

Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 112.00 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 06/27/2021 to 06/26/2024

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

This is Page 2 of 112 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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: APPLE CREEK PLACE I (0017916)

Address: 5102 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2021 12:00:00AM

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

Survey History

Survey ID: 0146416 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUA13 Served 05/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(1)(j)	PROOF-OF-USE RECORD		

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(c) LEISURE TIME ACTIVITIES
83.42(1) RESIDENT RECORD MAINTAINED
83.43(1) ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE
83.47(2)(e) OTHER EVACUATION DRILLS

Survey ID: 0145444 **End Date:** 01/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144367 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUA12 Served 09/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	2/13/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/6/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	2/13/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/20/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/6/24	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	2/13/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/6/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/20/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/6/24	No
83.41(2)(c)	NUTRITION: MENUS	2/13/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/6/24	No
83.47(2)(d)	FIRE DRILLS	2/13/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/6/24	No

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142329 End Date: 11/02/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUA11 Served 03/01/2023

<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	6/27/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/27/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/27/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/7/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	7/7/23	Yes
83.23	EMPLOYEE SUPERVISION	7/7/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	6/27/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	6/27/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/7/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/7/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/30/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	7/11/23	No
83.38(1)(g)	HEALTH MONITORING	7/7/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	6/30/23	Yes
83.41(2)(c)	NUTRITION: MENUS	7/11/23	No
83.41(3)(b)	FOOD SAFETY	6/27/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/11/23	No
83.45(3)	TOXIC SUBSTANCES	6/27/23	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (APPLE CREEK PLACE I--0017916)

Date: 05/14/2024 SOD #0NUA13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12 2a

FORFEITURE---83.12 4b

FORFEITURE---83.21 1-3

FORFEITURE---83.32 3h

FORFEITURE---83.35 3d

FORFEITURE---83.36 1a

FORFEITURE---83.37 1i

FORFEITURE---83.38 1c

FORFEITURE---83.42 1

FORFEITURE---83.43 1

FORFEITURE---83.47 2e

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/28/2023

SOD #0NUA12

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---50.09 1L
FORFEITURE---83.12 4b
FORFEITURE---83.35 1c
FORFEITURE---83.35 3d
FORFEITURE---83.37 1j
FORFEITURE---83.37 2d
FORFEITURE---83.38 1c
FORFEITURE---83.41 2c
FORFEITURE---83.42 1
FORFEITURE---83.47 2d
FORFEITURE---83.47 2e

Date: 03/01/2023

SOD #0NUA11

Appealed:

Decision: PENDING

Sanctions

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

FORFEITURE---83.15 3A
FORFEITURE---83.20 2A-D
FORFEITURE---83.21 1-3
FORFEITURE---83.22 1-4
FORFEITURE---83.23
FORFEITURE---83.32 3H
FORFEITURE---83.35 3A
FORFEITURE---83.36 1A
FORFEITURE---83.37 1J
FORFEITURE---83.38 1G
FORFEITURE---83.39 1
FORFEITURE---83.42 1
FORFEITURE---83.45 3

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (APPLE CREEK PLACE I--0017916)

Date Complaint Received: 02/05/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0NUA13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA13

Date Complaint Received: 01/19/2024

Date Investigation Completed: 01/30/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 01/10/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA13

Date Complaint Received: 12/26/2023

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0NUA13

PROGRAM SERVICES

SUBSTANTIATED

0NUA13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA13

ADMINISTRATION

SUBSTANTIATED

0NUA13

PROGRAM SERVICES

SUBSTANTIATED

0NUA13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA13

Date Complaint Received: 12/14/2023

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/06/2023

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA13

Date Complaint Received: 06/13/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

Date Complaint Received: 04/24/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/10/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA12

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

RESIDENT RIGHTS

SUBSTANTIATED

0NUA12

Date Complaint Received: 03/28/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

RESIDENT RIGHTS

SUBSTANTIATED

0NUA12

Date Complaint Received: 02/20/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

RESIDENT RIGHTS

SUBSTANTIATED

0NUA12

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/03/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

Date Complaint Received: 12/16/2022

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0NUA12

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

Date Complaint Received: 11/01/2022

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0NUA12

RESIDENT RIGHTS

SUBSTANTIATED

0NUA12

Date Complaint Received: 10/25/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0NUA11

PROGRAM SERVICES

SUBSTANTIATED

0NUA11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA11

Date Complaint Received: 05/04/2022

Date Investigation Completed: 11/02/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0NUA11

PROGRAM SERVICES

SUBSTANTIATED

0NUA11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: APPLE CREEK PLACE II (0017917)

Address: 5118 CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2021 12:00:00AM

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

Survey History

Survey ID: 0146591 **End Date:** 03/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYDX14 Served 06/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE		
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(c)	LEISURE TIME ACTIVITIES
83.38(1)(g)	HEALTH MONITORING
83.41(1)(b)	EQUIPMENT
83.41(3)(b)	FOOD SAFETY
83.42(1)	RESIDENT RECORD MAINTAINED
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS

Survey ID: 0144460 End Date: 08/03/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYDX13 Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	3/18/24	No
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	2/20/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/18/24	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/18/24	No
83.38(1)(g)	HEALTH MONITORING	3/18/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/18/24	No
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	3/18/24	No

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142304 End Date: 10/21/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYDX12 Served 02/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/20/23	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	8/3/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/3/23	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	7/20/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/3/23	Yes
83.38(1)(g)	HEALTH MONITORING	8/3/23	No
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	7/20/23	Yes
83.47(2)(d)	FIRE DRILLS	8/3/23	Yes

Survey ID: 0139438 End Date: 01/10/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYDX11 Served 05/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/27/23	No
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	2/27/23	No

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (APPLE CREEK PLACE II--0017917)

Date: 06/03/2024 **SOD #**SYDX14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09 1L

FORFEITURE---83.12 5A

FORFEITURE---83.15 3A

FORFEITURE---83.31 4B

FORFEITURE---83.35 1B

FORFEITURE---83.35 1B

FORFEITURE---83.35 2

FORFEITURE---83.35 3D

FORFEITURE---83.36 1A

FORFEITURE---83.38 1C

FORFEITURE---83.38 1G

FORFEITURE---83.41 1B

FORFEITURE---83.41 3B

FORFEITURE---83.43 1

Date: 10/09/2023 **SOD #**SYDX13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09 1L

FORFEITURE---83.32 3K

FORFEITURE---83.35 3D

FORFEITURE---83.38 1C

FORFEITURE---83.38 1G

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 02/27/2023

SOD #SYDX12

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20 2 A-D
FORFEITURE---83.31 4C
FORFEITURE---83.36 1A
FORFEITURE---83.38 1G

Date: 05/03/2022

SOD #SYDX11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.16(1)(a)
FORFEITURE---83.46(1)(a)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (APPLE CREEK PLACE II--0017917)

Date Complaint Received: 02/06/2024

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

SYDX14

PROGRAM SERVICES

SUBSTANTIATED

SYDX14

RESIDENT RIGHTS

SUBSTANTIATED

SYDX14

Date Complaint Received: 01/24/2024

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

SYDX14

PROGRAM SERVICES

SUBSTANTIATED

SYDX14

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

SYDX14

Date Complaint Received: 01/10/2024

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SYDX14

PROGRAM SERVICES

SUBSTANTIATED

SYDX14

RESIDENT RIGHTS

SUBSTANTIATED

SYDX14

Date Complaint Received: 12/14/2023

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

SYDX14

PROGRAM SERVICES

SUBSTANTIATED

SYDX14

Date Complaint Received: 07/10/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SYDX13

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/22/2022

Date Investigation Completed: 08/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

SYDX13
SYDX13

Date Complaint Received: 09/28/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

SYDX12
SYDX12

Date Complaint Received: 06/21/2022

Date Investigation Completed: 10/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SYDX12
SYDX12
SYDX12
SYDX12

Date Complaint Received: 05/04/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

SYDX12
SYDX12

Date Complaint Received: 12/22/2021

Date Investigation Completed: 01/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

SYDX11
SYDX11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: APPLE CREEK PLACE III (0017918)

Address: 5117 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 02/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147090 **End Date:** 05/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #64N411 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146348 End Date: 03/21/2024 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4Z913 Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.29(2)	ADMISSION AGREEMENT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.38(1)(b)	SUPERVISION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL		

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144642 End Date: 09/26/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4Z912 Served 10/27/2023

<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	1/24/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/21/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	1/24/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	1/24/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/24/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/24/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/24/24	Yes
83.38(1)(b)	SUPERVISION	3/21/24	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	3/21/24	No
83.38(1)(g)	HEALTH MONITORING	3/21/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/21/24	No
83.45(3)	TOXIC SUBSTANCES	3/21/24	No
83.47(2)(d)	FIRE DRILLS	1/24/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/21/24	No

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139344 End Date: 01/17/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4Z911 Served 04/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	6/27/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/30/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/27/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	9/26/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/26/23	No
83.38(1)(b)	SUPERVISION	9/26/23	No

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (APPLE CREEK PLACE III--0017918)

Date: 05/09/2024 **SOD #**P4Z913 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09 1L

FORFEITURE---83.12 5a

FORFEITURE---83.14 2a

FORFEITURE---83.19

FORFEITURE---83.21 1-3

FORFEITURE---83.22 1-4

FORFEITURE---83.32 3d

FORFEITURE---83.35 3a

FORFEITURE---83.35 3e

FORFEITURE---83.38 1c

FORFEITURE---83.38 1i

FORFEITURE---83.43 1

FORFEITURE---83.45 3

FORFEITURE---83.47 2e

Date: 10/27/2023 **SOD #**P4Z912 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14 2a

FORFEITURE---83.32 3i

FORFEITURE---83.37 3c

FORFEITURE---83.38 1b

FORFEITURE---83.38 1g

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/25/2022

SOD #P4Z911

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(3)(a)

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(b)

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (APPLE CREEK PLACE III--0017918)

Date Complaint Received: 05/20/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

64N411

RESIDENT RIGHTS

SUBSTANTIATED

64N411

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/22/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

64N411

Date Complaint Received: 03/18/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

64N411

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

64N411

PROGRAM SERVICES

SUBSTANTIATED

64N411

RESIDENT RIGHTS

SUBSTANTIATED

64N411

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

64N411

Date Complaint Received: 03/05/2024

Date Investigation Completed: 03/21/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

P4Z913

PROGRAM SERVICES

SUBSTANTIATED

P4Z913

RESIDENT RIGHTS

SUBSTANTIATED

P4Z913

RESIDENT RIGHTS

SUBSTANTIATED

P4Z913

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/16/2024

Subject Area(s)

PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/21/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/10/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

P4Z913
P4Z913

Date Complaint Received: 01/02/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

P4Z913
P4Z913
P4Z913
P4Z913
P4Z913

Date Complaint Received: 10/26/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

P4Z913
P4Z913

Date Complaint Received: 08/04/2023

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

P4Z912

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/08/2023

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P4Z912

Date Complaint Received: 12/19/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/16/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

P4Z912

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

P4Z912

PROGRAM SERVICES

SUBSTANTIATED

P4Z912

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

P4Z912

Date Complaint Received: 11/09/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P4Z912

Date Complaint Received: 06/21/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P4Z912

Date Complaint Received: 05/31/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

P4Z912

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/04/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

P4Z912
P4Z912

Date Complaint Received: 02/21/2022

Date Investigation Completed: 09/26/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

P4Z912
P4Z912

Date Complaint Received: 12/28/2021

Date Investigation Completed: 01/17/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

P4Z911

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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: 0145658 **End Date:** 02/15/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 Verified</u>	<u>Corrected</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

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

Date: 06/29/2021 **SOD #**GCLZ12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 08/23/2021

Date Investigation Completed: 09/26/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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: 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

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

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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>Verified</u>	<u>Corrected</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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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 06/27/2021 to 06/26/2024

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

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

3BKN11
3BKN11
3BKN11
3BKN11
3BKN11
3BKN11
3BKN11

Date Complaint Received: 01/13/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/22/2022

Result

SUBSTANTIATED

SOD #

3BKN11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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: 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

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Carolina Assisted Living--0019482)

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

Date Complaint Received: 10/10/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CENTURY OAKS OF APPLETON (0016347)

Address: 2302 EAST GLENHURST, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 08/30/2016 12:00:00AM

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

Survey History

Survey ID: 0146246 **End Date:** 04/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145059 **End Date:** 12/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144504 **End Date:** 09/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MJFI11 Served 10/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/24/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144615 End Date: 08/10/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MBSB11 Served 10/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/24/24	Yes
83.38(1)(j)	INFORMATION AND REFERRAL	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143633 End Date: 06/19/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PGGI11 Served 07/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	4/24/24	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/24/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/24/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/24/24	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	4/24/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/24/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	4/24/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/24/24	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	4/24/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/24/24	Yes
83.41(2)(a)	NUTRITION: DIET	4/24/24	Yes
83.41(2)(c)	NUTRITION: MENUS	4/24/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/24/24	Yes
83.45(1)(b)	BUILDING INTEGRITY	4/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143143 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/24/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/24/24	Yes

Survey ID: 0142661 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #84V211 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142070 **End Date:** 12/06/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0TS14 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	5/16/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/16/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/17/23	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/16/23	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	5/16/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/17/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/16/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/17/23	No
83.38(1)(h)	MEDICATION ADMINISTRATION	5/16/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/16/23	Yes
83.47(2)(d)	FIRE DRILLS	5/16/23	Yes

Survey ID: 0140160 **End Date:** 07/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140006 End Date: 04/04/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0TS13 Served 06/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/3/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/3/22	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138421 End Date: 12/01/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0TS12 Served 01/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	4/1/22	Yes
50.09(1)(l)	CARE	4/1/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/1/22	Yes
83.16(1)	EMPLOYEE SKILLS, EDUCATION, AND EXPERIENCE	4/1/22	Yes
83.25	CONTINUING EDUCATION	4/1/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	4/4/22	
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	4/1/22	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/1/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/1/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/1/22	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/1/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/1/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/1/22	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	4/1/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/1/22	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	4/1/22	Yes
83.38(1)(b)	SUPERVISION	4/1/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/1/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	4/1/22	Yes
83.41(3)(b)	FOOD SAFETY	4/1/22	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/4/22	
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	4/1/22	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	4/1/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/1/22	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CENTURY OAKS OF APPLETON--0016347)

Date: 10/24/2023

SOD #MBSB11

Appealed: No

Sanctions

FORFEITURE---83.32 3h

FORFEITURE---83.35 3c

FORFEITURE---83.38 1g

FORFEITURE---83.38 1J

Date: 07/14/2023

SOD #PGGI11

Appealed: Yes

Decision: STIPULATION

Sanctions

REVOKE LICENSE

NNAO EXTENDED

FORFEITURE---50.09 1L

FORFEITURE---83.12 2a

FORFEITURE---83.14 2a

FORFEITURE---83.36 2

FORFEITURE---83.37 1b

FORFEITURE---83.37 1g

FORFEITURE---83.37 2e

FORFEITURE---83.37 3f

FORFEITURE---83.38 1h

FORFEITURE---83.41 2a

FORFEITURE---83.44 2a

FORFEITURE---83.45 3

Date: 05/19/2023

SOD #I0TS15

Appealed:

Sanctions

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.32 3h

FORFEITURE---83.35 3d

FORFEITURE---83.37 2d

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/05/2023

SOD #84V211

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35 3c

Date: 02/07/2023

SOD #I0TS14

Appealed:

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---50.09 1L
FORFEITURE---83.12 2a
FORFEITURE---83.14 2a
FORFEITURE---83.32 3d
FORFEITURE---83.34 2b
FORFEITURE---83.35 3d
FORFEITURE---83.36 1a
FORFEITURE---83.37 2d
FORFEITURE---83.38 1h
FORFEITURE---83.47 2d

Date: 06/30/2022

SOD #I0TS13

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(b)
FORFEITURE---83.43(1)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 01/27/2022

SOD #I0TS12

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---50.09(1)(L)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.16(1)

FORFEITURE---83.25

FORFEITURE---83.32(3)(b)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.33(1)(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.36(2)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(3)(a)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.39(1)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CENTURY OAKS OF APPLETON--0016347)

Date Complaint Received: 10/09/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/03/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/25/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/06/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/25/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED MJFI11

Date Complaint Received: 07/31/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED MBSB11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/17/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/07/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MBSB11

RESIDENT RIGHTS

SUBSTANTIATED

MBSB11

Date Complaint Received: 06/20/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MBSB11

Date Complaint Received: 06/12/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/16/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

ADMINISTRATION

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

ADMINISTRATION

SUBSTANTIATED

PGGI11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

PGGI11

PROGRAM SERVICES

SUBSTANTIATED

PGGI11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/25/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
PROGRAM SERVICES
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

I0TS15
I0TS15
I0TS15

Date Complaint Received: 01/13/2023

Date Investigation Completed: 01/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

84V211

Date Complaint Received: 10/28/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

I0TS14
I0TS14
I0TS14

Date Complaint Received: 10/17/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

I0TS14
I0TS14
I0TS14
I0TS14
I0TS14
I0TS14
I0TS14

Date Complaint Received: 09/22/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/15/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

I0TS14
I0TS14

Date Complaint Received: 09/08/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

I0TS14

Date Complaint Received: 08/26/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

I0TS14

Date Complaint Received: 08/09/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

I0TS14

Date Complaint Received: 07/25/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

I0TS14
I0TS14
I0TS14

Date Complaint Received: 07/19/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

PROGRAM SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

I0TS14
I0TS14

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/28/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/09/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 07/13/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/19/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 07/13/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/09/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/04/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2021

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/01/2021

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

I0TS12
I0TS12

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/28/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/01/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12
NOT SUBSTANTIATED	

Date Complaint Received: 07/21/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 12/01/2021

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

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CENTURY OAKS ON BALLARD (0015583)

Address: 2100 E GLENHURST LN, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 05/29/2015 12:00:00AM

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

Survey History

Survey ID: 0146240 **End Date:** 04/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145061 **End Date:** 12/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143488 **End Date:** 06/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y32L11 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143144 **End Date: 05/18/2023** **Type: OTHER** **Purpose: OTHER**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.19	ORIENTATION	4/24/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/24/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	4/24/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/24/24	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	4/24/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/24/24	Yes

Survey ID: 0142812 **End Date: 02/16/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2YB11 Served 04/18/2023

<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	4/24/24	Yes

Survey ID: 0142745 **End Date: 01/20/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DS7V11 Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/24/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/24/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	4/24/24	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141366 **End Date:** 11/14/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139180 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138519 **End Date:** 12/08/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45Y214 Served 01/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	3/31/22	Yes
50.09(1)(l)	CARE	4/7/22	Yes
83.25	CONTINUING EDUCATION	3/31/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/7/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/7/22	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/7/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/31/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/31/22	Yes
83.38(1)(b)	SUPERVISION	4/7/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/7/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/31/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/31/22	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	3/31/22	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	3/31/22	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CENTURY OAKS ON BALLARD--0015583)

Date: 06/27/2023 **SOD #Y32L11** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32 3n

Date: 05/23/2023 **SOD #KRLV11** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.35 3c
FORFEITURE---83.35 3d
FORFEITURE---83.37 2d

Date: 04/18/2023 **SOD #Y2YB11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 04/11/2023 **SOD #DS7V11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35 1c

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 01/28/2022

SOD #45Y214

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(f)

FORFEITURE---50.09(1)(L)

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(g)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.43(1)

FORFEITURE---83.59(2)(a)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CENTURY OAKS ON BALLARD--0015583)

Date Complaint Received: 09/14/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/12/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED Y32L11

Date Complaint Received: 05/16/2023

Date Investigation Completed: 12/13/2023

Subject Area(s)

Result

SOD #

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

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/01/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED KRLV11
SUBSTANTIATED KRLV11

Date Complaint Received: 04/26/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/27/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KRLV11

Date Complaint Received: 03/17/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/06/2023

Date Investigation Completed: 02/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Y2YB11

Date Complaint Received: 11/22/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/17/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

DS7V11

PROGRAM SERVICES

SUBSTANTIATED

DS7V11

Date Complaint Received: 03/22/2022

Date Investigation Completed: 04/07/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/10/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/07/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/17/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/07/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/03/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/08/2021

Result

SUBSTANTIATED

SOD #

45Y214

Date Complaint Received: 11/22/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES

Date Investigation Completed: 12/08/2021

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

45Y214
45Y214
45Y214

Date Complaint Received: 07/21/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 12/08/2021

Result

SUBSTANTIATED

SOD #

45Y214

Date Complaint Received: 07/07/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/08/2021

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

45Y214

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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: 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 Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.41(2)(c)	NUTRITION: MENUS		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COUNTRY TERRACE APPLETON--0009664)

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE APPLETON--0009664)

Date Complaint Received: 03/07/2024

Date Investigation Completed: 05/31/2024

Subject Area(s)

Result

SOD #

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/04/2023

Date Investigation Completed: 05/31/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

5DF712

PROGRAM SERVICES

SUBSTANTIATED

5DF712

RESIDENT RIGHTS

SUBSTANTIATED

5DF712

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

5DF712

Date Complaint Received: 05/24/2023

Date Investigation Completed: 09/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/24/2023

Date Investigation Completed: 09/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 06/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5DF711

Date Complaint Received: 10/13/2022

Date Investigation Completed: 06/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5DF711

Date Complaint Received: 09/20/2022

Date Investigation Completed: 06/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

5DF711

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

5DF711

PROGRAM SERVICES

SUBSTANTIATED

5DF711

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

5DF711

Date Complaint Received: 05/26/2022

Date Investigation Completed: 06/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/14/2022

Date Investigation Completed: 03/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9SXX11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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

Survey ID: 0136672 **End Date:** 07/01/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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: 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

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

Date Complaint Received: 06/24/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I7BI11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/10/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/27/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/29/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 10/27/2022

Result SOD #
NOT SUBSTANTIATED
SUBSTANTIATED I7BI11

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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

Survey ID: 0138010 **End Date:** 12/15/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MISTY ARBOR SENIOR LIVING--0016451)

Date Complaint Received: 12/22/2021

Date Investigation Completed: 07/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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

Survey ID: 0138241 **End Date:** 09/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6UG11 Served 01/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/14/22	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	6/14/22	Yes

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (MOORING PROGRAMS INC--410041)

Date: 01/12/2022

SOD #I6UG11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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: 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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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

Survey ID: 0139031 **End Date:** 01/03/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XAC212 Served 03/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	5/16/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/15/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/15/22	Yes

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 06/27/2021 to 06/26/2024

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

Complaint History (PROVINCE TERRACE VILLAS LONG CT LLC--0012777)

Date Complaint Received: 09/15/2021

Date Investigation Completed: 11/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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: 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 Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

Survey ID: 0141264 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136780 **End Date:** 07/12/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROGERS--0014325)

Date Complaint Received: 04/02/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1COT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1COT11

Date Complaint Received: 09/03/2021

Date Investigation Completed: 11/01/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RUSSET (0014323)

Address: 2210 RUSSET CT, APPLETON, WI 54911

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 06/27/2021 to 06/26/2024

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: 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		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.41(1)(a)	FOOD SUPPLY		
83.41(3)(b)	FOOD SAFETY		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Enforcement History (RYAN COMMUNITY INC--0017565)

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

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (RYAN COMMUNITY INC--0017565)

Date Complaint Received: 02/16/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZTFS11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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: 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 06/27/2021 to 06/26/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VAN DYKE--0014137)

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)

Complaint History (VAN DYKE--0014137)

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 06/27/2021 to 06/26/2024

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: 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		

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

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

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

Enforcement History (VILLA HOPE--410105)

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 06/27/2021 to 06/26/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (VILLA HOPE--410105)

Date Complaint Received: 11/29/2021

Date Investigation Completed: 02/18/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	42MJ13
PROGRAM SERVICES	SUBSTANTIATED	42MJ13
RESIDENT RIGHTS	SUBSTANTIATED	42MJ13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	42MJ13

Date Complaint Received: 09/10/2021

Date Investigation Completed: 02/18/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	42MJ13

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Provider Inspection Summary

For the period 06/27/2021 to 06/26/2024

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 06/27/2021 to 06/26/2024

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: 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

Complaint History (Willow Lane Assisted Living--0019516)

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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