

**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 23.00 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 10/01/2011 to 09/30/2014  
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  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0110717      **End Date:** 06/01/2012      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 23 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 10/01/2011 to 09/30/2014  
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  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0113667      **End Date:** 09/17/2013      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

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

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
Adult Family Home

**Complaint History (REM WISCONSIN II COUNTY J SOUTH)**

**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 10/01/2011 to 09/30/2014  
Adult Family Home

**Facility Information**

**Facility Name:** CURO CARE LLC LILAC HOME (0014702)

**Address:** 863 LILAC RD, LITTLE SUAMICO, WI 54141

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2013

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

**Survey History**

**Survey ID:** 0113297    **End Date:** 08/01/2013    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
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**

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

**Survey History**

**No survey activity during the period 2011-04-01 through 2014-03-31.**

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
Adult Family Home

**Facility Information**

**Facility Name:** PARK AVENUE HOUSE (0012434)  
**Address:** 277-279 PARK AVENUE, OCONTO FALLS, WI 54154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2008  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0109896    **End Date:** 01/19/2012    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1CUU11    Served 01/27/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
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  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0113654      **End Date:** 09/17/2013      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

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

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

#### Survey History

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0115336    **End Date:** 04/28/2014    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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	02/11/2014	Yes

**Survey ID:** 0113143    **End Date:** 07/02/2013    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0112840**    **End Date: 05/07/2013**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W5XZ13    Served 05/30/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	07/02/2013	Yes

**Survey ID: 0112463**    **End Date: 03/18/2013**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B8H611    Served 04/03/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKN	05/07/2013	Yes
83.20(2)(a)	TRAINING IN STANDARD PRECAUTIONS	05/07/2013	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	05/07/2013	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TRE.	05/07/2013	Yes
83.38(1)(a)	PERSONAL CARE	05/07/2013	Yes

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### Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0112371    End Date: 02/11/2013    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #W5XZ12    Served 03/16/2013**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	05/07/2013	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	05/07/2013	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	05/07/2013	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATIC	05/07/2013	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	05/07/2013	Yes
83.25	CONTINUING EDUCATION	05/07/2013	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	05/07/2013	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	05/07/2013	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGI	05/07/2013	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	05/07/2013	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	05/07/2013	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY F	05/07/2013	Yes
83.38(1)(b)	SUPERVISION	05/07/2013	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	05/07/2013	Yes
83.38(1)(d)	COMMUNITY ACTIVITIES	05/07/2013	Yes
83.39(1)	INFECTION CONTROL PROGRAM	05/07/2013	Yes

**Survey ID: 0111059    End Date: 06/15/2012    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #W5XZ11    Served 08/10/2012**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	02/11/2013	No

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Enforcement History (LAKEWOOD ASSISTED LIVING LLC)**

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

Sanctions

COMPLY WITH REQUIREMENT

**Date: 05/28/2013**      **SOD #W5XZ13**      **Appealed: No**

Sanctions

FORFEITURE---83.32(3)(b)

**Date: 04/02/2013**      **SOD #B8H611**      **Appealed: No**

Sanctions

FORFEITURE---83.32(3)(i)

FORFEITURE---83.20(2)(a)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.12(4)(a)

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 03/15/2013**

**SOD #W5XZ12**

**Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.36(1)(b)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.15(3)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(b) 2nd cite

FORFEITURE---83.38(1)(c)

FORFEITURE---83.39(1)

FORFEITURE---83.25

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**Date: 08/09/2012**

**SOD #W5XZ11**

**Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.38(1)(b)

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LAKEWOOD ASSISTED LIVING LLC)

**Date Complaint Received: 05/21/2013**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY  
OTHER

**Date Investigation Completed: 07/02/2013**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 03/11/2013**

Subject Area(s)  
RESIDENT RIGHTS  
PROGRAM SERVICES

**Date Investigation Completed: 03/18/2013**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	B8H611
SUBSTANTIATED	B8H611

**Date Complaint Received: 02/06/2013**

Subject Area(s)  
OTHER

**Date Investigation Completed: 03/18/2013**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	B8H611

**Date Complaint Received: 10/30/2012**

Subject Area(s)  
RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF ADEQUACY

**Date Investigation Completed: 02/11/2013**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	W5XZ12
SUBSTANTIATED	W5XZ12
SUBSTANTIATED	W5XZ12

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY HOUSE (0009298)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2002

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

### Survey History

**Survey ID:** 0115992    **End Date:** 07/23/2014    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FEDV12    Served 08/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES		

**Survey ID:** 0113989    **End Date:** 11/18/2013    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0114001    **End Date:** 10/30/2013    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FEDV11    Served 12/02/2013

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	RESIDENT RIGHTS ESTABLISHED IN OTHER STATUTES	07/23/2014	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGI	07/23/2014	

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0112891    End Date: 04/08/2013    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #C92T11    Served 06/07/2013**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLE	11/18/2013	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/18/2013	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/18/2013	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATIC	11/18/2013	Yes
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS	11/18/2013	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/18/2013	Yes

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COUNTRY HOUSE)

**Date:** 12/02/2013      **SOD #**FEDV11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(a)

FORFEITURE---83.35(3)(d)

**Date:** 06/04/2013      **SOD #**C92T11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.35(1)(a)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.27(2)(b)

FORFEITURE---83.12(2)(b)

FORFEITURE---83.14(2)(j)

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (COUNTRY HOUSE)**

**Date Complaint Received: 07/08/2014**

**Date Investigation Completed: 07/23/2014**

Subject Area(s)  
STAFF ADEQUACY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/20/2014**

**Date Investigation Completed: 07/23/2014**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/30/2013**

**Date Investigation Completed: 07/23/2014**

Subject Area(s)  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/18/2013**

**Date Investigation Completed: 10/30/2013**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
FEDV11

**Date Complaint Received: 12/18/2012**

**Date Investigation Completed: 03/25/2013**

Subject Area(s)  
ADMISSION, TRANSFER & DISCHARGE

Result  
SUBSTANTIATED

SOD #  
C92T11

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
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:** PROBATIONARY  
**Licensed/Certified/Registered** 12/05/2013  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**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

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## Provider Inspection Summary

For the period 10/01/2011 to 09/30/2014

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

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

### Survey History

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0111667    **End Date:** 10/09/2012    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LUEY11    Served 11/24/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	09/17/2014	Yes
83.47(2)(d)	FIRE DRILLS	09/17/2014	Yes

**Survey ID:** 0109821    **End Date:** 01/11/2012    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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***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 10/01/2011 to 09/30/2014  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** SUPERIOR HOUSE (0009945)  
**Address:** 1204 SUPERIOR AVENUE, OCONTO, WI 54153  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2003  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0113484    **End Date:** 08/27/2013    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** KING STREET HOUSE (0009946)  
**Address:** 106 KING STREET, OCONTO FALLS, WI 54154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2003  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0113428      **End Date:** 08/27/2013      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 10/01/2011 to 09/30/2014  
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  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0115915      **End Date:** 08/06/2014      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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