Provider Inspection Summary

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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Fond Du Lac

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Fond Du Lac County.

The report is a PDF (Adobe Acrobat) document and includes a total of 10.00 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

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LakeHouse Fond du Lac (0019851) Address: 517 Luco Road, Fond du Lac, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 04/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147687 End Date: 09/25/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146251 End Date: 04/25/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (LakeHouse Fond du Lac--0019851)

Date Complaint Received: 07/09/2024 Date Investigation Completed: 09/25/2024

Subject Area(s) Result SOD #

ADMINISTRATION NOT SUBSTANTIATED PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

This is Page 2 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MAJESTIC MANOR (0019395)

Address: 30 NORTH KAYSER ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 04/01/2023 12:00:00AM

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

Survey History

Survey ID: 0142619 End Date: 03/31/2023 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 3 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MEADOWS OF FOND DU LAC LLC (THE) (0016187)
Address: 620 W ROLLING MEADOWS DR, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 06/22/2016 12:00:00AM

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

Survey History

Survey ID: 0146734 End Date: 06/18/2024 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Sage Meadows Fond du Lac (0020002) Address: 597 Kingswood Ave, Fond du Lac, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 04/26/2024 12:00:00AM

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

Survey History

Survey ID: 0146250 End Date: 04/25/2024 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: ST FRANCIS TERRACE (0010373)

Address: 345 E FIRST ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/19/1998 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

This is Page 6 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WOODLANDS SENIOR PARK (0010355)

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

No survey activity during the period 1/21/22 to 1/20/25

This is Page 7 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: VILLA ROSA ASSISTED LIVING (0011286) Address: N8120 CTY RD WW, MT CALVARY, WI 53057

License Status: REGULAR

Licensed/Certified/Registered 01/18/2006 12:00:00AM

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

Survey History

Survey ID: 0144237 End Date: 09/06/2023 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MAPLECREST MANOR (0010341) Address: 150 N DOUGLAS ST, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 05/09/2003 12:00:00AM

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

Survey History

Survey ID: 0145933 End Date: 03/18/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140964 End Date: 10/04/2022 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MAPLECREST MANOR--0010341)

Date Complaint Received: 01/10/2024 Date Investigation Completed: 03/18/2024

Subject Area(s) Result SOD #

PROGRAM SERVICES NOT SUBSTANTIATED RESIDENT RIGHTS NOT SUBSTANTIATED

This is Page 9 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN

Bureau of Assisted Living
P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: PRAIRIE PLACE RCAC (0014485) Address: 749 E OSHKOSH ST, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 01/23/2013 12:00:00AM

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

Survey History

Survey ID: 0147180 End Date: 06/19/2024 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6BBK11 Served 08/02/2024

		Comphane	
Deficiencies Cited	Subject Area	Verified	Corrected
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT,	1/27/25	Yes
	FREEDOM		
89.23(4)(d)1	SERVICES	1/27/25	Yes
89.23(4)(d)2.c	SERVICES	1/27/25	Yes

Compliance

Enforcement History (PRAIRIE PLACE RCAC--0014485)

Date: 08/02/2024 SOD #6BBK11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---U 134 89.23(4)(d)1 FORFEITURE---U 137 89.23(4)(d)2.c

This is Page 10 of 10 total pages. If printing this report ensure that your printer is set to print only the desired pages.