

## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Shawano County. The report is a PDF (Adobe Acrobat) document and includes a total of 28.00 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 02/05/2015 to 02/04/2018

Adult Day Care Facility

### Facility Information

**Facility Name:** SHAWANO OLDER AMERICANS CLUB (0008554)

**Address:** 225 SOUTH MAIN STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/16/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0118467    **End Date:** 08/10/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 28 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 02/05/2015 to 02/04/2018

Adult Family Home

### Facility Information

**Facility Name:** CLARITY CARE WESCOTT (0016538)

**Address:** 814 W WESCOTT, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/21/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0125541    **End Date:** 12/21/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0123508    **End Date:** 06/21/2017    **Type:** INITIAL    **Purpose:** SURVEY

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

### Complaint History (CLARITY CARE WESCOTT--0016538)

**Date Complaint Received:** 10/19/2017

**Date Investigation Completed:** 12/21/2017

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Adult Family Home

### Facility Information

**Facility Name:** IRISH MEADOW HOMES III (0016912)

**Address:** W5012 HIGHLAND DRIVE, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/27/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0125295    **End Date:** 11/27/2017    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AUTUMN LANE FAMILY CARE (0011590)

**Address:** 384 LYONS ROAD, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0125478    **End Date:** 12/19/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0117304    **End Date:** 02/18/2015    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RIZ112    Served 03/18/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/23/15	Yes
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	3/23/15	Yes

### Complaint History (AUTUMN LANE FAMILY CARE--0011590)

**Date Complaint Received:** 11/21/2017

**Date Investigation Completed:** 12/19/2017

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CADY MEMORIAL HOME (410148)

**Address:** 380 MAPLE STREET, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1980 12:00:00AM

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

### Survey History

**Survey ID:** 0125447    **End Date:** 07/25/2017    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9PBP11    Served 12/22/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

### Enforcement History (CADY MEMORIAL HOME--410148)

**Date:** 12/20/2017    **SOD #**9PBP11    **Appealed:**    **Decision:** PENDING

Sanctions

FORFEITURE---83.32(3)(h)

### Complaint History (CADY MEMORIAL HOME--410148)

**Date Complaint Received:** 04/27/2017    **Date Investigation Completed:** 07/25/2017

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	9PBP11

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CLOVERLEAF TERRACE LLC (0015404)

**Address:** 401 CENTER ST, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0119437    **End Date:** 01/04/2016    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0119289    **End Date:** 12/02/2015    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QXY111    Served 12/21/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	12/21/15	Yes
83.55(1)(a)	ONE TOILET, SINK, AND BATH OR SHOWER	12/21/15	Yes

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MEADOW VIEW ESTATES LLC (0014722)

**Address:** 400 W MILL ST, BONDUEL, WI 54107

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/15/2013 12:00:00AM

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

### Survey History

No survey activity during the period 2/5/15 to 2/4/18

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ELLA BESAW CENTER (410245)

**Address:** N8697 MOH HE CON NUCK RD, BOWLER, WI 54416

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/16/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0125524    **End Date:** 11/09/2017    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O29L12    Served 12/27/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		

**Survey ID:** 0123590    **End Date:** 04/05/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O29L11    Served 07/06/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	11/7/17	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/7/17	Yes

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Enforcement History (ELLA BESAW CENTER--410245)

**Date:** 12/27/2017      **SOD #**O29L12      **Appealed:**      **Decision:** PENDING

Sanctions

FORFEITURE---83.20(2)(b)

**Date:** 07/06/2017      **SOD #**O29L11      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.47(2)(e)

### Complaint History (ELLA BESAW CENTER--410245)

**Date Complaint Received:** 10/02/2017      **Date Investigation Completed:** 11/09/2017

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
O29L12

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** MAEHNOWESEKIYAH WELLNESS CENTER (410032)

**Address:** N2150 KESAEHKAHTEK, GRESHAM, WI 54128

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0122289    **End Date:** 01/12/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROSE MARY MANOR NORTH (0015395)

**Address:** 309 MARBLE AVE, MATTOON, WI 54450

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0122706    **End Date:** 02/23/2017    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122400    **End Date:** 02/06/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9B8G11    Served 02/08/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/23/17	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	2/23/17	Yes

**Survey ID:** 0122099    **End Date:** 12/20/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0120063    **End Date:** 03/07/2016    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ROSE MARY MANOR NORTH--0015395)

**Date Complaint Received: 11/21/2016**

**Date Investigation Completed: 12/20/2016**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROSE MARY MANOR SOUTH (0014864)

**Address:** 309 MARBLE AVE, MATTOON, WI 54450

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0124591    **End Date:** 09/11/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122708    **End Date:** 02/23/2017    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0122403    **End Date:** 02/06/2017    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LZAQ11    Served 02/08/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/23/17	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	2/23/17	Yes

**Survey ID:** 0122098    **End Date:** 12/20/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WOLF RIVER CBRF (0011326)

**Address:** N2222 WHITE CEDAR ROAD, NEOPIT, WI 54150

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0118697    **End Date:** 09/16/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGES MEMORY CARE THE (0014369)

**Address:** 113 MADISON WAY, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2013 12:00:00AM

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

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** KINDREDHEARTS SHAWANO (0009722)

**Address:** 1377 LINCOLN STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0122810    **End Date:** 03/24/2017    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0120276    **End Date:** 04/22/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U0IM11    Served 05/10/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/27/16	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	4/27/16	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	4/27/16	Yes

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (KINDREDHEARTS SHAWANO--0009722)

**Date:** 05/10/2016      **SOD #**U0IM11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.37(3)(e)

FORFEITURE---83.48(4)(f)

FORFEITURE---83.48(8)(b)

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PAISERS OAKHAVEN S&C LLC BLDG I (0015454)

**Address:** 132 OAK CT, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/10/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0119894    **End Date:** 03/02/2016    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0119497    **End Date:** 12/08/2015    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UCFY11    Served 01/16/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	3/2/16	Yes
83.20(2)(c)	TRAINING IN FIRST AID AND CHOKING	3/2/16	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	3/2/16	Yes
83.21(2)(a)	TRAINING IN CLIENT GROUPS	3/2/16	Yes
83.21(3)	TRAINING IN CHALLENGING BEHAVIORS	3/2/16	Yes

**Survey ID:** 0117096    **End Date:** 02/10/2015    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PAISERS OAKHAVEN S&C LLC BLDG I--0015454)

**Date:** 01/13/2016      **SOD #**UCFY11      **Appealed:** No

#### Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.21(1)

FORFEITURE---83.21(2)(a)

FORFEITURE---83.21(3)

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PAISERS OAKHAVEN S&C LLC BLDG II (0015453)

**Address:** 142 OAK CT, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/10/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0119896    **End Date:** 03/02/2016    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0119499    **End Date:** 12/08/2015    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z9GX11    Served 01/16/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	3/2/16	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	3/2/16	Yes
83.21(2)(a)	TRAINING IN CLIENT GROUPS	3/2/16	Yes
83.21(3)	TRAINING IN CHALLENGING BEHAVIORS	3/2/16	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	3/2/16	Yes

**Survey ID:** 0117100    **End Date:** 02/10/2015    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (PAISERS OAKHAVEN S&C LLC BLDG II--0015453)

**Date:** 01/13/2016      **SOD #**Z9GX11      **Appealed:** No

#### Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(b)

FORFEITURE---83.21(1)

FORFEITURE---83.21(2)(a)

FORFEITURE---83.21(3)

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HOMME RESIDENTIAL WITTENBERG (410107)

**Address:** 604 SOUTH WEBB STREET, WITTENBERG, WI 54499

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1980 12:00:00AM

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

### Survey History

**Survey ID:** 0124016    **End Date:** 08/22/2017    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0123436    **End Date:** 03/27/2017    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0QP311    Served 06/19/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	8/22/17	Yes
83.20(2)(c)	TRAINING IN FIRST AID AND CHOKING	8/22/17	Yes
83.47(2)(d)	FIRE DRILLS	8/22/17	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/22/17	Yes
83.48(6)(a)	INTEGRATED HEAT DETECTOR IN KITCHEN	8/22/17	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	8/22/17	Yes

**Survey ID:** 0121999    **End Date:** 12/14/2016    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0121112    End Date: 06/28/2016    Type: OTHER    Purpose: SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I1SO11    Served 08/26/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/14/16	Yes

**Survey ID: 0118342    End Date: 07/27/2015    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (HOMME RESIDENTIAL WITTENBERG--410107)

**Date: 06/15/2017    SOD #0QP311    Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.47(2)(e)

**Date: 08/24/2016    SOD #I1SO11    Appealed: No**

Sanctions

FORFEITURE---83.35(3)(c)

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HOMME RESIDENTIAL WITTENBERG--410107)

**Date Complaint Received: 01/13/2017**

**Date Investigation Completed: 03/27/2017**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/13/2015**

**Date Investigation Completed: 07/27/2015**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 02/05/2015 to 02/04/2018

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LSS HOMME YOUTH ACCEPTANCE (0009890)

**Address:** W18105 HEMLOCK ROAD, WITTENBERG, WI 54499

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/16/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0122477    **End Date:** 02/08/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0118472    **End Date:** 08/06/2015    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (LSS HOMME YOUTH ACCEPTANCE--0009890)

**Date Complaint Received:** 11/28/2016

**Date Investigation Completed:** 02/08/2017

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 02/05/2015 to 02/04/2018  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** COTTAGES ON GOLDEN POND THE (0012844)  
**Address:** 103 MADISON WAY, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/04/2009 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 2/5/15 to 2/4/18

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