

Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 27.00 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 05/08/2015 to 05/07/2018

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 5/8/15 to 5/7/18

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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: 0126635 **End Date:** 05/02/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126414 **End Date:** 02/28/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JV2T11 Served 04/09/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	5/2/18	Yes

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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: 0126636 **End Date:** 05/02/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126412 **End Date:** 02/28/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KQMX11 Served 04/09/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	5/2/18	Yes

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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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For the period 05/08/2015 to 05/07/2018

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SHAWANO PLACE (0017080)

Address: 1088 ENGLE DR, SHAWANO, WI 54166

License Status: PROBATIONARY

Licensed/Certified/Registered 05/16/2018 12:00:00AM

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018

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)

Complaint History (HOMME RESIDENTIAL WITTENBERG--410107)

Date Complaint Received: 01/13/2017 **Date Investigation Completed: 03/27/2017**

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

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Provider Inspection Summary

For the period 05/08/2015 to 05/07/2018

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 05/08/2015 to 05/07/2018
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

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