

## Provider Inspection Summary

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

Outagamie

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 55.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.**

**Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY VILLA ASSISTED LIVING 1 INC (0015056)

**Address:** N3782 COUNTRY VILLA WAY, FREEDOM, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0146579    **End Date:** 05/31/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141377    **End Date:** 11/03/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (COUNTRY VILLA ASSISTED LIVING 1 INC--0015056)

**Date Complaint Received:** 01/23/2024

**Date Investigation Completed:** 05/31/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 05/27/2022

**Date Investigation Completed:** 11/03/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY VILLA ASSISTED LIVING 2 INC (0017509)

**Address:** N3779 COUNTRY VILLA WAY, FREEDOM, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/26/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0141378      **End Date:** 11/03/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** SILVERSTONE MEMORY CARE INC (0018316)

**Address:** 5100 SCHROTH LANE, GRAND CHUTE, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/25/2021 12:00:00AM

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

#### Survey History

**Survey ID:** 0148467    **End Date:** 11/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W7VX11    Served 01/13/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	2/27/25	Yes

**Survey ID:** 0147218    **End Date:** 08/01/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142738    **End Date:** 03/28/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SILVERSTONE MEMORY CARE INC--0018316)

**Date Complaint Received: 09/03/2024**

**Date Investigation Completed: 11/08/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
W7VX11

**Date Complaint Received: 02/27/2023**

**Date Investigation Completed: 03/28/2023**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/18/2022**

**Date Investigation Completed: 03/28/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/27/2022**

**Date Investigation Completed: 03/28/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** FOX HOLLOW (0014721)

**Address:** W7126 FOX HOLLOW, GREENVILLE, WI 54942

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2013 12:00:00AM

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

#### Survey History

**Survey ID:** 0148417    **End Date:** 10/16/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TB3B12    Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/16/25	

**Survey ID:** 0146951    **End Date:** 05/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TB3B11    Served 07/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	10/9/24	Yes
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN	10/9/24	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	10/9/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142801    End Date: 11/01/2022    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #T4HQ11    Served 04/18/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/2/23	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	6/2/23	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	6/2/23	Yes
83.47(2)(d)	FIRE DRILLS	6/2/23	Yes

#### Enforcement History (FOX HOLLOW--0014721)

**Date: 07/16/2024    SOD #TB3B11    Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.48 4d

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LIVING TREE ESTATES LLC (0010721)  
**Address:** N1916 GREENVILLE DRIVE, GREENVILLE, WI 54942  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2005 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0147813    **End Date:** 10/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146542    **End Date:** 04/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T8VZ11    Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/9/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/9/24	Yes

**Survey ID:** 0144277    **End Date:** 09/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143359    End Date: 03/28/2023    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #P01X11    Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	7/29/23	Yes

**Survey ID: 0142515    End Date: 10/26/2022    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Enforcement History (LIVING TREE ESTATES LLC--0010721)**

**Date: 05/29/2024    SOD #T8VZ11    Appealed: Yes    Decision: WITHDRAWN APPEAL (NO STIPULATION)**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 158 83.12(2)(a)  
FORFEITURE---N 348 83.32(3)(d)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (LIVING TREE ESTATES LLC--0010721)

**Date Complaint Received: 02/07/2024**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

T8VZ11

RESIDENT RIGHTS

SUBSTANTIATED

T8VZ11

**Date Complaint Received: 05/30/2023**

**Date Investigation Completed: 09/18/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 11/09/2022**

**Date Investigation Completed: 03/28/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

P01X11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** Shiloh Assisted Living Greenville (0019387)

**Address:** W7098 Buttercup Ct, Greenville, WI 54942

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/2023 12:00:00AM

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

#### Survey History

**Survey ID:** 0146571    **End Date:** 05/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145788    **End Date:** 02/19/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NXW211    Served 03/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/18/24	Yes

**Survey ID:** 0143296    **End Date:** 06/08/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

#### Complaint History (Shiloh Assisted Living Greenville--0019387)

**Date Complaint Received: 04/16/2024**

**Date Investigation Completed: 05/29/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/07/2023**

**Date Investigation Completed: 02/19/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** AQUA VIEW (410266)

**Address:** BOX 400 W9449 GIVENS RD, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0140348    **End Date:** 08/02/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING HORTONVILLE (0016767)

**Address:** 112 HARRIS WAY, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/24/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0148114    **End Date:** 11/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147073    **End Date:** 05/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8DXE15    Served 07/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/12/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	11/12/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	11/12/24	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0145245    End Date: 10/10/2023    Type: STANDARD    Purpose: SURVEY/SELF REPORT/COMPLAINT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #8DXE14    Served 01/11/2024**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/25/24	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/25/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/2/24	No
83.15(1)	ADMINISTRATOR QUALIFICATIONS	4/25/24	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	4/25/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/25/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/25/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/25/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	4/25/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/25/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/25/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/25/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/25/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	4/25/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/25/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	4/25/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/25/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.39(1)	INFECTION CONTROL PROGRAM	4/25/24	Yes
83.39(3)	HAND WASHING	4/25/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/25/24	Yes

Survey ID: 0143432    End Date: 03/22/2023    Type: OTHER    Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP2D11    Served 06/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	10/10/23	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143052    End Date: 12/19/2022    Type: OTHER    Purpose: COMPLAINT/SELF REPORT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #8DXE13    Served 05/15/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/10/23	No
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/11/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/10/23	No
83.15(1)	ADMINISTRATOR QUALIFICATIONS	10/10/23	No
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/10/23	No
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	10/10/23	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/11/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/10/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/11/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	9/14/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	10/10/23	No
83.42(2)	RESIDENT RECORDS SAFEGUARDED	9/11/23	Yes
83.45(3)	TOXIC SUBSTANCES	9/11/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140169    End Date: 02/02/2022    Type: OTHER    Purpose: SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8DXE12    Served 07/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/9/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/19/22	No
83.39(1)	INFECTION CONTROL PROGRAM	12/19/22	No
83.39(3)	HAND WASHING	11/9/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/9/22	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (CARE PARTNERS ASSISTED LIVING HORTONVILLE--0016767)

**Date:** 07/24/2024      **SOD #**8DXE15      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.14 2a  
FORFEITURE---83.37 2a  
FORFEITURE---83.38 1i

**Date:** 01/11/2024      **SOD #**8DXE14      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.12 2a  
FORFEITURE---83.12 3a  
FORFEITURE---83.14 2a  
FORFEITURE---83.15 1 a-e  
FORFEITURE---83.32 3b  
FORFEITURE---83.32 3h  
FORFEITURE---83.32 3i  
FORFEITURE---83.32 3n  
FORFEITURE---83.33 1d  
FORFEITURE---83.35 3c  
FORFEITURE---83.35 3d  
FORFEITURE---83.36 1a  
FORFEITURE---83.37 1j  
FORFEITURE---83.37 2d  
FORFEITURE---83.37 3g  
FORFEITURE---83.38 1h  
FORFEITURE---83.39 1  
FORFEITURE---83.39 3

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

FORFEITURE---83.44 2a

---

**Date: 06/21/2023**      **SOD #QP2D11**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.38 1 I

---

**Date: 05/15/2023**      **SOD #8DXE13**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14 2a  
FORFEITURE---83.36 1a  
FORFEITURE---83.38 1  
FORFEITURE---83.39 1

---

**Date: 07/18/2022**      **SOD #8DXE12**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.39(1)  
FORFEITURE---83.39(3)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS ASSISTED LIVING HORTONVILLE--0016767)

**Date Complaint Received: 10/24/2024**

**Date Investigation Completed: 11/12/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/21/2024**

**Date Investigation Completed: 11/12/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 11/12/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/19/2024**

**Date Investigation Completed: 05/02/2024**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/28/2023**

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

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
8DXE14  
8DXE14  
8DXE14

**Date Complaint Received: 07/18/2023**

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

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
8DXE14  
8DXE14  
8DXE14

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/14/2023**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2023**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

8DXE14  
8DXE14

**Date Complaint Received: 02/17/2023**

**Date Investigation Completed: 03/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/30/2022**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 11/01/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DXE13

**Date Complaint Received: 10/05/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DXE13

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 09/14/2022**

**Date Investigation Completed: 12/19/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	8DXE13
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	8DXE13
PROGRAM SERVICES	SUBSTANTIATED	8DXE13
ADMINISTRATION	SUBSTANTIATED	8DXE13
PROGRAM SERVICES	SUBSTANTIATED	8DXE13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	8DXE13

**Date Complaint Received: 09/01/2022**

**Date Investigation Completed: 12/19/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	8DXE13
PROGRAM SERVICES	SUBSTANTIATED	8DXE13

**Date Complaint Received: 08/24/2022**

**Date Investigation Completed: 12/19/2022**

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

**Date Complaint Received: 07/14/2022**

**Date Investigation Completed: 12/19/2022**

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

**Date Complaint Received: 05/19/2022**

**Date Investigation Completed: 12/19/2022**

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

**Date Complaint Received: 03/08/2022**

**Date Investigation Completed: 12/19/2022**

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/01/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	8DXE13

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

Facility Name: DELLVIEW (410293)

Address: W9484 COUNTY RD JJ, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 03/01/1993 12:00:00AM

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

#### Survey History

Survey ID: 0140347 End Date: 08/02/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139288 End Date: 03/16/2022 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IMT11 Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	8/2/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/2/22	Yes

#### Enforcement History (DELLVIEW--410293)

Date: 04/18/2022 SOD #8IMT11 Appealed: No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** FIELDSTONE HOUSE (0009276)

**Address:** 495 W NYE ST, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0142055    **End Date:** 02/03/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** SYLVAN VIEW (410275)

**Address:** W9405 GIVENS RD, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1992 12:00:00AM

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

#### Survey History

**Survey ID:** 0139677    **End Date:** 04/28/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #90PX11    Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	7/15/22	
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	7/15/22	

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** AGAPE 3 - 12TH ST (410039)

**Address:** 412 E 12TH ST, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1987 12:00:00AM

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

**Survey History**

**Survey ID:** 0141314    **End Date:** 11/09/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** AGAPE 7 FIELDCREST (410189)

**Address:** 3003 FIELDCREST, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/20/1989 12:00:00AM

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

#### Survey History

**Survey ID:** 0148412    **End Date:** 10/30/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZPIH11    Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		

**Survey ID:** 0139530    **End Date:** 05/10/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (AGAPE 7 FIELDCREST--410189)

**Date:** 01/02/2025    **SOD #ZPIH11**    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (AGAPE 7 FIELDCREST--410189)

**Date Complaint Received: 07/18/2024**

**Date Investigation Completed: 10/30/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZPIH11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZPIH11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** CHIVALRY CASTLE (0019085)

**Address:** 49 EAGLES CT, KAUKAUNA, WI 54130

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0143278      **End Date:** 06/05/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141495      **End Date:** 11/30/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LANDINGS OF KAUKAUNA (THE) (0016337)

**Address:** 793 TARRAGON DRIVE, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0146119    **End Date:** 04/11/2024    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140661    **End Date:** 08/29/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #99WT11    Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/22/22	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/22/22	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/22/22	

**Survey ID:** 0139436    **End Date:** 04/12/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LANDINGS OF KAUKAUNA (THE)--0016337)

**Date Complaint Received: 04/02/2024**

**Date Investigation Completed: 04/11/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/11/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/26/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/31/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

99WT11

PROGRAM SERVICES

SUBSTANTIATED

99WT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

99WT11

**Date Complaint Received: 05/19/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/21/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 02/18/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LANDINGS OF KAUKAUNA MC (THE) (0016336)

**Address:** 795 TARRAGON DRIVE, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0148508    **End Date:** 10/04/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BO7911    Served 01/16/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		

**Survey ID:** 0145127    **End Date:** 10/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IXCK11    Served 12/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/25/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143461**    **End Date: 06/21/2023**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0140664**    **End Date: 08/29/2022**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PXEX11    Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/22/22	

**Survey ID: 0139435**    **End Date: 04/12/2022**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (LANDINGS OF KAUKAUNA MC (THE)--0016336)

**Date: 01/16/2025**    **SOD #BO7911**    **Appealed:**    **Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---N 277 83.25

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (LANDINGS OF KAUKAUNA MC (THE)--0016336)**

**Date Complaint Received: 08/09/2024**

**Date Investigation Completed: 10/04/2024**

Subject Area(s)  
 PROGRAM SERVICES

Result SOD #  
 NOT SUBSTANTIATED

**Date Complaint Received: 08/01/2024**

**Date Investigation Completed: 10/04/2024**

Subject Area(s)  
 ADMINISTRATION  
 PROGRAM SERVICES  
 STAFF TRAINING AND PROFICIENCY

Result SOD #  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received: 06/14/2024**

**Date Investigation Completed: 10/04/2024**

Subject Area(s)  
 ADMINISTRATION  
 PROGRAM SERVICES  
 RESIDENT RIGHTS  
 STAFF TRAINING AND PROFICIENCY

Result SOD #  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received: 07/17/2023**

**Date Investigation Completed: 10/20/2023**

Subject Area(s)  
 PROGRAM SERVICES  
 RESIDENT RIGHTS  
 STAFF TRAINING AND PROFICIENCY

Result SOD #  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received: 07/11/2023**

**Date Investigation Completed: 10/20/2023**

Subject Area(s)  
 ADMINISTRATION  
 PROGRAM SERVICES  
 RESIDENT RIGHTS

Result SOD #  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 SUBSTANTIATED IXCK11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/17/2022**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 06/21/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/08/2022**

Subject Area(s)

RESIDENT RIGHTS  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 08/29/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/02/2022**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 08/29/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/01/2022**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 08/29/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

Facility Name: ST PAUL MANOR (0016072)

Address: 316 E 14TH ST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 07/01/2016 12:00:00AM

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

#### Survey History

Survey ID: 0147935    End Date: 10/23/2024    Type: OTHER    Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146209    End Date: 03/13/2024    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61UM11    Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/3/24	Withdrawn
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/3/24	Withdrawn
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/23/24	Yes

Survey ID: 0139814    End Date: 06/08/2022    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Enforcement History (ST PAUL MANOR--0016072)**

**Date:** 04/23/2024      **SOD #**61UM11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---N 388 83.35(3)(c)

**Complaint History (ST PAUL MANOR--0016072)**

**Date Complaint Received:** 06/25/2024

**Date Investigation Completed:** 10/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 10/10/2023

**Date Investigation Completed:** 03/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED      61UM11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ASPIRE SENIOR LIVING (0016636)

**Address:** 825 COBBLESTONE LN, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0146971    **End Date:** 06/13/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HN6W11    Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	8/31/24	
83.41(3)(b)	FOOD SAFETY	8/31/24	

**Survey ID:** 0144135    **End Date:** 09/06/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143735    **End Date:** 07/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140666    **End Date:** 09/06/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138484      **End Date:** 01/24/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ASPIRE SENIOR LIVING--0016636)

**Date Complaint Received: 04/29/2024**

**Date Investigation Completed: 06/13/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/05/2024**

**Date Investigation Completed: 06/13/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/25/2023**

**Date Investigation Completed: 09/06/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 05/16/2023**

**Date Investigation Completed: 07/24/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/31/2023**

**Date Investigation Completed: 07/24/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/03/2022**

**Date Investigation Completed: 09/06/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/28/2022**

**Date Investigation Completed: 09/06/2022**

Subject Area(s)  
PROGRAM SERVICES

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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** FRONTIDA ASSISTED LIVING OF KIMBERLY I (0016997)

**Address:** 820 SCHELFHOUT LANE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0146227    **End Date:** 04/23/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145240    **End Date:** 10/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9GTY11    Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	4/23/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/23/24	Yes
83.29(2)	ADMISSION AGREEMENT	4/23/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/23/24	Yes
83.45(3)	TOXIC SUBSTANCES	4/23/24	Yes
83.47(2)(d)	FIRE DRILLS	4/23/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (FRONTIDA ASSISTED LIVING OF KIMBERLY I--0016997)

**Date:** 01/11/2024      **SOD #**9GTY11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20 2 a-d

#### Complaint History (FRONTIDA ASSISTED LIVING OF KIMBERLY I--0016997)

**Date Complaint Received:** 10/10/2023      **Date Investigation Completed:** 10/16/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	9GTY11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** FRONTIDA ASSISTED LIVING OF KIMBERLY II (0016998)

**Address:** 816 SCHELFHOUT LANE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148203    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146224    **End Date:** 04/23/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145241    **End Date:** 10/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8NR011    Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/23/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/23/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/23/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/23/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/23/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (FRONTIDA ASSISTED LIVING OF KIMBERLY II--0016998)

**Date:** 01/11/2024      **SOD #**8NR011      **Appealed:** No

Sanctions

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

#### Complaint History (FRONTIDA ASSISTED LIVING OF KIMBERLY II--0016998)

**Date Complaint Received:** 11/14/2024      **Date Investigation Completed:** 11/27/2024

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

**Date Complaint Received:** 09/10/2024      **Date Investigation Completed:** 11/27/2024

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

**Date Complaint Received:** 09/14/2023      **Date Investigation Completed:** 10/16/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	8NR011
PROGRAM SERVICES	SUBSTANTIATED	8NR011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	8NR011

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** KIMBERLY PLACE (0010891)

**Address:** 314 W KIMBERLY AVE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/27/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0139365    **End Date:** 03/29/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #S32111    Served 04/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	6/11/22	
83.45(1)(d)	HAZARDS	6/11/22	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AGAPE 6 MOASIS (0018218)

**Address:** 425 MOASIS DRIVE, LITTLE CHUTE, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/15/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146360    **End Date:** 05/09/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY VILLA ASSISTED LIVING (0018624)

**Address:** 1415 WEST MAIN STREET, LITTLE CHUTE, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0148166    **End Date:** 11/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146975    **End Date:** 07/16/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145778    **End Date:** 02/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142730    **End Date:** 03/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141289    **End Date:** 11/03/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COUNTRY VILLA ASSISTED LIVING--0018624)

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

**Date Investigation Completed: 11/19/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/20/2024**

**Date Investigation Completed: 07/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/30/2024**

**Date Investigation Completed: 07/16/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/11/2023**

**Date Investigation Completed: 02/29/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/14/2022**

**Date Investigation Completed: 03/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/17/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

***This is Page 52 of 55 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 04/26/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/04/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 02/22/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** GOOD SHEPHERD SERVICES DBA FOREST GLEN CBRF (0015244)

**Address:** 721 BRONSON RD, SEYMOUR, WI 54165

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0139863    **End Date:** 06/15/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (GOOD SHEPHERD SERVICES DBA FOREST GLEN CBRF--0015244)

**Date Complaint Received:** 04/14/2022

**Date Investigation Completed:** 06/15/2022

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SHEPHERDS INN (0013175)

**Address:** 621 W FACTORY ST, SEYMOUR, WI 54165

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/26/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0144281      **End Date:** 09/11/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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