

Provider Inspection Summary

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

Outagamie

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Outagamie County.

The report includes only facilities located within the City of APPLETON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 75.00 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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: AGAPE 4 - GREENFIELD (410044)

Address: 343 E GREENFIELD ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 02/24/1989 12:00:00AM

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

Survey History

Survey ID: 0144125 **End Date:** 09/05/2023 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AGAPE 8 CHEROKEE ST (410260)

Address: 2237 W CHEROKEE ST, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/1992 12:00:00AM

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

Survey History

Survey ID: 0144127 **End Date:** 09/05/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AGAPE 9 KINGFISHER (410380)

Address: N500 KINGFISHER CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996 12:00:00AM

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

Survey History

Survey ID: 0139569 **End Date:** 05/16/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Apple Creek Place I (0019661)

Address: 5102 N Cherryvale Ave, Appleton, WI 54913

License Status: PROBATIONARY

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Apple Creek Place II (0019688)

Address: 5118 N Cherryvale Ave, Appleton, WI 54913

License Status: PROBATIONARY

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Apple Creek Place III (0019689)

Address: 5117 N Cherryvale Ave, Appleton, WI 54913

License Status: PROBATIONARY

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: APPLE VALLEY (0009551)

Address: 2214 RUSSET CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002 12:00:00AM

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

Survey History

Survey ID: 0138937 **End Date:** 03/09/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Ballard Glenn I (0020458)

Address: 2100 E Glenhurst Ln, Appleton, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147186 **End Date:** 08/01/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Ballard Glenn II (0020506)

Address: 2302 E Glenhurst Ln, Appleton, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147187 **End Date:** 08/01/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING I (0016352)

Address: 5031 N FRENCH RD, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 09/14/2016 12:00:00AM

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

Survey History

Survey ID: 0148040 **End Date:** 08/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XF5S11 Served 11/07/2024

Deficiencies Cited

83.32(3)(n)

83.35(3)(d)

Subject Area

RIGHTS OF RESIDENTS: SAFE ENVIRONMENT
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

Survey ID: 0145658 **End Date:** 02/15/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144941 **End Date:** 09/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V79811 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(1)	CBRF ASSESS EACH RESIDENT BEFORE ADMISSION	2/15/24	Yes
83.29(2)	ADMISSION AGREEMENT	2/15/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/15/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/15/24	Yes
83.47(2)(d)	FIRE DRILLS	2/15/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/15/24	Yes

Survey ID: 0143041 **End Date:** 03/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GCLZ14 Served 05/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/26/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141808 End Date: 09/26/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GCLZ13 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/28/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/28/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	2/28/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/28/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/28/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/1/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/28/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	2/28/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/28/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/28/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS ASSISTED LIVING I--0016352)

Date: 11/07/2024 **SOD #**XF5S11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N0358 83.32(3)(n)
FORFEITURE---N0389 83.35(3)(d)

Date: 12/04/2023 **SOD #**V79811 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/11/2023 **SOD #**GCLZ13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12 3 a
FORFEITURE---83.12 4 c
FORFEITURE---83.20 2 a-d
FORFEITURE---83.35 3 d
FORFEITURE---83.36 1 a
FORFEITURE---83.37 2 d
FORFEITURE---83.38 1 g
FORFEITURE---83.43 1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS ASSISTED LIVING I--0016352)

Date Complaint Received: 06/13/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XF5S11

RESIDENT RIGHTS

SUBSTANTIATED

XF5S11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XF5S11

Date Complaint Received: 03/05/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XF5S11

Date Complaint Received: 08/08/2023

Date Investigation Completed: 09/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/16/2023

Date Investigation Completed: 09/23/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/11/2023

Date Investigation Completed: 09/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

V79811

PROGRAM SERVICES

SUBSTANTIATED

V79811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

V79811

Date Complaint Received: 11/29/2022

Date Investigation Completed: 03/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

GCLZ14

Date Complaint Received: 11/16/2022

Date Investigation Completed: 03/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/08/2022

Date Investigation Completed: 09/26/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

GCLZ13

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

GCLZ13

Date Complaint Received: 08/24/2022

Date Investigation Completed: 09/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING II (0016353)

Address: 5101 N FRENCH RD, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 09/14/2016 12:00:00AM

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

Survey History

Survey ID: 0148035 **End Date:** 08/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIDL11 Served 11/07/2024

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified

Corrected

Survey ID: 0145661 **End Date:** 02/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145055 **End Date:** 12/13/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144639 **End Date:** 08/22/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3BKN13 Served 10/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	12/13/23	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	12/13/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/13/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/13/23	Yes

Survey ID: 0142664 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3BKN12 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/22/23	No
83.39(1)	INFECTION CONTROL PROGRAM	8/16/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141156 End Date: 09/22/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3BKN11 Served 10/28/2022

<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	1/25/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/23/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/23/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	1/23/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/23/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/26/23	No
83.39(1)	INFECTION CONTROL PROGRAM	1/26/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS ASSISTED LIVING II--0016353)

Date: 11/07/2024 **SOD #**LIDL11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---N0431 83.38(1)(g)

Date: 10/26/2023 **SOD #**3BKN13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.37 2d

Date: 04/05/2023 **SOD #**3BKN12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37 2d

Date: 10/28/2022 **SOD #**3BKN11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS ASSISTED LIVING II--0016353)

Date Complaint Received: 03/05/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/09/2023

Date Investigation Completed: 02/15/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/06/2023

Date Investigation Completed: 08/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3BKN13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

3BKN13

Date Complaint Received: 05/04/2023

Date Investigation Completed: 08/22/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

3BKN13

PROGRAM SERVICES

SUBSTANTIATED

3BKN13

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/09/2022

Date Investigation Completed: 01/26/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/22/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/22/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11
SUBSTANTIATED	3BKN11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Carolina Assisted Living (0019482)

Address: 3201 West 1st Avenue, Appleton, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 05/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147923 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145976 **End Date:** 03/22/2024 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145615 **End Date:** 02/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D5V111 Served 02/15/2024

Deficiencies Cited
50.09(1)(l)

Subject Area
CARE

Compliance
Verified
3/22/24

Corrected
Yes

Survey ID: 0143099 **End Date:** 04/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Carolina Assisted Living--0019482)

Date: 02/15/2024

SOD #D5V111

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Carolina Assisted Living--0019482)

Date Complaint Received: 09/10/2024

Date Investigation Completed: 10/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/06/2024

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/25/2024

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

D5V111

Date Complaint Received: 01/05/2024

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/20/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/30/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PROGRAM SERVICES
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

D5V111

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/10/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 02/12/2024

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CASA CLARE A DIVISION OF MOORING PROGRAM INC (0011241)

Address: 201 S GLENRIDGE CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006 12:00:00AM

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

Survey History

Survey ID: 0143110 **End Date:** 05/18/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOVERDALE (0014320)

Address: 1825 CLOVERDALE DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 08/29/2012 12:00:00AM

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

Survey History

Survey ID: 0142257 **End Date:** 02/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLOVERDALE--0014320)

Date Complaint Received: 11/29/2022

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE APPLETON (0009664)

Address: 749 W PARKWAY BLVD, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003 12:00:00AM

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

Survey History

Survey ID: 0148505 **End Date:** 10/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DF713 Served 01/15/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.41(2)(c)	NUTRITION: MENUS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147074 **End Date:** 05/31/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DF712 Served 07/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	10/7/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/10/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/10/24	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/7/24	Yes
83.41(2)(c)	NUTRITION: MENUS	10/10/24	No
83.42(1)	RESIDENT RECORD MAINTAINED	10/7/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/10/24	No

Survey ID: 0144271 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143984 **End Date:** 06/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DF711 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/21/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/31/24	No
83.45(3)	TOXIC SUBSTANCES	5/21/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140086 **End Date:** 06/27/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9SXX12 Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/22/22	
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/22/22	

Survey ID: 0139275 **End Date:** 03/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9SXX11 Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	6/13/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/13/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/13/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COUNTRY TERRACE APPLETON--0009664)

Date: 01/15/2025 **SOD #5DF713** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---N0352 83.32(3)(h)

FORFEITURE---N0406 83.37(1)(g)

FORFEITURE---N0450 83.41(2)(c)

FORFEITURE---N0481 83.43(1)

Date: 07/24/2024 **SOD #5DF712** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---50.09 1L

FORFEITURE---83.32 3h

FORFEITURE---83.43 1

Date: 08/21/2023 **SOD #5DF711** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 04/18/2022 **SOD #9S XK11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE APPLETON--0009664)

Date Complaint Received: 07/02/2024

Date Investigation Completed: 10/10/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	5DF713
RESIDENT RIGHTS	SUBSTANTIATED	5DF713
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5DF713

Date Complaint Received: 03/07/2024

Date Investigation Completed: 05/31/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	5DF712
PROGRAM SERVICES	SUBSTANTIATED	5DF712
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5DF712

Date Complaint Received: 01/11/2024

Date Investigation Completed: 05/31/2024

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

Date Complaint Received: 12/04/2023

Date Investigation Completed: 05/31/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	5DF712
PROGRAM SERVICES	SUBSTANTIATED	5DF712
RESIDENT RIGHTS	SUBSTANTIATED	5DF712
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5DF712

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/24/2023

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/07/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/24/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/07/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/10/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 06/26/2023

Result

SUBSTANTIATED

SOD #

5DF711

Date Complaint Received: 10/13/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 06/26/2023

Result

SUBSTANTIATED

SOD #

5DF711

Date Complaint Received: 09/20/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/26/2023

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

5DF711
5DF711
5DF711
5DF711

Date Complaint Received: 05/26/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 06/27/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Dimensions Living Appleton (0020026)

Address: 5800 Pennsylvania Ave, Appleton, WI 54914

License Status: PROBATIONARY

Licensed/Certified/Registered 04/19/2024 12:00:00AM

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

Survey History

Survey ID: 0146421 **End Date:** 05/15/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAGLE COURT MEMORY CARE (0018098)

Address: 975 EAST JOHN STREET, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 09/21/2020 12:00:00AM

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

Survey History

Survey ID: 0145329 **End Date:** 01/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143678 **End Date:** 07/18/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (EAGLE COURT MEMORY CARE--0018098)

Date Complaint Received: 08/21/2023

Date Investigation Completed: 01/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/17/2023

Date Investigation Completed: 07/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/24/2023

Date Investigation Completed: 07/18/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC III (0011054)

Address: 1407 N MASON ST, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 10/27/2005 12:00:00AM

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

Survey History

Survey ID: 0147766 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #527511 Served 10/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/18/24	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/18/24	

Survey ID: 0145887 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141899 **End Date:** 01/16/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142644 End Date: 10/27/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I7BI11 Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/19/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/19/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC III--0011054)

Date Complaint Received: 06/24/2024

Date Investigation Completed: 07/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

527511

Date Complaint Received: 10/18/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/07/2022

Date Investigation Completed: 01/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/25/2022

Date Investigation Completed: 01/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/17/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

I7BI11

PROGRAM SERVICES

SUBSTANTIATED

I7BI11

RESIDENT RIGHTS

SUBSTANTIATED

I7BI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

I7BI11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/24/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
I7BI11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC IV (0012559)

Address: 1413 N MASON STREET, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/03/2008 12:00:00AM

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

Survey History

Survey ID: 0144530 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142686 **End Date:** 01/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ES3K11 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	10/12/23	Yes

Survey ID: 0140182 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HEARTWOOD HOMES SENIOR LIVING INC IV--0012559)

Date: 04/05/2023 **SOD #**ES3K11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.39 1

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC IV--0012559)

Date Complaint Received: 01/03/2023

Date Investigation Completed: 01/16/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ES3K11

Date Complaint Received: 12/30/2022

Date Investigation Completed: 01/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/20/2022

Date Investigation Completed: 01/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/27/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE ASSISTED LIVING (410391)

Address: 2600 S HERITAGE WOODS DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995 12:00:00AM

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

Survey History

Survey ID: 0147962 **End Date:** 08/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SR311 Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/14/24	
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/14/24	
83.47(2)(d)	FIRE DRILLS	12/14/24	
83.47(2)(e)	OTHER EVACUATION DRILLS	12/14/24	
83.47(2)(f)	HORIZONTAL EVACUATION	12/14/24	

Complaint History (HERITAGE ASSISTED LIVING--410391)

Date Complaint Received: 05/06/2024

Date Investigation Completed: 08/20/2024

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: KLISTER HOUSE (410040)

Address: 408 N LAWE ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 12/01/1984 12:00:00AM

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

Survey History

Survey ID: 0148425 **End Date:** 11/27/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B49S11 Served 01/03/2025

Deficiencies Cited

83.38(1)(g)

83.59(1)(e)

Subject Area

HEALTH MONITORING

NO EXIT THROUGH RESIDENT ROOM,
BATHROOM

Compliance
Verified

Corrected

Survey ID: 0142015 **End Date:** 01/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KLISTER HOUSE--410040)

Date: 01/03/2025 **SOD #**B49S11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LIONS KEEP (0018633)

Address: 916 SOUTH DAYBREAK DRIVE, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0142124 **End Date:** 02/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139283 **End Date:** 03/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (LIONS KEEP--0018633)

Date Complaint Received: 11/27/2022

Date Investigation Completed: 02/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LSS EASTWOOD CRISIS FACILITY (0010046)
Address: 430 S KENSINGTON DR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 04/01/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140692 **End Date:** 09/06/2022 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LSS GRANDSTONE (0010462)

Address: 1308 N LEONA ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004 12:00:00AM

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

Survey History

Survey ID: 0142018 **End Date:** 02/01/2023 **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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: MISTY ARBOR SENIOR LIVING (0016451)

Address: 333 MISTY LANE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/08/2017 12:00:00AM

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

Survey History

Survey ID: 0140336 **End Date:** 07/28/2022 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MOORING PROGRAMS INC (410041)

Address: 607 W SEVENTH ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 11/01/1981 12:00:00AM

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

Survey History

Survey ID: 0145829 **End Date:** 03/04/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139928 **End Date:** 06/14/2022 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PNUMA 1 (0017023)

Address: W7066 WINNEGAMIE DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/28/2018 12:00:00AM

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

Survey History

Survey ID: 0147089 **End Date:** 07/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140822 **End Date:** 09/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PNUMA 1--0017023)

Date Complaint Received: 04/23/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PNUMA 2 (0017022)

Address: 233 S LYNNDAL DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/28/2018 12:00:00AM

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

Survey History

Survey ID: 0141555 **End Date:** 11/09/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRIMROSE MEMORY CARE OF APPLETON (0017081)
Address: 5717 MEADE ST, APPLETON, WI 54913
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: 0140480 **End Date:** 08/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PRIMROSE MEMORY CARE OF APPLETON--0017081)

Date: 03/22/2022 **SOD #**XAC212 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PROVINCE TERRACE VILLAS LONG CT LLC (0012777)

Address: 5216 LONG CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/2010 12:00:00AM

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

Survey History

Survey ID: 0141484 **End Date:** 11/21/2022 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROGERS (0014325)

Address: 1719 ROGERS ST, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 08/30/2012 12:00:00AM

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

Survey History

Survey ID: 0148005 **End Date:** 10/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147057 **End Date:** 07/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146923 **End Date:** 05/02/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1COT11 Served 07/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	10/28/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/28/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/28/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	10/28/24	Yes

Survey ID: 0141264 **End Date:** 11/01/2022 **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROGERS--0014325)

Date: 07/12/2024 **SOD #**1COT11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---Y 3244 50.09(1)(L)

Complaint History (ROGERS--0014325)

Date Complaint Received: 07/08/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/02/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED

1COT11
1COT11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RUSSET (0014323)

Address: 2210 RUSSET CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 08/29/2012 12:00:00AM

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

Survey History

Survey ID: 0140508 **End Date:** 08/17/2022 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: RYAN COMMUNITY INC (0017565)

Address: 913 S WEST AVE, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 07/08/2019 12:00:00AM

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

Survey History

Survey ID: 0148330 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTFS12 Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY		

Survey ID: 0144515 **End Date:** 08/30/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTFS11 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/16/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/16/24	Yes
83.41(1)(a)	FOOD SUPPLY	9/16/24	Yes
83.41(3)(b)	FOOD SAFETY	9/16/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/16/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/16/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (RYAN COMMUNITY INC--0017565)

Date: 12/17/2024 **SOD #**ZTFS12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 10/16/2023 **SOD #**ZTFS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RYAN COMMUNITY INC--0017565)

Date Complaint Received: 02/16/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZTFS11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: SHILOH ASSISTED LIVING (0018774)

Address: 140 S MAYFLOWER DRIVE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143542 **End Date:** 06/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143030 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON14 Served 05/12/2023

Deficiencies Cited

83.59(4)(e)

Subject Area

DELAYED EGRESS: IRREVERSIBLE PROCESS
RELEASE

Compliance

Verified

6/23/23

Corrected

Yes

Survey ID: 0142279 **End Date:** 02/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON13 Served 02/23/2023

Deficiencies Cited

83.59(4)(e)

Subject Area

DELAYED EGRESS: IRREVERSIBLE PROCESS
RELEASE

Compliance

Verified

4/10/23

Corrected

No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0142091 End Date: 02/06/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON12 Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/20/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/20/23	Yes
83.19	ORIENTATION	2/20/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/20/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/20/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/20/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/20/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0141757 End Date: 12/14/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON11 Served 01/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/6/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/6/23	
83.19	ORIENTATION	2/6/23	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/6/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	2/6/23	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	2/6/23	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	2/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/6/23	
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/6/23	Yes
83.41(3)(b)	FOOD SAFETY	2/6/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/6/23	
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/6/23	Yes
83.55(1)(a)	ONE TOILET, SINK, AND BATH OR SHOWER	2/6/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/6/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/6/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/6/23	

Survey ID: 0138836 End Date: 02/28/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (SHILOH ASSISTED LIVING--0018774)

Date: 05/12/2023 **SOD #**2OON14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.59 4E

Date: 02/23/2023 **SOD #**2OON13 **Appealed:**

Sanctions

NNAO EXTENDED
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 02/08/2023 **SOD #**2OON12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.17 2a
FORFEITURE---83.19
FORFEITURE---83.35 3d
FORFEITURE---83.44 1c
FORFEITURE---83.59 4e

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date: 01/06/2023

SOD #2OON11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.48(3)(a)

Complaint History (SHILOH ASSISTED LIVING--0018774)

Date Complaint Received: 03/30/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

2OON14

PROGRAM SERVICES

SUBSTANTIATED

2OON14

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

2OON14

Date Complaint Received: 04/06/2022

Date Investigation Completed: 12/14/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VAN DYKE (0014137)

Address: 1811 S VAN DYKE RD, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 08/08/2012 12:00:00AM

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

Survey History

Survey ID: 0148091 **End Date:** 09/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B1O611 Served 11/14/2024

Deficiencies Cited
50.09(1)(l)

Subject Area
CARE

Compliance
Verified

Corrected

Survey ID: 0147194 **End Date:** 06/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q3GL11 Served 08/02/2024

Deficiencies Cited
83.12(4)(c)

Subject Area
REPORTING INCIDENTS WITH SERIOUS
INJURY

83.32(3)(i)

RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

83.35(3)(d)

SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

83.38(1)(g)

HEALTH MONITORING

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(2)(c)	NUTRITION: MENUS
83.41(3)(b)	FOOD SAFETY
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS
83.45(3)	TOXIC SUBSTANCES
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS

Survey ID: 0144532 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143849 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X0KT11 Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/12/23	Yes

Survey ID: 0140691 **End Date:** 09/06/2022 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VAN DYKE--0014137)

Date: 11/14/2024 **SOD #**B1O611 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---Y 3244 50.09(1)(L)

Date: 08/02/2024 **SOD #**Q3GL11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 353 83.32(3)(i)
FORFEITURE---N 389 83.35(3)(d)
FORFEITURE---N 489 83.44(2)(a)

Date: 08/07/2023 **SOD #**X0KT11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---N 396 83.36(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VAN DYKE--0014137)

Date Complaint Received: 08/28/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

B1O611

RESIDENT RIGHTS

SUBSTANTIATED

B1O611

Date Complaint Received: 08/20/2024

Date Investigation Completed: 09/03/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

B1O611

PROGRAM SERVICES

SUBSTANTIATED

B1O611

RESIDENT RIGHTS

SUBSTANTIATED

B1O611

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

B1O611

Date Complaint Received: 01/17/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Q3GL11

Date Complaint Received: 04/21/2023

Date Investigation Completed: 05/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

X0KT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

X0KT11

Date Complaint Received: 07/28/2022

Date Investigation Completed: 09/06/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: VILLA HOPE (410105)

Address: 613 N DIVISION ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 02/23/1982 12:00:00AM

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

Survey History

Survey ID: 0147157 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #42MJ15 Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0142962 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #42MJ14 Served 05/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/18/24	No

Survey ID: 0139653 **End Date:** 02/18/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #42MJ13 Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(i)	PERSONAL POSSESSIONS	2/1/23	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	2/1/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/1/23	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	2/1/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/1/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/1/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/1/23	Yes
83.38(1)(b)	SUPERVISION	2/1/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/1/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (VILLA HOPE--410105)

Date: 07/31/2024 **SOD #**42MJ15 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 230 83.19
FORFEITURE---N 239 83.20(2)(a)-(d)
FORFEITURE---N 243 83.21(1)-(3)
FORFEITURE---N 389 83.35(3)(d)

Date: 05/05/2023 **SOD #**42MJ14 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 05/26/2022 **SOD #**42MJ13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(2)(a) 3rd cite
FORFEITURE---83.20
FORFEITURE---83.28(4)(a) 3rd cite
FORFEITURE---83.35(3)(d) 2nd cite
FORFEITURE---83.37(1)(g)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: VILLA PHOENIX (410046)

Address: 418 N LAWE ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 01/01/1981 12:00:00AM

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

Survey History

Survey ID: 0138940 **End Date:** 03/08/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Willow Lane Assisted Living (0019516)

Address: 850 W Elsner Road, Appleton, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 04/05/2023 12:00:00AM

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

Survey History

Survey ID: 0147486 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145551 **End Date:** 02/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142684 **End Date:** 04/05/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Willow Lane Assisted Living--0019516)

Date Complaint Received: 05/06/2024

Date Investigation Completed: 08/29/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/14/2023

Date Investigation Completed: 02/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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