HOUSE INC--410007)

Date: 9/6/2017  SOD #GDUF11  Appealed:
Sanctions
OTHER SANCTION
FORFEITURE---83.21(1)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)
FORFEITURE---83.25

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Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
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 9/26/2013 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

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Provider Inspection Summary

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

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 6/9/1984 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<td>0131562</td>
<td>9/23/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0131440</td>
<td>7/17/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #ZN9U11 Served 9/12/2019

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<tr>
<td>83.17(1)</td>
<td>LICENSEE CONDUCT CAREGIVER</td>
<td>9/23/19</td>
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<tr>
<td>83.48(6)(a)</td>
<td>INTEGRATED HEAT DETECTOR IN KITCHEN</td>
<td>9/23/19</td>
<td>Yes</td>
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</table>

This is Page 10 of 23 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 8/10/2017 to 8/9/2020
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 5/15/2013 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
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: 0128665 End Date: 11/28/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

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 7/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126830 End Date: 5/24/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126679 End Date: 3/22/2018 Type: OTHER Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #OSCQ11 Served 5/14/2018

Survey ID: 0124716 End Date: 9/21/2017 Type: STANDARD Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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### Facility Information

Facility Name: MAYBERRY MANOR ASSISTED LIVING OF FOND DU LAC (0015464)

Address: W7205 ROGERSVILLE RD, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 5/16/2016 12:00:00AM

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

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### Survey History

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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0131528</td>
<td>8/12/2019</td>
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<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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**Statement of Deficiency:** #0FXQ11 Served 9/19/2019

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<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td>1/6/20</td>
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<td>83.35(4)</td>
<td>RESIDENT SATISFACTION EVALUATION</td>
<td>1/6/20</td>
<td>Yes</td>
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<td>83.35(5)(a)</td>
<td>INITIAL EVALUATION OF EVACUATION LIMITATIONS</td>
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<td>Yes</td>
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<td>83.35(5)(b)</td>
<td>ANNUAL EVALUATION OF EVACUATION LIMITS</td>
<td>1/6/20</td>
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<td>83.46(1)(c)</td>
<td>HEATING SYSTEM MAINTENANCE</td>
<td>1/6/20</td>
<td>Yes</td>
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<td>83.46(3)</td>
<td>PUBLIC WATER SUPPLY OR WELL WATER TEST</td>
<td>1/6/20</td>
<td>Yes</td>
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Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0126192  End Date: 2/27/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125767  End Date: 12/4/2017  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #J6TN11 Served 1/29/2018

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<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.32(3)(g)</td>
<td>RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS</td>
<td>Verified 2/27/18</td>
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<tr>
<td>83.35(3)(c)</td>
<td>IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN</td>
<td>Corrected Yes</td>
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Enforcement History (MAYBERRY MANOR ASSISTED LIVING OF FOND DU LAC--0015464)

Date: 9/19/2019  SOD #0FXQ11  Appealed:
Sanctions
FORFEITURE---83.25
FORFEITURE---83.35(5)(a)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.46(1)(c)
FORFEITURE---83.46(3)

Date: 1/29/2018  SOD #J6TN11  Appealed: No
Sanctions
OTHER SANCTION

Complaint History (MAYBERRY MANOR ASSISTED LIVING OF FOND DU LAC--0015464)

Date Complaint Received: 8/1/2019  Date Investigation Completed: 8/12/2019
Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED  

This is Page 15 of 23 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 8/10/2017 to 8/9/2020
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 11/1/1979 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131859 End Date: 10/9/2019 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SAGE MEADOW FOND DU LAC MC (0017584)
Address: 154 S PIONEER PARKWAY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 5/30/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0133647 End Date: 5/5/2020 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130323 End Date: 5/28/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: PROBATIONARY LICENSE ISSUED
# Facility Information

Facility Name: TARFA TERRACE (410094)
Address: 54 W ARNDT ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 7/1/1986 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

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<td>0133101</td>
<td>2/3/2020</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0131829</td>
<td>10/2/2019</td>
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<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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## Statement of Deficiency: #SO2311 Served 4/2/2020

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<td>50.09(1)(l)</td>
<td>CARE</td>
<td>Verified</td>
<td>4/16/20</td>
<td>Yes</td>
</tr>
<tr>
<td>83.29(2)</td>
<td>ADMISSION AGREEMENT</td>
<td>Verified</td>
<td>4/16/20</td>
<td>Yes</td>
</tr>
<tr>
<td>83.38(1)(c)</td>
<td>LEISURE TIME ACTIVITIES</td>
<td>Verified</td>
<td>4/16/20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

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Provider Inspection Summary
For the period 8/10/2017 to 8/9/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128727   End Date: 10/11/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L6NT11  Served 12/13/2018

<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>83.12(4)(c)</td>
<td>REPORTING INCIDENTS WITH SERIOUS INJURY</td>
<td>3/15/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.19</td>
<td>ORIENTATION</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.32(3)(i)</td>
<td>RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.35(3)(d)</td>
<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.48(6)(b)</td>
<td>INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE</td>
<td>3/14/19</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (TARFA TERRACE--410094)

<table>
<thead>
<tr>
<th>Date: 12/11/2018</th>
<th>SOD #L6NT11</th>
<th>Appealed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanctions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORFEITURE---83.32(3)(i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORFEITURE---83.35(3)(d)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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# Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/27/2019</td>
<td>2/3/2020</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>SO2311</td>
</tr>
<tr>
<td>12/20/2019</td>
<td>2/3/2020</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>YM4N11</td>
</tr>
<tr>
<td>10/7/2019</td>
<td>2/3/2020</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>SO2311</td>
</tr>
<tr>
<td>9/4/2019</td>
<td>10/2/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>7/30/2018</td>
<td>10/11/2018</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>L6NT11</td>
</tr>
</tbody>
</table>

This is Page 20 of 23 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:  WOODLANDS OF FOND DU LAC LLC (0009427)
Address:  1446 LYNN AVE, FOND DU LAC, WI 54937
License Status:  REGULAR
Licensed/Certified/Registered 6/1/2002  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132405  End Date: 1/17/2020  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131890  End Date: 7/22/2019  Type: ABBREVIATED  Purpose: OTHER
Results: ENFORCEMENT ACTION
Statement of Deficiency:  #F3JB11  Served 11/1/2019

<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>50.065(2)(bm)</td>
<td>OUT OF STATE BACKGROUND CHECKS</td>
<td>1/17/20</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>1/17/20</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (WOODLANDS OF FOND DU LAC LLC--0009427)

Date: 11/1/2019  SOD #F3JB11  Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: WOODLANDS SENIOR PARK (0010166)
Address: 77 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 9/17/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132840 End Date: 10/9/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #VCI911 Served 3/2/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.19</td>
<td>ORIENTATION</td>
<td>Verified</td>
</tr>
<tr>
<td>83.45(3)</td>
<td>TOXIC SUBSTANCES</td>
<td>Corrected</td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (WOODLANDS SENIOR PARK--0010166)

Date: 3/2/2020 SOD #VCI911 Appealed: Decision: PENDING
Sanctions
FORFEITURE---83.19
FORFEITURE---83.45(3)
Facility Information

Facility Name: WOODLANDS SENIOR PARK (0011204)
Address: 87 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 3/7/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127369    End Date: 6/25/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED