Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Manitowoc County. The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 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 Name: HIL SIERRA HOME (0009688)
Address: 2021 KELLNER ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 1/1/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey ID: 0125123   End Date: 11/13/2017   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HIL YORKTOWN HOME (0009732)
Address: 2136 S 13TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 1/1/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128890 End Date: 12/10/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 14 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: MARSHALL HOUSE AFH (0016962)
Address: 1325 S 12TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 1/17/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125712       End Date: 1/17/2018       Type: INITIAL       Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: TLC SOUTH 42ND ST (0016776)
Address: 4114 4116 ROCK ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 7/20/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123738 End Date: 7/20/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: VISTA CARE EXPO DRIVE AFH (0011183)
Address: 5053 EXPO DRIVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 11/22/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132192    End Date: 11/7/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: VISTA CARE KIMBERLY CIRCLE AFH (0009127)
Address: 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 10/3/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131924  End Date: 10/15/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: VISTA CARE NORTH 21ST STREET AFH (0014115)
Address: 2127 MENASHA AVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 5/17/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129711 End Date: 3/28/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
## Facility Information

- **Facility Name**: VISTA CARE ROCK STREET AFH (0016156)
- **Address**: 4020 ROCK STREET, MANITOWOC, WI 54220
- **License Status**: REGULAR
- **Licensed/Certified/Registered**: 7/7/2016 12:00:00AM
- **Regional Office**: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

- **Survey ID**: 0130588
- **End Date**: 6/4/2019
- **Type**: STANDARD
- **Purpose**: SURVEY

**Results**: NO STATEMENT OF DEFICIENCY ISSUED

---

**Disclaimer**: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: WILLOWS (THE) (0015995)
Address: 611 WASHINGTON STREET, MISHICOT, WI 54228
License Status: REGULAR
Licensed/Certified/Registered 7/14/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129100 End Date: 1/16/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WILLOWS (THE)--0015995)

<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>11/29/2018</td>
<td>1/16/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>11/5/2018</td>
<td>1/16/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
# Facility Information

Facility Name: CEDARS THE (0014073)
Address: 3904 MARTIN LN, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 4/17/2012 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>0131121</td>
<td>8/12/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0130232</td>
<td>2/15/2019</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0123381</td>
<td>5/30/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #6GED11 Served 5/16/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(d)</td>
<td>MAINTAIN BACKGROUND INFORMATION</td>
<td>Verified: 3/1/19, Corrected: Yes</td>
</tr>
<tr>
<td>88.03(5)(e1)</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>Verified: 3/1/19, Corrected: Yes</td>
</tr>
</tbody>
</table>

**Enforcement History (CEDARS THE--0014073)**

Date: 5/16/2019  
SOD #6GED11  
Appealed: No  
Sanctions
OTHER SANCTION

---

This is Page 11 of 14 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
## Provider Inspection Summary

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

Adult Family Home

### Complaint History (CEDARS THE--0014073)

<table>
<thead>
<tr>
<th>Date Complaint Received: 1/3/2019</th>
<th>Date Investigation Completed: 2/25/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>6GED11</td>
</tr>
</tbody>
</table>

This is Page 12 of 14 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
## Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>MAPLES (THE) (0014562)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3017 48TH ST, TWO RIVERS, WI 54241</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>5/1/2013 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

## Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0125813</th>
<th>End Date:</th>
<th>1/24/2018</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: PETRZELKA FAMILY HOME (0010838)
Address: 12112 MELNIK RD, WHITELAWS, WI 54247
License Status: REGULAR
Licensed/Certified/Registered 4/5/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126840 End Date: 5/21/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED