

## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Outagamie

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Outagamie County. The report is a PDF (Adobe Acrobat) document and includes a total of 44.00 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 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Appleton Community Living LLC (0020642)

**Address:** 11 Diane Ln, Appleton, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/2025 12:00:00AM

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

**This is Page 2 of 44 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 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Appleton Home (0019588)

**Address:** N121 Rogers Ln, Appleton, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/18/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144399    **End Date:** 09/18/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Badger House (0019311)

**Address:** 1613 W Homestead Dr, Appleton, WI 549142027

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142191    **End Date:** 02/01/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Caring Corner Byrd St (0020171)

**Address:** 1315 E Byrd St, Appleton, WI 549113018

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/14/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147322    **End Date:** 08/14/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Caring Corner Home Care Inc (0019760)

**Address:** 219 W Wilson Ave, Appleton, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/05/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145060    **End Date:** 12/05/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** GARDENS ADULT FAMILY HOME LLC (THE) (0016363)

**Address:** 4271 N PRAIRIE ROSE LANE, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/07/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0139293    **End Date:** 04/18/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** GARDENS ADULT FAMILY HOMES LLC (THE) RIDGE HOME (0017793)

**Address:** 6353 KUREY DR, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/25/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0141486    **End Date:** 12/01/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** GARDENS ADULT FAMILY HOMES LLC (THE) (0016799)

**Address:** 4291 N PRAIRIE ROSE LN, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/08/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0146894    **End Date:** 07/09/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (GARDENS ADULT FAMILY HOMES LLC (THE)--0016799)

**Date Complaint Received:** 02/12/2024

**Date Investigation Completed:** 07/09/2024

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Gardens Adult Family Homes LLC (The) (0020559)

**Address:** 5679 N Acadia Drive, Appleton, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/07/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147781    **End Date:** 10/07/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Gardens Adult Family Homes LLC (The) (0020670)

**Address:** 5657 N Acadia Drive, Appleton, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148372    **End Date:** 12/17/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** GLACIER HOME (0017964)

**Address:** 6321 KUREY DRIVE, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/18/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0146281    **End Date:** 04/30/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (GLACIER HOME--0017964)

**Date Complaint Received:** 01/03/2024

**Date Investigation Completed:** 04/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** HELENS HOUSE GRAND CHUTE BLUE (0018318)

**Address:** 4210 N SHADY WOOD CT, APPLETON, WI 54913

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0145176    **End Date:** 01/03/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144775    **End Date:** 09/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GCSU11    Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	1/3/24	Yes

**Survey ID:** 0143956    **End Date:** 08/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142416    **End Date:** 03/07/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

**Survey ID:** 0141192    **End Date:** 10/26/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

88.05(3)(a)	HOME ENVIRONMENT	2/20/23
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/20/23
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/20/23

#### Enforcement History (HELENS HOUSE GRAND CHUTE BLUE--0018318)

**Date:** 11/08/2023    **SOD #**GCSU11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

#### Complaint History (HELENS HOUSE GRAND CHUTE BLUE--0018318)

**Date Complaint Received:** 08/31/2023    **Date Investigation Completed:** 09/08/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	GCSU11

**Date Complaint Received:** 08/09/2023    **Date Investigation Completed:** 08/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received:** 02/27/2023    **Date Investigation Completed:** 03/07/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received:** 02/05/2022    **Date Investigation Completed:** 10/24/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	1GZC11
PROGRAM SERVICES	SUBSTANTIATED	1GZC11
RESIDENT RIGHTS	SUBSTANTIATED	1GZC11

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** HELENS HOUSE GRAND CHUTE (0018319)

**Address:** 4236 N SHADY WOOD CT, APPLETON, WI 54913

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0146125    **End Date:** 04/11/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143022    **End Date:** 03/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XGCV11    Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	4/11/24	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	4/11/24	Yes
88.06(3)(f)	REVIEW OF ISP	4/11/24	Yes
88.07(4)(e)	SPECIAL DIETS	4/11/24	Yes

**Survey ID:** 0141382    **End Date:** 10/24/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Enforcement History (HELENS HOUSE GRAND CHUTE--0018319)

**Date:** 05/11/2023      **SOD #**XGCV11      **Appealed:** No

Sanctions

ORDER TO COMPLY

#### Complaint History (HELENS HOUSE GRAND CHUTE--0018319)

**Date Complaint Received:** 02/13/2023

**Date Investigation Completed:** 03/08/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XGCV11

PROGRAM SERVICES

SUBSTANTIATED

XGCV11

**Date Complaint Received:** 09/28/2022

**Date Investigation Completed:** 10/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 06/19/2022

**Date Investigation Completed:** 10/24/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** HIL TAMARACK (0011798)

**Address:** 1612 WEST PACKARD STREET, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/2007 12:00:00AM

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

#### Survey History

**Survey ID:** 0148110    **End Date:** 11/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147601    **End Date:** 09/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146882    **End Date:** 06/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QTDI11    Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	9/16/24	Yes

**Survey ID:** 0141187    **End Date:** 10/31/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Enforcement History (HIL TAMARACK--0011798)

**Date:** 07/09/2024      **SOD #**QTDI11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Complaint History (HIL TAMARACK--0011798)

**Date Complaint Received: 10/21/2024**

**Date Investigation Completed: 11/14/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/03/2024**

**Date Investigation Completed: 09/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/03/2024**

**Date Investigation Completed: 06/10/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

QTDI11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QTDI11

RESIDENT RIGHTS

SUBSTANTIATED

QTDI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QTDI11

**Date Complaint Received: 04/08/2024**

**Date Investigation Completed: 06/10/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

QTDI11

PROGRAM SERVICES

SUBSTANTIATED

QTDI11

RESIDENT RIGHTS

SUBSTANTIATED

QTDI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QTDI11

**Date Complaint Received: 03/27/2024**

**Date Investigation Completed: 06/10/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

QTDI11

PROGRAM SERVICES

SUBSTANTIATED

QTDI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QTDI11

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Hope Valley (0020412)

**Address:** 3330 W Florida Ave, Appleton, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/30/2025 12:00:00AM

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

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**Provider Inspection Summary**

For the period 01/22/2022 to 01/21/2025

Adult Family Home

**Facility Information**

**Facility Name:** JONATHON PLACE (0013740)

**Address:** 2417/2419 JONATHON DR, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/20/2011 12:00:00AM

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

**Survey History**

**Survey ID:** 0138501    **End Date:** 01/26/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey History**

No survey activity during the period 1/22/22 to 1/21/25

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** KAYLEE LANE ADULT FAMILY HOME (0012481)  
**Address:** 1619 KAYLEE LANE, APPLETON, WI 54913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/04/2008 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143567    **End Date:** 06/30/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139645    **End Date:** 05/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (KAYLEE LANE ADULT FAMILY HOME--0012481)

**Date Complaint Received:** 03/08/2023

**Date Investigation Completed:** 06/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

#### Facility Information

**Facility Name:** LOPPNOW ADULT FAMILY HOME (0009927)  
**Address:** 2426 N APPLETON ST, APPLETON, WI 54911  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/23/2002 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0144724    **End Date:** 10/05/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Z87Q11    Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/5/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/5/24	Yes

#### Complaint History (LOPPNOW ADULT FAMILY HOME--0009927)

**Date Complaint Received:** 07/06/2023

**Date Investigation Completed:** 10/05/2023

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Nami Care Homes Inc (0020097)

**Address:** 818 W Glendale Ave, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/29/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147142    **End Date:** 07/29/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** NOBILITY REIGNS MAJESTIC INN (0016052)

**Address:** 1415 W SPRING ST, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/08/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0139272    **End Date:** 04/14/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Panther House (0018964)

**Address:** 1425 West Homestead Drive, Appleton, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/29/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139412    **End Date:** 04/22/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Reliance Home Services LLC (0020245)

**Address:** 1630 South Connell Street, Appleton, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/02/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148241    **End Date:** 12/02/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** RESCARE RANDYS LN (0016935)

**Address:** N224 RANDYS LANE, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0146130    **End Date:** 04/11/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** WEILAND HOUSE (0017131)

**Address:** 406 W WEILAND, APPLETON, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/18/2018 12:00:00AM

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

### Survey History

No survey activity during the period 1/22/22 to 1/21/25

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Wisconsin Best Home Care Services LLC (0020195)

**Address:** 4909 N Cherryvale Avenue, Appleton, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/27/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147471    **End Date:** 08/27/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** HICKORY ROAD ADULT FAMILY HOME (0011612)

**Address:** N8075 HICKORY ROAD, BEAR CREEK, WI 549229717

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/13/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0139346    **End Date:** 04/25/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** SPECTRUM 21 (0017929)

**Address:** N1306 ELLEN LANE, GREENVILLE, WI 54942

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/07/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146682    **End Date:** 06/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** CILANTRO ADULT FAMILY HOME (0013001)

**Address:** 4301 CILANTRO LN, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0140412    **End Date:** 08/09/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** GLENVIEW ADULT FAMILY HOME (0018250)

**Address:** 2700 GLENVIEW AVE, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/22/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146814    **End Date:** 06/26/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Great Lakes Home Healthcare LLC (0019259)

**Address:** 104 W 4th St., Kaukauna, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/07/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141282    **End Date:** 11/07/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Tonic Home Care LLC (0020619)

**Address:** 2108 Sullivan Ave, Kaukauna, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/07/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148096    **End Date:** 11/07/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** HELENS HOUSE KIMBERLY YELLOW (0018547)

**Address:** 210 RIVERS EDGE DRIVE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/26/2021 12:00:00AM

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

### Survey History

No survey activity during the period 1/22/22 to 1/21/25

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** HELENS HOUSE KIMBERLY (0018548)

**Address:** 206 RIVERS EDGE DRIVE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/26/2021 12:00:00AM

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

### Survey History

No survey activity during the period 1/22/22 to 1/21/25

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** GUINEVERES KEEP (0017922)

**Address:** 1114 EAST MAIN STREET, LITTLE CHUTE, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/24/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146124    **End Date:** 04/11/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** HELENS SENIOR HOME LTD-LITTLE CHUTE (0016422)

**Address:** 610 HARVEST TRAIL, LITTLE CHUTE, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/02/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147791    **End Date:** 10/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Light House Care (0017814)

**Address:** 1001 W Elm Dr, Little Chute, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/29/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0142782    **End Date:** 04/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142217    **End Date:** 01/03/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #655511    Served 02/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/13/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/13/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	4/13/23	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	4/13/23	Yes
88.10(3)(b)	PRIVACY	4/13/23	Yes

### Enforcement History (Light House Care--0017814)

**Date:** 02/17/2023    **SOD #**655511    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Lighthouse AFH LLC (0019788)

**Address:** 100 W Elm Dr, Little Chute, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/23/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145365    **End Date:** 01/23/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** Willow House (0019895)

**Address:** 401 E Elm Dr, Little Chute, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/29/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147161    **End Date:** 07/29/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

### Facility Information

**Facility Name:** C & Js (0014489)

**Address:** 406 W HIGH ST, SEYMOUR, WI 54165

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2013 12:00:00AM

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

### Survey History

No survey activity during the period 1/22/22 to 1/21/25

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