

## Provider Inspection Summary

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

Outagamie

### 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 14.00 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  
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** 03/04/2020 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0147484    **End Date:** 08/29/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145325    **End Date:** 01/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141777    **End Date:** 11/01/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4I6U11    Served 01/09/2023

Deficiencies Cited  
89.28(2)(a)1

Subject Area  
RISK AGREEMENT

Compliance  
Verified  
2/23/23

Corrected

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (APPLETON RETIREMENT COMMUNITY--0017913)

**Date Complaint Received: 05/20/2024**

**Date Investigation Completed: 08/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/01/2023**

**Date Investigation Completed: 01/19/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/03/2022**

**Date Investigation Completed: 11/01/2022**

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  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** EAGLE POINT SENIOR LIVING INC (0017217)

**Address:** 955 E JOHN ST, APPLETON, WI 54911

**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:** 0147670      **End Date:** 09/23/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144472      **End Date:** 08/18/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141768      **End Date:** 10/24/2022      **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  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (EAGLE POINT SENIOR LIVING INC--0017217)

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

**Date Investigation Completed: 09/23/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/22/2023**

**Date Investigation Completed: 08/18/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

RG1G11

RESIDENT RIGHTS

SUBSTANTIATED

RG1G11

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
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** 09/19/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0140957      **End Date:** 09/29/2022      **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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** RENAISSANCE APPLETON (0013364)  
**Address:** 301 E FLORIDA AVE, APPLETON, WI 54911  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/21/2010 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0147514    **End Date:** 08/29/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142833    **End Date:** 04/14/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139861    **End Date:** 05/16/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZO2411    Served 06/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(2)(c)	SERVICES	4/14/23	Yes

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

**Date:** 06/17/2022    **SOD #**ZO2411    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(c)

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 11/27/2024**

**Date Investigation Completed: 02/05/2025**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 09/27/2024**

**Date Investigation Completed: 02/05/2025**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 06/13/2024**

**Date Investigation Completed: 08/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/06/2024**

**Date Investigation Completed: 08/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/25/2022**

**Date Investigation Completed: 05/16/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ST PAUL VILLA (0010352)  
**Address:** 312 E 14TH ST, KAUKAUNA, WI 54130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/02/2000 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0145668    **End Date:** 02/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140519    **End Date:** 08/15/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ST PAUL VILLA--0010352)

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

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
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** 08/08/2017 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0146518      **End Date:** 05/23/2024      **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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** COUNTRY VILLA (0018625)

**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:** 0148132      **End Date:** 11/15/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146977      **End Date:** 07/16/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145779      **End Date:** 02/29/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143412      **End Date:** 06/19/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141190      **End Date:** 10/28/2022      **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  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (COUNTRY VILLA--0018625)

**Date Complaint Received:** 10/29/2024

**Date Investigation Completed:** 11/15/2024

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 07/10/2024

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

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 03/12/2024

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

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 02/13/2024

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

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 04/12/2023

**Date Investigation Completed:** 06/19/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 12/19/2022

**Date Investigation Completed:** 06/19/2023

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

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

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/28/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025  
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** 02/10/1999 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143579    **End Date:** 07/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (GOOD SHEPHERD MEADOW WOOD RCAC--0010364)

<b>Date Complaint Received:</b> 06/27/2023	<b>Date Investigation Completed:</b> 07/03/2023
<u>Subject Area(s)</u>	<u>Result</u> <u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED

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<b>Date Complaint Received:</b> 06/23/2023	<b>Date Investigation Completed:</b> 07/03/2023
<u>Subject Area(s)</u>	<u>Result</u> <u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED
RESIDENT RIGHTS	NOT SUBSTANTIATED

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