

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### 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 40.00 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 01/30/2022 to 01/29/2025

Adult Day Care Center

### 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

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** OLSON 1 (0017343)

**Address:** 847 OLSON ST, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/05/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0141096      **End Date:** 10/19/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** OLSON 2 (0018238)

**Address:** 845 OLSON STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/08/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0141097      **End Date:** 10/19/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** PARK HOUSE (0018239)

**Address:** 1041 SOUTH PARK STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/10/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0138959      **End Date:** 03/10/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** SUNSET HOME (0017579)

**Address:** 301 SUNSET AVE, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/08/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146507      **End Date:** 05/22/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** SWAN ACRES FAMILY HOME (0018366)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/15/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0148454    **End Date:** 11/04/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SBLM11    Served 01/13/2025

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

### Enforcement History (SWAN ACRES FAMILY HOME--0018366)

**Date:** 01/13/2025    **SOD #SBLM11**    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AUTUMN LANE FAMILY CARE (0017994)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147099    **End Date:** 06/26/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2KOS11    Served 07/26/2024

Deficiencies Cited  
83.43(1)

Subject Area  
ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance  
Verified  
9/9/24

Corrected

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CADY MEMORIAL HOME (0017997)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0148232    **End Date:** 12/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146773    **End Date:** 04/09/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z7O111    Served 06/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/5/24	Yes
83.45(1)(d)	HAZARDS	12/5/24	Yes
83.45(4)	PEST CONTROL	12/5/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/5/24	Yes

**Survey ID:** 0138575    **End Date:** 02/01/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CADY MEMORIAL HOME--0017997)

**Date:** 06/24/2024      **SOD #**Z7O111      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12 2a

FORFEITURE---83.45 4

### Complaint History (CADY MEMORIAL HOME--0017997)

**Date Complaint Received:** 03/13/2024

**Date Investigation Completed:** 04/09/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Z7O111

PROGRAM SERVICES

SUBSTANTIATED

Z7O111

RESIDENT RIGHTS

SUBSTANTIATED

Z7O111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Z7O111

**Date Complaint Received:** 03/05/2024

**Date Investigation Completed:** 04/09/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Z7O111

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

Z7O111

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0148525    **End Date:** 01/15/2025    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0148010    **End Date:** 07/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JZXY11    Served 11/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	1/15/25	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/15/25	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/15/25	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/15/25	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/15/25	Yes
83.47(2)(d)	FIRE DRILLS	1/15/25	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/15/25	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144353      **End Date:** 09/26/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141417      **End Date:** 11/22/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (CLOVERLEAF TERRACE LLC--0015404)

**Date:** 11/05/2024      **SOD #**JZXY11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N0352 83.32(3)(h)  
FORFEITURE---N0454 83.42(1)  
FORFEITURE---N0481 83.43(1)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CLOVERLEAF TERRACE LLC--0015404)

**Date Complaint Received: 04/30/2024**

**Date Investigation Completed: 07/19/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	JZXY11
PROGRAM SERVICES	SUBSTANTIATED	JZXY11
RESIDENT RIGHTS	SUBSTANTIATED	JZXY11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	JZXY11

**Date Complaint Received: 04/24/2024**

**Date Investigation Completed: 07/19/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	JZXY11
RESIDENT RIGHTS	SUBSTANTIATED	JZXY11

**Date Complaint Received: 04/15/2024**

**Date Investigation Completed: 07/19/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	JZXY11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	JZXY11
PROGRAM SERVICES	SUBSTANTIATED	JZXY11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	JZXY11

**Date Complaint Received: 12/06/2023**

**Date Investigation Completed: 07/19/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	JZXY11
PROGRAM SERVICES	SUBSTANTIATED	JZXY11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	JZXY11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 11/22/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Meadow View Assisted Living (0019741)

**Address:** 400 W Mill St, Bonduel, WI 54107

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146307      **End Date:** 04/23/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145348      **End Date:** 01/16/2024      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144146      **End Date:** 09/07/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (Meadow View Assisted Living--0019741)

**Date Complaint Received:** 01/18/2024

**Date Investigation Completed:** 04/23/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** ELLA BESAW CENTER (0020143)

**Address:** W12806 COUNTY ROAD A, BOWLER, WI 54416

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/14/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146422      **End Date:** 05/14/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146901      **End Date:** 07/09/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

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

**Address:** N2222 WHITE CEDAR ROAD, GRESHAM, WI 54128

**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:** 0147228    **End Date:** 08/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144927    **End Date:** 09/13/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RB6L11    Served 11/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/5/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/5/24	Yes
83.47(2)(d)	FIRE DRILLS	8/5/24	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/5/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (WOLF RIVER CBRF--0011326)

**Date:** 11/30/2023      **SOD #**RB6L11      **Appealed:** No

#### Sanctions

ORDER TO COMPLY

FORFEITURE---N 243 83.21(1)-(3)

FORFEITURE---N 427 83.38(1)(c)

FORFEITURE---N 538 83.48(3)(a)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0144570      **End Date:** 10/18/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142993      **End Date:** 04/17/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Date Complaint Received:** 11/02/2022

**Date Investigation Completed:** 04/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0144572      **End Date:** 10/18/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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

### Survey History

**Survey ID:** 0144617      **End Date:** 10/19/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (COTTAGES MEMORY CARE THE--0014369)

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

**Date Investigation Completed:** 10/19/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0147094    **End Date:** 07/24/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145880    **End Date:** 03/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145170    **End Date:** 12/11/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1BMU11    Served 01/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	3/13/24	Yes
83.45(1)(a)	EXTERIOR AREAS	3/13/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/13/24	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	3/13/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date:** 01/04/2024

**SOD #**1BMU11

**Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

**Date Investigation Completed: 07/24/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2024**

**Date Investigation Completed: 07/24/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/13/2023**

**Date Investigation Completed: 12/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 11/09/2023**

**Date Investigation Completed: 12/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/29/2023**

**Date Investigation Completed: 12/11/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1BMU11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1BMU11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0148828    **End Date:** 11/29/2024    **Type:** OTHER    **Purpose:** OTHER

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NLSC11    Served 02/24/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146274    **End Date:** 03/25/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1F5113    Served 04/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/14/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/14/24	Yes

---

**Survey ID:** 0144834    **End Date:** 07/21/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1F5112    Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.07	PROHIBITED ACTS	3/25/24	Yes
83.19	ORIENTATION	3/25/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/25/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/25/24	Yes

---

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143107 End Date: 02/27/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1F5111 Served 05/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/21/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/21/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/21/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/21/23	No
83.38(1)(h)	MEDICATION ADMINISTRATION	7/21/23	Yes

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

Date: 11/17/2023 SOD #1F5112 Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---N 230 83.19  
FORFEITURE---N 387 83.35(3)(b)  
FORFEITURE---N 396 83.36(1)(a)  
FORFEITURE---Y 3098 50.07

Date: 05/18/2023 SOD #1F5111 Appealed:

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---N 353 83.32(3)(i)  
FORFEITURE---N 396 83.36(1)(a)  
FORFEITURE---N432 83.38(1)(h)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 11/15/2024**

**Date Investigation Completed: 11/29/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

NLSC11

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

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

1F5113

**Date Complaint Received: 07/05/2023**

**Date Investigation Completed: 07/21/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1F5112

PROGRAM SERVICES

SUBSTANTIATED

1F5112

RESIDENT RIGHTS

SUBSTANTIATED

1F5112

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1F5112

**Date Complaint Received: 06/26/2023**

**Date Investigation Completed: 07/21/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

1F5112

PROGRAM SERVICES

SUBSTANTIATED

1F5112

RESIDENT RIGHTS

SUBSTANTIATED

1F5112

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

1F5112

**Date Complaint Received: 02/13/2023**

**Date Investigation Completed: 02/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1F5111

RESIDENT RIGHTS

SUBSTANTIATED

1F5111

PROGRAM SERVICES

SUBSTANTIATED

1F5111

RESIDENT RIGHTS

SUBSTANTIATED

1F5111

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146001    **End Date:** 03/25/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144859    **End Date:** 07/28/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R26012    Served 11/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/25/24	Yes
50.07	PROHIBITED ACTS	3/25/24	Yes
50.09(1)(l)	CARE	3/25/24	Yes
83.19	ORIENTATION	3/25/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/25/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/25/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	3/25/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143109 End Date: 02/27/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R26011 Served 05/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/28/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	7/28/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/28/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/28/23	No
83.38(1)(h)	MEDICATION ADMINISTRATION	7/28/23	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date:** 11/20/2023      **SOD #**R26012      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---N 230 83.19  
FORFEITURE---N 387 83.35(3)(b)  
FORFEITURE---N 398 83.36(1)(a)  
FORFEITURE---N 432 83.38(1)(h)  
FORFEITURE---Y 3098 50.07  
FORFEITURE---Y 3244 50.09(1)(L)

**Date:** 05/18/2023      **SOD #**R26011      **Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH FACILITY PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 396 83.36(1)(a)  
FORFEITURE---N 432 83.38(1)(h)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 01/24/2024**

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/22/2023**

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 11/20/2023**

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/30/2023**

**Date Investigation Completed: 03/25/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/05/2023**

**Date Investigation Completed: 07/28/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R26012
PROGRAM SERVICES	SUBSTANTIATED	R26012
RESIDENT RIGHTS	SUBSTANTIATED	R26012
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	R26012

**Date Complaint Received: 06/26/2023**

**Date Investigation Completed: 07/28/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R26012
PROGRAM SERVICES	SUBSTANTIATED	R26012
RESIDENT RIGHTS	SUBSTANTIATED	R26012
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	R26012

**Date Complaint Received: 02/13/2023**

**Date Investigation Completed: 02/27/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	R26011
RESIDENT RIGHTS	SUBSTANTIATED	R26011
PROGRAM SERVICES	SUBSTANTIATED	R26011
RESIDENT RIGHTS	SUBSTANTIATED	R26011

**Date Complaint Received: 01/25/2023**

**Date Investigation Completed: 02/27/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	R26011
PROGRAM SERVICES	SUBSTANTIATED	R26011
RESIDENT RIGHTS	SUBSTANTIATED	R26011

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/26/2022**

**Date Investigation Completed: 02/27/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	R26011
SUBSTANTIATED	R26011
SUBSTANTIATED	R26011

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SHAWANO PLACE (0017080)

**Address:** 1088 ENGLE DR, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0139189      **End Date:** 04/06/2022      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146285    **End Date:** 02/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y5HZ11    Served 05/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(f)	HORIZONTAL EVACUATION		
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS		
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		
83.59(4)(a)	DELAYED EGRESS: ONLY ONE DEVICE PERMITTED		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(7)(a) EMERGENCY EGRESS LIGHTING PROVIDED  
83.64(5) SMOKE COMPARTMENTS FORMED BY SMOKE  
BARRIERS

Survey ID: 0142665 End Date: 11/03/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MB5811 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.41(2)(a)	NUTRITION: DIET	5/20/23	Yes

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

Date: 05/01/2024 SOD #Y5HZ11 Appealed: Decision: PENDING

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.32 3n  
FORFEITURE---83.44 2c  
FORFEITURE---83.59 1g  
FORFEITURE---83.64 5

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 01/09/2024**

**Date Investigation Completed: 02/27/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/02/2024**

**Date Investigation Completed: 02/27/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/14/2023**

**Date Investigation Completed: 02/27/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 02/27/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
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

**Survey ID:** 0142111      **End Date:** 02/09/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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