

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 25.00 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 01/30/2022 to 01/29/2025

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: 0141383 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139680 **End Date:** 05/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 25 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 01/30/2022 to 01/29/2025

Adult Family Home

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

Date Complaint Received: 10/04/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/01/2022

Date Investigation Completed: 05/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 3 of 25 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: LIMITLESS POSSIBILITIES TRAILS NOOK (0016319)

Address: 5677 TRAILS NOOK RD, LENA, WI 54139

License Status: REGULAR

Licensed/Certified/Registered 01/30/2017 12:00:00AM

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

Survey History

Survey ID: 0140323 **End Date:** 07/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139876 **End Date:** 05/03/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LZLL11 Served 06/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	7/26/22	Yes

Enforcement History (LIMITLESS POSSIBILITIES TRAILS NOOK--0016319)

Date: 06/20/2022 **SOD #**LZLL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 4 of 25 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: LIMITLESS POSSIBILITIES 221 BITTERS AVE (0017984)

Address: 221 BITTERS AVENUE, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 03/03/2020 12:00:00AM

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

Survey History

Survey ID: 0147176 **End Date:** 07/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 25 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 01/30/2022 to 01/29/2025

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

No survey activity during the period 1/30/22 to 1/29/25

This is Page 6 of 25 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Ziesmer AFH (0019439)

Address: 6785 Ellman Lane, Oconto, WI 541539770

License Status: REGULAR

Licensed/Certified/Registered 06/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143273 **End Date:** 06/05/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 25 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 01/30/2022 to 01/29/2025

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: 0140268 **End Date:** 07/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ASSISTED LIVING FOR LAKEWOOD LLC (0017693)

Address: 17185 FLYNN LANE, LAKEWOOD, WI 54138

License Status: REGULAR

Licensed/Certified/Registered 07/11/2019 12:00:00AM

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

Survey History

Survey ID: 0146488 **End Date:** 05/21/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143303 **End Date:** 04/05/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #857E11 Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	7/24/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/24/23	Yes
83.47(2)(d)	FIRE DRILLS	7/24/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/24/23	Yes

Complaint History (ASSISTED LIVING FOR LAKEWOOD LLC--0017693)

Date Complaint Received: 11/30/2023

Date Investigation Completed: 05/22/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

This is Page 9 of 25 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 01/30/2022 to 01/29/2025

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

Survey History

Survey ID: 0145549 **End Date:** 02/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142120 **End Date:** 02/07/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS ASSISTED LIVING OCONTO--0016443)

Date Complaint Received: 01/31/2024

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/29/2023

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/05/2023

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 11 of 25 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 01/30/2022 to 01/29/2025

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: 0142792 **End Date:** 04/12/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM SUPERIOR--0015642)

Date Complaint Received: 02/07/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 12 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV NORTH NINE ACRES (0017750)

Address: 229 VAN DYKE ST, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147377 **End Date:** 06/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRTJ13 Served 08/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
50.09(1)(e)	TREATMENT		
50.09(1)(l)	CARE		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

This is Page 13 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.32(3)(k) RIGHTS OF RESIDENTS:
SELF-DETERMINATION
83.38(1)(c) LEISURE TIME ACTIVITIES
83.41(2)(c) NUTRITION: MENUS
83.43(1) ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Survey ID: 0145024 End Date: 09/08/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRTJ12 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	6/17/24	No
83.25	CONTINUING EDUCATION	6/17/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/17/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/17/24	No

Survey ID: 0141646 End Date: 10/18/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRTJ11 Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	9/8/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/8/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/8/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	9/8/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/8/23	No

This is Page 14 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV NORTH NINE ACRES--0017750)

Date: 08/20/2024 **SOD #**LRTJ13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---N 158 83.12(2)(a)

FORFEITURE---N 196 83.14(2)(a)

FORFEITURE---N 348 83.32(3)(d)

FORFEITURE---N 355 83.32(3)(k)

FORFEITURE---N 427 83.38(1)(c)

FORFEITURE---N 481 83.43(1)

FORFEITURE---Y 3234 50.09(1)(e)

FORFEITURE---Y 3244 50.09(1)(L)

Date: 12/11/2023 **SOD #**LRTJ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---N 277 83.18(1)

FORFEITURE---N 358 83.32(3)(n)

FORFEITURE---N 481 83.43(1)

Date: 12/19/2022 **SOD #**LRTJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 15 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SV NORTH NINE ACRES--0017750)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 06/17/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	LRTJ13
PROGRAM SERVICES	SUBSTANTIATED	LRTJ13
RESIDENT RIGHTS	SUBSTANTIATED	LRTJ13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LRTJ13
PROGRAM SERVICES	SUBSTANTIATED	LRTJ13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LRTJ13

Date Complaint Received: 02/27/2023

Date Investigation Completed: 09/08/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	LRTJ12
PROGRAM SERVICES	SUBSTANTIATED	LRTJ12

This is Page 16 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV NORTH OCONTO 1 (0017758)

Address: 425 PECOR ST, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0148424 **End Date:** 08/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CP6T11 Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		

Enforcement History (SV NORTH OCONTO 1--0017758)

Date: 01/03/2025 **SOD #**CP6T11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---N 230 83.19

FORFEITURE---N 277 83.25

This is Page 17 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV NORTH OCONTO 2 (0017751)

Address: 427 PECOR ST, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147428 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145321 **End Date:** 11/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZKU11 Served 01/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	8/22/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/22/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	8/22/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	8/22/24	Yes

Survey ID: 0143757 **End Date:** 04/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SV NORTH OCONTO 2--0017751)

Date: 01/19/2024 **SOD #**4ZKU11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---N 386 83.35(3)(a)

FORFEITURE---N 397 83.36(1)(b)

Complaint History (SV NORTH OCONTO 2--0017751)

Date Complaint Received: 08/12/2024 **Date Investigation Completed:** 08/22/2024

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/03/2023

Date Investigation Completed: 11/01/2023

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD #

4ZKU11

4ZKU11

4ZKU11

Date Complaint Received: 04/14/2023

Date Investigation Completed: 11/01/2023

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

4ZKU11

4ZKU11

Date Complaint Received: 08/23/2022

Date Investigation Completed: 04/14/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

This is Page 19 of 25 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 01/30/2022 to 01/29/2025

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: 0140478 **End Date:** 08/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140003 **End Date:** 05/25/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H0CR11 Served 06/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/16/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/16/22	Yes
83.38(1)(b)	SUPERVISION	8/16/22	Yes

This is Page 20 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139993 End Date: 03/11/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDDE12 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/16/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	8/16/22	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	8/16/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/16/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/16/22	Yes

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

Date: 06/29/2022 SOD #FDDE12 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(5)(b)
FORFEITURE---83.12(6)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(b)

This is Page 21 of 25 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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 02/04/2022

Date Investigation Completed: 03/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

FDDE12

This is Page 22 of 25 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 01/30/2022 to 01/29/2025

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: 0143235 **End Date:** 03/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XBIX11 Served 06/01/2023

Deficiencies Cited
83.47(2)(e)

Subject Area
OTHER EVACUATION DRILLS

Compliance
Verified
7/16/23

Corrected
Yes

This is Page 23 of 25 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 01/30/2022 to 01/29/2025
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: 0143428 **End Date:** 06/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141993 **End Date:** 01/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SERENITY GARDENS--0015431)

Date Complaint Received: 05/23/2023

Date Investigation Completed: 06/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 24 of 25 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 01/30/2022 to 01/29/2025
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: 0142917 **End Date:** 04/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COTTAGES AT MEADOWLANDS (THE)—0015137)

Date Complaint Received: 09/13/2022	Date Investigation Completed: 04/26/2023
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 25 of 25 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.