

Provider Inspection Summary

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

Manitowoc

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 9.00 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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ANGELUS VILLAGE OF MANITOWOC LLC (0018490)

Address: 1010 BAYSHORE DRIVE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/18/2021 12:00:00AM

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

Survey History

Survey ID: 0148474 **End Date:** 10/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NEFT11 Served 01/09/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW		
89.28(2)(a)1	RISK AGREEMENT		
89.34(12)	TENANT RIGHTS		

Survey ID: 0136384 **End Date:** 05/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (ANGELUS VILLAGE OF MANITOWOC LLC--0018490)

Date: 01/09/2025 **SOD #**NEFT11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---U0171 89.26(4)

FORFEITURE---U0200 89.28(2)(a)1.

FORFEITURE---U0263 89.34(12)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (ANGELUS VILLAGE OF MANITOWOC LLC--0018490)

Date Complaint Received: 06/17/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NEFT11

Date Complaint Received: 03/26/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
NEFT11
NEFT11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LakeHouse Manitowoc (0019858)

Address: 950 S Rapids Road, Manitowoc, WI 54220

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: 0146253 **End Date:** 04/25/2024 **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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LAUREL GROVE ASSISTED LIVING CENTER (0010367)

Address: 1308 S 22ND ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 04/19/1999 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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SACRED HEART COURT (0010348)
Address: 1903 DIVISION ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 07/15/1998 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144557 **End Date:** 09/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SACRED HEART COURT--0010348)

Date Complaint Received: 05/30/2023	Date Investigation Completed: 09/07/2023	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
<hr/>		
Date Complaint Received: 04/17/2023	Date Investigation Completed: 09/07/2023	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: NORTHLAND LODGE ASSISTED LIVING (0017954)

Address: 2500 GARFIELD ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 12/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147115 **End Date:** 07/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144049 **End Date:** 08/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142222 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

Complaint History (NORTHLAND LODGE ASSISTED LIVING--0017954)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 07/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/15/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/05/2023

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/21/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

Date Complaint Received: 09/28/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 04/04/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

SUBSTANTIATED

12HS11

NOT SUBSTANTIATED

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