

Provider Inspection Summary

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

Manitowoc

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 12.00 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

Adult Family Home

Facility Information

Facility Name: DVINAS ADULT FAMILY HOME LLC HOME I (0018796)

Address: 1402 S 9TH STREET, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 03/23/2022 12:00:00AM

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

Survey History

Survey ID: 0139045 **End Date:** 03/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 12 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HIL LIGHTHOUSE (0018371)

Address: 1301 NORTH 24TH STREET, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/26/2021 12:00:00AM

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

Survey History

Survey ID: 0147851 **End Date:** 10/15/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135505 **End Date:** 01/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIL SIERRA HOME (0009688)

Address: 2021 KELLNER ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0147852 **End Date:** 10/15/2024 **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

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 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0147256 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138704 **End Date:** 02/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HIL YORKTOWN HOME--0009732)

Date Complaint Received: 02/16/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Just 4 Me Adult Family Home (0019756)

Address: 635 N 8th Street, Manitowoc, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 12/20/2023 12:00:00AM

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

Survey History

Survey ID: 0145135 **End Date:** 12/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Marshall House (0019965)

Address: 1325 S 12th St, Manitowoc, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/07/2024 12:00:00AM

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

Survey History

Survey ID: 0145513 **End Date:** 02/07/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

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 10/03/2000 12:00:00AM

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

Survey History

Survey ID: 0141414 **End Date:** 11/14/2022 **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

Adult Family Home

Facility Information

Facility Name: VISTA CARE NORTH 21ST STREET AFH (0014115)

Address: 2127 MENASHA AVE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/17/2012 12:00:00AM

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

Survey History

Survey ID: 0140042 **End Date:** 06/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VF6811 Served 07/07/2022

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
8/21/22

Corrected

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: VISTA CARE ROCK STREET AFH (0016156)

Address: 4020 ROCK STREET, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 07/07/2016 12:00:00AM

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

Survey History

Survey ID: 0146492 **End Date:** 05/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139729 **End Date:** 05/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA CARE ROCK STREET AFH--0016156)

Date Complaint Received: 11/14/2023

Date Investigation Completed: 05/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

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

Adult Family Home

Facility Information

Facility Name: VISTA CARE SOUTH 42ND ST (0016776)

Address: 4114 4116 ROCK ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 07/20/2017 12:00:00AM

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

Survey History

Survey ID: 0148447 **End Date:** 10/23/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C6ES11 Served 01/07/2025

Deficiencies Cited
88.10(5)(c)4

Subject Area
INFORMATION ABOUT ADVOCACY
ORGANIZATION

Compliance
Verified
2/21/25

Corrected
Yes

Survey ID: 0139006 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PETRZELKA FAMILY HOME (0010838)

Address: 12112 MELNIK RD, WHITELAW, WI 54247

License Status: REGULAR

Licensed/Certified/Registered 04/05/2005 12:00:00AM

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

Survey History

Survey ID: 0139277 **End Date:** 03/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T3V711 Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/2/22	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/2/22	

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