

## Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Marinette County. The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** NORTH COUNTRY VIEW EAST (0016437)

**Address:** W16446 SUGAR BUSH DR, ARMSTRONG CREEK, WI 54103

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0135671    **End Date:** 02/22/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0133981    **End Date:** 03/31/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RIL011    Served 06/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/22/21	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/22/21	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/22/21	Yes

**Survey ID:** 0128939    **End Date:** 12/26/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Enforcement History (NORTH COUNTRY VIEW EAST--0016437)

**Date:** 06/22/2020      **SOD #**RIL011      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

### Complaint History (NORTH COUNTRY VIEW EAST--0016437)

**Date Complaint Received:** 02/24/2020

**Date Investigation Completed:** 03/31/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**This is Page 3 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** ROST-HUEBNER HOUSE 1 (0015058)

**Address:** N6726 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0136097    **End Date:** 04/27/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 4 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** ROST-HUEBNER HOUSE 2 (0015059)

**Address:** N6728 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0136099    **End Date:** 04/27/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 5 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** ROST-HUEBNER HOUSE 3 (0015060)

**Address:** N6730 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/15/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0136101    **End Date:** 04/27/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 6 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** EDGEWOOD REM WISCONSIN II INC (0016692)

**Address:** 1014 EDGEWOOD CIRCLE, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/26/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0128307      **End Date:** 10/10/2018      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 7 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** MCALLISTER REM WISCONSIN II INC (0016694)

**Address:** W454 OAKWOOD BEACH RD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/26/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0131149    **End Date:** 08/09/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130805    **End Date:** 04/16/2019    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E48111    Served 07/15/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS	7/23/19	Yes

### Enforcement History (MCALLISTER REM WISCONSIN II INC--0016694)

**Date:** 07/15/2019    **SOD #**E48111    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

**This is Page 8 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Complaint History (MCALLISTER REM WISCONSIN II INC--0016694)

**Date Complaint Received: 02/18/2019**

**Date Investigation Completed: 04/16/2019**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

E48111

**This is Page 9 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

#### Facility Information

**Facility Name:** REM HATTIE (0014360)

**Address:** 217 HATTIE ST, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/25/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0131968    **End Date:** 10/14/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131552    **End Date:** 07/15/2019    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O50G11    Served 09/23/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	10/14/19	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/14/19	Yes
88.10(3)(c)	CONFIDENTIALITY	10/14/19	Yes

#### Enforcement History (REM HATTIE--0014360)

**Date:** 09/23/2019    **SOD #**O50G11    **Appealed:** No

Sanctions

OTHER SANCTION

***This is Page 10 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Complaint History (REM HATTIE--0014360)

**Date Complaint Received: 07/03/2019**

**Date Investigation Completed: 07/15/2019**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

***This is Page 11 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** REM RUSSELL (0011395)

**Address:** 413 WEST RUSSELL STREET, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/22/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0132139    **End Date:** 12/09/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 12 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** RISE AND SHINE ADULT FAMILY HOME (0016424)

**Address:** 2223 THOMAS ST, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2016 12:00:00AM

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 13 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** RISE AND SHINE AFH 2 LLC (0017597)

**Address:** 2302 THOMAS ST, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/09/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0131129      **End Date:** 08/09/2019      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 14 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** RIVERSIDE REM WISCONSIN II INC (0016695)

**Address:** 2619 RIVERSIDE AVE, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/26/2017 12:00:00AM

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 15 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** SHORE MANOR REM WISCONSIN II INC (0016693)

**Address:** W491 OAKWOOD BEACH RD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/26/2017 12:00:00AM

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 16 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** TAYLOR HOUSE (0015925)

**Address:** 2528 TAYLOR ST, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/15/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0136421    **End Date:** 06/08/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 17 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

#### Facility Information

**Facility Name:** R & K ADULT FAMILY HOME (0010179)

**Address:** W5355 CHURCH LANE, PESHTIGO, WI 54157

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/24/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0132813    **End Date:** 02/26/2020    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0132737    **End Date:** 11/22/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #52YO11    Served 02/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY	2/26/20	Yes

***This is Page 18 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN II INC DOLAN AVENUE (0011287)

**Address:** 180 DOLAN AVENUE, PESHTIGO, WI 54157

**License Status:** REGULAR

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

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 19 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

### Facility Information

**Facility Name:** POUND AFH 2 (0017076)

**Address:** 1005 COUNTY RD Q, POUND, WI 54161

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/29/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0135677    **End Date:** 02/23/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135322    **End Date:** 11/17/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X0X111    Served 12/18/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	2/23/21	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	2/23/21	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	2/23/21	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	2/23/21	Yes

**This is Page 20 of 36 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 08/24/2018 to 08/23/2021

Adult Family Home

#### Enforcement History (POUND AFH 2--0017076)

**Date:** 12/18/2020      **SOD #**X0X111      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

#### Complaint History (POUND AFH 2--0017076)

**Date Complaint Received:** 12/16/2019

**Date Investigation Completed:** 11/17/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

X0X111

**Date Complaint Received:** 12/10/2019

**Date Investigation Completed:** 11/17/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X0X111

**This is Page 21 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** NEWCARE RESIDENCE (0015057)  
**Address:** 903 MAIN AVE, CRIVITZ, WI 54114  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/14/2014 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0132583    **End Date:** 02/07/2020    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0132496    **End Date:** 12/12/2019    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VVMV11 Served 01/28/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	2/7/20	Yes

### Complaint History (NEWCARE RESIDENCE--0015057)

**Date Complaint Received:** 07/29/2019

**Date Investigation Completed:** 12/12/2019

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 22 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

### Facility Information

**Facility Name:** ANTHONY HOUSE (0010562)

**Address:** 900 WELLS ST, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2004 12:00:00AM

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 23 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES AT LAKE PARK (THE) (0017939)

**Address:** 2006 LAKE PARK DRIVE, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/05/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0132117      **End Date:** 12/05/2019      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 24 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** EDGEWOOD MANOR (410026)

**Address:** 1101 NORTHLAND TERRACE LN, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1987 12:00:00AM

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

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

***This is Page 25 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LUTHER MANOR (0008721)

**Address:** 831 PINE BEACH ROAD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2000 12:00:00AM

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

#### Survey History

**Survey ID:** 0136226    **End Date:** 05/11/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135780    **End Date:** 02/26/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #71NS11    Served 03/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	5/11/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	5/11/21	Yes

#### Enforcement History (LUTHER MANOR--0008721)

**Date:** 03/15/2021    **SOD #**71NS11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 26 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (LUTHER MANOR--0008721)

**Date Complaint Received: 01/22/2020**

**Date Investigation Completed: 02/26/2021**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 27 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** REM WISCONSIN II INC SHORE DRIVE (0012909)

**Address:** N2511 SHORE DR, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2009 12:00:00AM

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

#### Survey History

**Survey ID:** 0128849    **End Date:** 12/21/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0128653    **End Date:** 10/22/2018    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EEWB11    Served 11/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/21/18	Yes

***This is Page 28 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SV NORTH MARINETTE NORTH (0017755)

**Address:** 875 UNIVERSITY DR, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0134354    **End Date:** 07/21/2020    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131702    **End Date:** 10/01/2019    **Type:** ABBREVIATED    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

**This is Page 29 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SV NORTH MARINETTE SOUTH (0017759)

**Address:** 3206 WOODLAND RD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0134353    **End Date:** 07/21/2020    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131708    **End Date:** 10/01/2019    **Type:** ABBREVIATED    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

**This is Page 30 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ARBOR VILLAGE INC (0016677)

**Address:** 620 HARPER AVE, PESHTIGO, WI 54157

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0133889    **End Date:** 01/21/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8CNU11    Served 06/10/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.13(3)(d)	POSTING ACTIVITY SCHEDULE		
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		

***This is Page 31 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0128726    End Date: 11/29/2018    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0128523    End Date: 10/17/2018    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H6S912    Served 11/10/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES	11/20/18	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	11/20/18	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/20/18	Yes
83.38(1)(g)	HEALTH MONITORING	11/20/18	Yes

**Enforcement History (ARBOR VILLAGE INC--0016677)**

**Date: 06/10/2020    SOD #8CNU11    Appealed:    Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 COMPLY WITH REQUIREMENT  
 FORFEITURE---83.12(2)(a)  
 FORFEITURE---83.25  
 FORFEITURE---83.32(3)(d)  
 FORFEITURE---83.38(1)(c)  
 FORFEITURE---83.47(2)(d)  
 FORFEITURE---83.47(2)(e)

**Date: 11/09/2018    SOD #H6S912    Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
 COMPLY WITH REQUIREMENT  
 FORFEITURE---83.29(1)(c)  
 FORFEITURE---83.38(1)(g)

***This is Page 32 of 36 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 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (ARBOR VILLAGE INC--0016677)

**Date Complaint Received: 01/03/2020**

**Date Investigation Completed: 01/21/2020**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/27/2019**

**Date Investigation Completed: 01/21/2020**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
8CNU11

**This is Page 33 of 36 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 08/24/2018 to 08/23/2021  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** RENAISSANCE MARINETTE (0014498)  
**Address:** 2909 SHORE DR, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/20/2013 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0135264    **End Date:** 12/03/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130748    **End Date:** 04/05/2019    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3THD11    Served 07/09/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	12/3/20	Yes
89.35(3)	GRIEVANCES	12/3/20	Yes

#### Enforcement History (RENAISSANCE MARINETTE--0014498)

**Date:** 07/08/2019    **SOD #**3THD11    **Appealed:**

Sanctions

FORFEITURE---89.23(1)  
FORFEITURE---89.35(3)

***This is Page 34 of 36 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 08/24/2018 to 08/23/2021  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (RENAISSANCE MARINETTE--0014498)

**Date Complaint Received: 05/14/2020**

**Date Investigation Completed: 12/03/2020**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/23/2019**

**Date Investigation Completed: 12/03/2020**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/18/2019**

**Date Investigation Completed: 04/05/2019**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
3THD11

***This is Page 35 of 36 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 08/24/2018 to 08/23/2021  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WASHINGTON SQUARE (0013717)  
**Address:** 2502 TAYLOR ST, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/07/2011 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 8/24/18 to 8/23/21

**This is Page 36 of 36 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.***