

## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Oconto County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 26.00 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

### Facility Information

**Facility Name:** CARING TREE ADULT CENTER (THE) (0009917)

**Address:** 512 CALDWELL AVENUE, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/26/2002 12:00:00AM

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

### Survey History

No survey activity during the period 10/11/13 to 10/10/16

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Provider Inspection Summary  
For the period 10/11/2013 to 10/10/2016  
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN II COUNTY J SOUTH (0014793)  
Address: 3296 COUNTY RD J, ABRAMS, WI 54101  
License Status: REGULAR  
Licensed/Certified/Registered 09/20/2013 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0118375 End Date: 07/06/2015 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118057 End Date: 06/11/2015 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K2JW11 Served 06/29/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/6/15	Yes

Survey ID: 0115045 End Date: 03/12/2014 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM WISCONSIN II COUNTY J SOUTH--0014793)

Date Complaint Received: 01/08/2014

Date Investigation Completed: 03/12/2014

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** REM EAST FIRST (0015646)

**Address:** 324 EAST FIRST ST, GILLETT, WI 54124

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/06/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117789    **End Date:** 05/06/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** LINDSEY (0015892)

**Address:** 135 LINDSEY AVE, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/29/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0120007    **End Date:** 03/29/2016    **Type:** OTHER    **Purpose:** CHOW--LICENSURE

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** REM ALLIED COURT (0015645)

**Address:** 644 ALLIED COURT, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/06/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117798    **End Date:** 05/06/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** SUPERIOR (0015774)

**Address:** 221 BITTERS ST, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/09/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0118650    **End Date:** 09/09/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** ZIESMER ADULT FAMILY HOME (0012037)

**Address:** 6785 ELLMAN LANE, OCONTO, WI 541539770

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0118696    **End Date:** 09/15/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** ZIESMER ADULT FAMILY HOME (0015994)

**Address:** 6785 ELLMAN LANE, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/25/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0120294    **End Date:** 04/25/2016    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** REM FARM ROAD (0015647)

**Address:** 143 FARM RD, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117785    **End Date:** 05/01/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** REM PARK AVENUE (0015644)

**Address:** 277-279 PARK AVE, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117784    **End Date:** 05/01/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN II MCDERMID (0014794)

**Address:** 5240 MCDERMID DR, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/20/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0120492    **End Date:** 04/26/2016    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #146V11    Served 06/15/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.10(3)(m)	FREEDOM FROM ABUSE		

### Enforcement History (REM WISCONSIN II MCDERMID--0014794)

**Date:** 06/15/2016    **SOD #**146V11    **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LAKEWOOD ASSISTED LIVING LLC (0013023)

**Address:** 17185 FLYNN LN, LAKEWOOD, WI 54138

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0120830    **End Date:** 05/20/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E13U11    Served 07/28/2016

Deficiencies Cited  
83.46(1)(a)

Subject Area  
COMFORTABLE AND SAFE TEMPERATURES

Compliance  
Verified

Corrected

**Survey ID:** 0118352    **End Date:** 07/30/2015    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0115272    **End Date:** 05/02/2014    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0114346    End Date: 01/16/2014    Type: OTHER    Purpose: DESK REVIEW**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YUKR11    Served 01/24/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	2/11/14	Yes

#### Enforcement History (LAKEWOOD ASSISTED LIVING LLC--0013023)

**Date: 07/26/2016    SOD #E13U11    Appealed: No**

Sanctions  
OTHER SANCTION

**Date: 01/22/2014    SOD #YUKR11    Appealed: No**

Sanctions  
COMPLY WITH REQUIREMENT

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LAKEWOOD ASSISTED LIVING LLC--0013023)

**Date Complaint Received: 04/19/2016**

**Date Investigation Completed: 05/20/2016**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2016**

**Date Investigation Completed: 05/20/2016**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 05/08/2015**

**Date Investigation Completed: 07/30/2015**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/26/2015**

**Date Investigation Completed: 07/30/2015**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING - OCONTO (0016443)

**Address:** 301 PINE AVE, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/27/2016 12:00:00AM

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** REM SUPERIOR (0015642)

**Address:** 1204 SUPERIOR AVE, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117767    **End Date:** 05/01/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SUN VALLEY HOMES II NINE ACRES (0015635)

**Address:** 229 VAN DYKE ST, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/29/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0120099    **End Date:** 03/22/2016    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0117635    **End Date:** 04/17/2015    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (SUN VALLEY HOMES II NINE ACRES--0015635)

**Date Complaint Received:** 07/01/2016

**Date Investigation Completed:** 10/17/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SUN VALLEY HOMES II OCONTO 1 (0014589)

**Address:** 425 PECOR ST, OCONTO, WI 54153

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/05/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0121521    **End Date:** 10/06/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0116264    **End Date:** 09/25/2014    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0114041    **End Date:** 12/05/2013    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (SUN VALLEY HOMES II OCONTO 1--0014589)

**Date Complaint Received:** 08/26/2016

**Date Investigation Completed:** 10/06/2016

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SUN VALLEY HOMES II OCONTO 2 (0013969)

**Address:** 427 PECOR ST, OCONTO, WI 54153

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0120128    **End Date:** 03/24/2016    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0118376    **End Date:** 07/22/2015    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SZ3M11    Served 08/11/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	3/22/16	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/22/16	Yes

**Survey ID:** 0116266    **End Date:** 09/25/2014    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (SUN VALLEY HOMES II OCONTO 2--0013969)

**Date:** 08/11/2015      **SOD #**SZ3M11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.20(2)(c)

FORFEITURE---83.32(3)(i)

#### Complaint History (SUN VALLEY HOMES II OCONTO 2--0013969)

**Date Complaint Received:** 06/25/2015

**Date Investigation Completed:** 07/22/2015

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SZ3M11

**Date Complaint Received:** 06/08/2015

**Date Investigation Completed:** 07/22/2015

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES AT MEADOWLANDS MEMORY CARE THE (0015449)

**Address:** 747 E HIGHLAND DR, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/20/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0120376    **End Date:** 03/25/2016    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PDVN11    Served 06/04/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		

**Survey ID:** 0116933    **End Date:** 01/20/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

### Enforcement History (COTTAGES AT MEADOWLANDS MEMORY CARE THE--0015449)

**Date:** 06/03/2016    **SOD #**PDVN11    **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(c)

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COTTAGES AT MEADOWLANDS MEMORY CARE THE--0015449)

**Date Complaint Received: 01/29/2016**

**Date Investigation Completed: 03/25/2016**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** REM KING STREET (0015641)

**Address:** 106 KING ST, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0117768    **End Date:** 05/01/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SERENITY GARDENS (0015431)

**Address:** 146 N FRANCIS AVE, GILLETT, WI 54124

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/26/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0116975    **End Date:** 01/26/2015    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** COTTAGES AT MEADOWLANDS THE (0015137)

**Address:** 751 E HIGHLAND DR, OCONTO FALLS, WI 54154

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/06/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0118827    **End Date:** 09/15/2015    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0115915    **End Date:** 08/06/2014    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

### Complaint History (COTTAGES AT MEADOWLANDS THE--0015137)

**Date Complaint Received:** 04/06/2015

**Date Investigation Completed:** 09/15/2015

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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