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 36.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.
Facility Information

Facility Name: ATLANTIC STREET HOUSE (0014634)
Address: 114 E ATLANTIC ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 7/27/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129598 End Date: 3/21/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: GARDENS ADULT FAMILY HOMES LLC (THE) RIDGE HOME (0017793)
Address: 6353 KUREY AVE, 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: 0131838  End Date: 10/25/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## 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 11/8/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

Survey ID: 0125046  End Date: 11/8/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: GLACIER HOME (0017964)
Address: 6321 KUREY DRIVE, APPLETON, WI 54913
License Status: REGULAR
Licensed/Certified/Registered 2/18/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HELENS HOUSE APPLETON (0014566)
Address: 5211 W CENTURY FARM BLVD, APPLETON, WI 54913
License Status: REGULAR
Licensed/Certified/Registered 6/6/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125111 End Date: 11/9/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: HELENS HOUSE DARBOY (0016340)
Address: W5705 MASE CT, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 11/21/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129425 End Date: 2/22/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>HIL TAMARACK (0011798)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1612 WEST PACKARD STREET, APPLETON, WI 54914</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>2/6/2007  12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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## Survey History

<table>
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<tr>
<th>Survey ID:</th>
<th>0125580</th>
<th>End Date:</th>
<th>12/21/2017</th>
<th>Type: STANDARD</th>
<th>Purpose: SURVEY/SELF REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HIL WESTWOOD (0011226)
Address: 1101 E GLENDALE AVE, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 11/28/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125285 End Date: 12/7/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124070 End Date: 6/8/2017 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WD8J11 Served 8/30/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(1)(e)</td>
<td>OVERNIGHT SUPERVISION</td>
<td>Verified 12/7/17 Corrected Yes</td>
</tr>
<tr>
<td>88.07(2)(b)2</td>
<td>TRANSPORTATION TO ACTIVITIES</td>
<td>Verified 12/7/17 Corrected Yes</td>
</tr>
</tbody>
</table>

Enforcement History (HIL WESTWOOD--0011226)

Date: 8/29/2017 SOD #WD8J11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 9 of 36 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 2/8/2017 to 2/8/2020
Adult Family Home

Complaint History (HIL WESTWOOD--0011226)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/9/2017</td>
<td>6/8/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>WD8J11</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>JONATHON PLACE (0013740)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2417/2419 JONATHON DR, APPLETON, WI 54914</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>6/20/2011 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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</table>

### Survey History

<table>
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<tr>
<th>Survey ID:</th>
<th>0126786</th>
<th>End Date:</th>
<th>5/18/2018</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 9/4/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126586 End Date: 4/24/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125223 End Date: 10/28/2017 Type: OTHER Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #EJZV11 Served 12/4/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td></td>
<td>4/24/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0124256 End Date: 9/5/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KAYLEE LANE ADULT FAMILY HOME--0012481)

Date: 12/1/2017 SOD #EJZV11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 10/6/2017</th>
<th>Date Investigation Completed: 11/28/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s): RESIDENT RIGHTS</td>
<td>Result: SUBSTANTIATED SOD # EJZV11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 8/24/2017</th>
<th>Date Investigation Completed: 9/5/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s): PROGRAM SERVICES</td>
<td>Result: NOT SUBSTANTIATED SOD #</td>
</tr>
</tbody>
</table>

This is Page 13 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: LINDBERGH STREET ADULT FAMILY HOME (0014419)
Address: 111 E LINDBERGH ST, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 11/30/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124750  End Date: 10/3/2017  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

- **Facility Name:** LIONS KEEP (0017628)
- **Address:** 916 S DAYBREAK DR, APPLETON, WI 54915
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 7/2/2019 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131940</td>
<td>10/18/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0130709</td>
<td>7/2/2019</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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</table>

## Complaint History (LIONS KEEP--0017628)

- **Date Complaint Received:** 7/16/2019
- **Date Investigation Completed:** 10/18/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
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<tr>
<th>Survey ID: 0126476</th>
<th>End Date: 4/10/2018</th>
<th>Type: OTHER</th>
<th>Purpose: VERIFICATION VISIT</th>
<th>Results: NO STATEMENT OF DEFICIENCY ISSUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0125565</td>
<td>End Date: 11/7/2017</td>
<td>Type: OTHER</td>
<td>Purpose: VERIFICATION VISIT</td>
<td>Results: ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>Statement of Deficiency: #SV2N12</td>
<td>Served 1/3/2018</td>
<td>Compliance</td>
<td>Verified</td>
<td>Corrected</td>
</tr>
<tr>
<td>Subject Area</td>
<td></td>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>4/10/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>4/10/18</td>
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</tbody>
</table>
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Survey ID: 0124077  End Date: 6/16/2017  Type: STANDARD  Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SV2N11  Served 8/30/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td></td>
<td>11/7/17</td>
<td>No</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<td>Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
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<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td></td>
<td>11/7/17</td>
<td>No</td>
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<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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<td>Yes</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
<td>11/7/17</td>
<td>Yes</td>
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</table>

Enforcement History (LOPPNOW ADULT FAMILY HOME--0009927)

Date: 1/3/2018  SOD #SV2N12  Appealed: No

Sanctions
OTHER SANCTION

Date: 8/30/2017  SOD #SV2N11  Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
## Facility Information

- **Facility Name:** NOBILITY REIGNS MAJESTIC INN (0016052)
- **Address:** 1415 W SPRING ST, APPLETON, WI 54914
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 4/8/2016 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

- **Survey ID:** 0130564
- **End Date:** 5/29/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: RESCARE RANDYS LN (0016935)
Address: N224 RANDYS LANE, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 11/1/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124892 End Date: 10/27/2017 Type: OTHER Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: RESCARE WEST WILSON (0016930)
Address: 219 WEST WILSON, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 11/1/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124882    End Date: 10/27/2017    Type: INITIAL    Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: RIDGEFIELD HOME (0014107)
Address: W2592 RIDGEFIELD CT, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 7/9/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
No survey activity during the period 2/8/17 to 2/8/20

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: SUPERIOR STREET HOUSE (0014415)
Address: 921 N SUPERIOR ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 11/15/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124948 End Date: 10/30/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: THE GARDENS ADULT FAMILY HOME LLC (0016363)
Address: 4271 N PRAIRIE ROSE LANE, APPLETON, WI 54913
License Status: REGULAR
Licensed/Certified/Registered 12/7/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131556  End Date: 9/17/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131355  End Date: 6/27/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #V06G11 Served 9/4/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>9/17/19</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>9/17/19</td>
</tr>
</tbody>
</table>

Enforcement History (THE GARDENS ADULT FAMILY HOME LLC--0016363)

Date: 9/4/2019  SOD #V06G11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: WEILAND HOUSE (0017131)
Address: 406 W WEILAND, APPLETON, WI 54140
License Status: REGULAR
Licensed/Certified/Registered 5/18/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126792 End Date: 5/18/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: HICKORY ROAD ADULT FAMILY HOME (0011612)
Address: N8075 HICKORY ROAD, BEAR CREEK, WI 549229717
License Status: REGULAR
Licensed/Certified/Registered 9/13/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130426 End Date: 6/3/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130288 End Date: 4/3/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #7RPM11 Served 5/21/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>6/3/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: MAYNARD ADULT FAMILY HOME (0013839)
Address: 107 LAMINE LN, COMBINED LOCKS, WI 54113
License Status: REGULAR
Licensed/Certified/Registered 11/11/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129109 End Date: 1/18/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 10/1/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125319 End Date: 12/11/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ERV COURT ADULT FAMILY HOME (0012302)
Address: W131 ERV COURT, KAUKAUNA, WI 54130
License Status: REGULAR
Licensed/Certified/Registered 3/5/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129603 End Date: 3/25/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HELENS HOUSE KAUKAUNA (0014976)
Address: 1240 BENS WAY, KAUKAUNA, WI 54130
License Status: REGULAR
Licensed/Certified/Registered 5/22/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127500  End Date: 7/18/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127339  End Date: 6/11/2018  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #II0711  Served 7/3/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>7/18/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(2)</td>
<td>EXPLANATION OF RESIDENT RIGHTS</td>
<td>7/18/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: YOUR NEIGHBORHOOD LIVING INC (0016446)
Address: 630 LAMERS RD, KIMBERLY, WI 54136
License Status: REGULAR
Licensed/Certified/Registered 1/17/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125693   End Date: 1/17/2018   Type: INITIAL   Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: GUINEVERES KEEP (0017922)
Address: 1114 EAST MAIN STREET, LITTLE CHUTE, WI 54140
License Status: REGULAR
Licensed/Certified/Registered 1/24/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132468   End Date: 1/24/2020   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Name:  HELENS SENIOR HOME LTD-LITTLE CHUTE (0016422)  
Address:  610 HARVEST TRAIL, LITTLE CHUTE, WI 54913  
License Status:  REGULAR  
Licensed/Certified/Registered 5/2/2017  12:00:00AM  
Regional Office:  NORTHEASTERN REGION (GREEN BAY), (920) 448-5252  

Survey History  

Survey ID:  0126260  End Date:  3/15/2018  Type:  OTHER  Purpose:  VERIFICATION VISIT  
Results:  NO STATEMENT OF DEFICIENCY ISSUED  

Survey ID:  0125089  End Date:  8/8/2017  Type:  OTHER  Purpose:  COMPLAINT  
Results:  ENFORCEMENT ACTION  
Statement of Deficiency:  #9NE411  Served 11/29/2017  
Deficiencies Cited | Subject Area | Compliance | Corrected  
88.04(1)(b) | SERVICE PROVIDER AGE | 3/15/18 | Yes  
88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | 3/15/18 | Yes  
88.07(3)(a) | PRESCRIPTION MEDICATIONS | 3/15/18 | Yes  

Survey ID:  0123180  End Date:  5/2/2017  Type:  INITIAL  Purpose:  SURVEY  
Results:  LICENSE/CERT/REGISTRATION ISSUED  

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### Enforcement History (HELENS SENIOR HOME LTD-LITTLE CHUTE--0016422)

**Date:** 11/13/2017  
**SOD #:** 9NE411  
**Appealed:** No  

**Sanctions:**
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
- COMPLY WITH REQUIREMENT

### Complaint History (HELENS SENIOR HOME LTD-LITTLE CHUTE--0016422)

<table>
<thead>
<tr>
<th>Date Complaint Received: 7/20/2017</th>
<th>Date Investigation Completed: 8/8/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject Area(s):</strong></td>
<td><strong>Result:</strong></td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>
## Facility Information

- **Facility Name:** LIGHT HOUSE CARE (0017814)
- **Address:** 1001 WEST 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:** 0131865
- **End Date:** 10/29/2019
- **Type:** INITIAL
- **Purpose:** SURVEY

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

Facility Name: MORNING STAR RESPITE LLC AFH (0017105)
Address: 707 W MCKINLEY AVE, LITTLE CHUTE, WI 54140
License Status: REGULAR
Licensed/Certified/Registered 5/7/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126673 End Date: 5/7/2018 Type: INITIAL Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Name: C & J’S (0014489)
Address: 406 W HIGH ST, SEYMOUR, WI 54165
License Status: REGULAR
Licensed/Certified/Registered 2/1/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129639 End Date: 3/25/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126246 End Date: 1/30/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #ASBW11 Served 3/21/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>3/25/19</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>3/25/19</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>3/25/19</td>
</tr>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>3/25/19</td>
</tr>
<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>3/25/19</td>
</tr>
</tbody>
</table>

Enforcement History (C & J’S–0014489)

Date: 3/19/2018 SOD #ASBW11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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