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 24.00 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 2/8/2017 to 2/8/2020
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

Survey ID: 0123565   End Date: 6/27/2017   Type: STANDARD   Purpose: SURVEY/SELF REPORT
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): RESIDENT RIGHTS
Result: NOT SUBSTANTIATED
SOD #

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Provider Inspection Summary

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

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 11/1/1998 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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>
</tr>
</thead>
<tbody>
<tr>
<td>83.20(2)(b)</td>
<td>TRAINING IN FIRE SAFETY</td>
<td>10/5/18</td>
<td>Yes</td>
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<tr>
<td>83.20(2)(c)</td>
<td>TRAINING IN FIRST AID AND CHOKING</td>
<td>10/5/18</td>
<td>Yes</td>
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<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)

This is Page 3 of 24 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 2/8/2017 to 2/8/2020
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

<table>
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<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
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<td>11/2/17</td>
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<td></td>
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<td>Corrected</td>
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<td>Yes</td>
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</table>

Survey ID: 0123746  End Date: 7/19/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0122976   End Date: 4/14/2017   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122919   End Date: 2/19/2017   Type: OTHER   Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #F9SS11 Served 4/17/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.19</td>
<td>ORIENTATION</td>
<td>Verified 7/19/17</td>
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<tr>
<td>83.20(2)(a)</td>
<td>TRAINING IN STANDARD PRECAUTIONS</td>
<td>Corrected Yes</td>
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<tr>
<td>83.20(2)(d)</td>
<td>TRAINING IN MEDICATION ADMINISTRATION</td>
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Enforcement History (ARC PARK AVE GROUP HOME--410005)

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

Date: 4/11/2017   SOD #F9SS11   Appealed: No
Sanctions
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(d)

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

Date Complaint Received: 4/22/2019   Date Investigation Completed: 5/29/2019
Subject Area(s) PROGRAM SERVICES
Result NOT SUBSTANTIATED

Sanctions
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(d)

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

<table>
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<tr>
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<th>Compliance</th>
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<tr>
<td>83.17(2)(a)</td>
<td>EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE</td>
<td>Verified 2/21/20</td>
</tr>
<tr>
<td>83.20(2)(a)</td>
<td>TRAINING IN STANDARD PRECAUTIONS</td>
<td>Corrected Yes</td>
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<tr>
<td>83.46(1)(c)</td>
<td>HEATING SYSTEM MAINTENANCE</td>
<td>Corrected Yes</td>
</tr>
<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
<td>Corrected Yes</td>
</tr>
<tr>
<td>83.48(4)(d)</td>
<td>SMOKE DETECTOR IN COMMON USE ROOMS</td>
<td>Corrected Yes</td>
</tr>
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</table>

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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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Survey ID: 0132170 End Date: 12/11/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131907 End Date: 7/25/2019 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #J35911 Served 11/4/2019

<table>
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<tbody>
<tr>
<td>83.32(3)(g)</td>
<td>RIGHTS OF RESIDENTS: FREE OF PHYSICAL</td>
<td>12/11/19</td>
<td>Yes</td>
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<td></td>
<td>RERAINTS</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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Facility Information

Facility Name:  BLANDINE HOUSE INC (410007)
Address:  25 N PARK AVE, FOND DU LAC, WI 54935
License Status:  REGULAR
Licensed/Certified/Registered 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

Survey ID:  0124140   End Date:  6/29/2017   Type:  ABBREVIATED   Purpose:  SURVEY
Results:  ENFORCEMENT ACTION

Statement of Deficiency:  #GDUF11 Served 9/18/2017

<table>
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<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>83.21(1)</td>
<td>TRAINING IN RESIDENT RIGHTS</td>
<td></td>
<td>2/15/18</td>
<td>Yes</td>
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<tr>
<td>83.21(2)(a)</td>
<td>TRAINING IN CLIENT GROUPS</td>
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<td>2/15/18</td>
<td>Yes</td>
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<tr>
<td>83.21(3)</td>
<td>TRAINING IN CHALLENGING BEHAVIORS</td>
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<td>2/15/18</td>
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<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
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<td>2/15/18</td>
<td>Yes</td>
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<tr>
<td>83.41(3)(b)</td>
<td>FOOD SAFETY</td>
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<td>2/15/18</td>
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</table>
# Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

<table>
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<tr>
<th>Date</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>9/6/2017</td>
<td>GDUF11</td>
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**Sanctions**

OTHER SANCTION
FORFEITURE---83.21(1)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)
FORFEITURE---83.25
## Facility Information

<table>
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<tr>
<th>Facility Name: FLORIDA (0014656)</th>
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<tbody>
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<td>Address: 125 GARFIELD ST, FOND DU LAC, WI 54937</td>
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<tr>
<td>License Status: REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered 9/26/2013 12:00:00AM</td>
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<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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## Survey History

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<th>Purpose: SURVEY/COMPLAINT</th>
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<tbody>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>
**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**

<table>
<thead>
<tr>
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<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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<tbody>
<tr>
<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

<table>
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<th>Corrected</th>
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<tbody>
<tr>
<td>83.17(1)</td>
<td>LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK</td>
<td>9/23/19</td>
<td>Yes</td>
</tr>
<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>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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: 0128665 End Date: 11/28/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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

<table>
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<th>Corrected</th>
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<tr>
<td>83.19</td>
<td>ORIENTATION</td>
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Survey ID: 0124716       End Date: 9/21/2017       Type: STANDARD       Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123464       End Date: 6/16/2017       Type: OTHER       Purpose: CHOW--DESK REVIEW
Results: PROBATIONARY LICENSE ISSUED
### Complaint History (MAPLE MEADOWS ASSISTED LIVING--0016731)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>6/27/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Investigation Completed:</td>
<td>9/21/2017</td>
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<tr>
<td>Subject Area(s)</td>
<td>PROGRAM SERVICES</td>
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<tr>
<td>Result</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>SOD #</td>
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</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Survey History

Survey ID: 0132325 End Date: 1/6/2020 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131528 End Date: 8/12/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #0FXQ11 Served 9/19/2019

<table>
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<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tbody>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
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<td>1/6/20</td>
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<tr>
<td>83.35(4)</td>
<td>RESIDENT SATISFACTION EVALUATION</td>
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<td>1/6/20</td>
<td>Yes</td>
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<tr>
<td>83.35(5)(a)</td>
<td>INITIAL EVALUATION OF EVACUATION LIMITATIONS</td>
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<td>1/6/20</td>
<td>Yes</td>
</tr>
<tr>
<td>83.35(5)(b)</td>
<td>ANNUAL EVALUATION OF EVACUATION LIMITS</td>
<td></td>
<td>1/6/20</td>
<td>Yes</td>
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<tr>
<td>83.46(1)(c)</td>
<td>HEATING SYSTEM MAINTENANCE</td>
<td></td>
<td>1/6/20</td>
<td>Yes</td>
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<tr>
<td>83.46(3)</td>
<td>PUBLIC WATER SUPPLY OR WELL WATER TEST</td>
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<td>1/6/20</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary

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

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.32(3)(g)</td>
<td>RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS</td>
<td>Verified</td>
</tr>
<tr>
<td>83.35(3)(c)</td>
<td>IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN</td>
<td>Corrected</td>
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</table>

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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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Facility Information

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

Survey History

Survey ID: 0130323  End Date: 5/28/2019  Type: ABBREVIATED  Purpose: CHOW--DESK REVIEW
Results: PROBATIONARY LICENSE ISSUED
Provider Inspection Summary

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

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 7/1/1986 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131829  End Date: 10/2/2019  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129540  End Date: 3/14/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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 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>
</tr>
<tr>
<td>83.19</td>
<td>ORIENTATION</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.21(1)</td>
<td>TRAINING IN RESIDENT RIGHTS</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.21(2)(a)</td>
<td>TRAINING IN CLIENT GROUPS</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.21(3)</td>
<td>TRAINING IN CHALLENGING BEHAVIORS</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
<tr>
<td>83.25</td>
<td>CONTINUING EDUCATION</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.32(3)(i)</td>
<td>RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT</td>
<td>3/14/19</td>
<td>Yes</td>
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<tr>
<td>83.35(3)(d)</td>
<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
<td>3/14/19</td>
<td>Yes</td>
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<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
<td>3/14/19</td>
<td>Yes</td>
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<tr>
<td>83.48(6)(b)</td>
<td>INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE</td>
<td>3/14/19</td>
<td>Yes</td>
</tr>
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</table>

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

- Date: 12/11/2018
- SOD #L6NT11
- Appealed:
  - Sanctions
  - FORFEITURE---83.32(3)(i)
  - FORFEITURE---83.35(3)(d)

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

<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>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>

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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

<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>0132405</td>
<td>1/17/2020</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0131890</td>
<td>7/22/2019</td>
<td>ABBREVIATED</td>
<td>OTHER</td>
<td>ENFORCEMENT ACTION</td>
</tr>
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</table>

**Statement of Deficiency:** #F3JB11 Served 11/1/2019

**Deficiencies Cited**

- 50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS
- 83.55(6)(b) BATH AND TOILET AREAS: WATER TEMPERATURE

**Compliance**

- Verified: 1/17/20
- Corrected: Yes

## Enforcement History

**Date:** 11/1/2019

**SOD #F3JB11**

**Appealed:** No

**Sanctions:**

- OTHER SANCTION

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 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>
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<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>
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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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<thead>
<tr>
<th>Facility Information</th>
</tr>
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<tbody>
<tr>
<td>Facility Name: WOODLANDS SENIOR PARK (0011204)</td>
</tr>
<tr>
<td>Address: 87 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935</td>
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<tr>
<td>License Status: REGULAR</td>
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<td>Licensed/Certified/Registered: 3/7/2006 12:00:00AM</td>
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<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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<tr>
<td>Survey ID: 0127369</td>
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<td>End Date: 6/25/2018</td>
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<tr>
<td>Type: ABBREVIATED</td>
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<td>Purpose: SURVEY</td>
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<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
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