Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Outagamie County.
The report is a PDF (Adobe Acrobat) document and includes a total of 11.00 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 2/8/2017 to 2/8/2020

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: APPLETON RETIREMENT COMMUNITY (0017913)
Address: 200 W PACKARD STREET, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 3/4/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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**Facility Information**

Facility Name: EAGLE POINT SENIOR LIVING INC (0017217)
Address: 955 E JOHN ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 8/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

<table>
<thead>
<tr>
<th>Survey ID: 0129658</th>
<th>End Date: 3/26/2019</th>
<th>Type: OTHER</th>
<th>Purpose: COMPLAINT</th>
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<tbody>
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**Complaint History (EAGLE POINT SENIOR LIVING INC--0017217)**

<table>
<thead>
<tr>
<th>Date Complaint Received: 1/28/2019</th>
<th>Date Investigation Completed: 3/26/2019</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

This is Page 3 of 11 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: HERITAGE ASSISTED LIVING (0010366)
Address: 2600 S HERITAGE WOODS DR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 6/8/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRIMROSE OF APPLETON (0017082)
Address: 5715 N MEADE ST, APPLETON, WI 54913
License Status: REGULAR
Licensed/Certified/Registered 9/19/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
Survey ID: 0128132  End Date: 9/19/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

- **Facility Name:** RENAISSANCE APPLETON (0013364)
- **Address:** 301 E FLORIDA AVE, APPLETON, WI 54911
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/21/2010 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

<table>
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<td>3/26/2019</td>
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<td>DESK REVIEW</td>
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<td>0129522</td>
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**Statement of Deficiency:** #Z67311 Served 3/14/2019

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### Complaint History (RENAISSANCE APPLETON--0013364)

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<th>Date Investigation Completed: 3/7/2019</th>
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<tr>
<td>Subject Area(s)</td>
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<tr>
<td>Subject Area(s)</td>
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<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td></td>
<td>SOD #</td>
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**Facility Information**

Facility Name: ST PAUL VILLA (0010352)  
Address: 312 E 14TH ST, KAUKAUNA, WI 54130  
License Status: REGULAR  
Licensed/Certified/Registered 2/2/2000 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

Survey ID: 0125312  
End Date: 12/7/2017  
Type: ABBREVIATED  
Purpose: SURVEY  
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ASPIRE SENIOR LIVING RCAC (0016637)
Address: 825 COBBLESTONE LN, KIMBERLY, WI 54136
License Status: REGULAR
Licensed/Certified/Registered 8/8/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129493 End Date: 3/7/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123856 End Date: 8/8/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

**Residential Care Apartment Complex (CERTIFIED)**

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

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<th>Date Complaint Received: 12/16/2019</th>
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<td>PROGRAM SERVICES</td>
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Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: GOOD SHEPHERD MEADOW WOOD RCAC (0010364)
Address: 605 BRONSON RD, SEYMOUR, WI 54165
License Status: REGULAR
Licensed/Certified/Registered 2/10/1999 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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