

Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 5/17/2020 to 5/17/2023

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 3/16/1999 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

This is Page 2 of 27 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 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: OLSON 1 (0017343)

Address: 847 OLSON ST, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 4/5/2019 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

Complaint History (OLSON 1--0017343)

Date Complaint Received: 10/14/2021

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: OLSON 2 (0018238)

Address: 845 OLSON STREET, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 10/8/2020 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

Survey ID: 0135095 **End Date:** 10/8/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (OLSON 2--0018238)

Date Complaint Received: 10/14/2021

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: PARK HOUSE (0018239)

Address: 1041 SOUTH PARK STREET, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 3/10/2022 12:00:00AM

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

Survey History

Survey ID: 0138959 **End Date:** 3/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: SUNSET HOME (0017579)

Address: 301 SUNSET AVE, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 10/8/2020 12:00:00AM

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

Survey History

Survey ID: 0135096 **End Date:** 10/8/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 2/15/2021 12:00:00AM

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

Survey History

Survey ID: 0135657 **End Date:** 2/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 3/6/2020 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 3/6/2020 12:00:00AM

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

Survey History

Survey ID: 0138575 **End Date:** 2/1/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CADY MEMORIAL HOME--0017997)

Date Complaint Received: 7/22/2020

Date Investigation Completed: 2/1/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 1/1/2016 12:00:00AM

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

Survey History

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138308 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.14(2)(a)

LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

1/13/22

Yes

Enforcement History (CLOVERLEAF TERRACE LLC--0015404)

Date: 1/12/2022 **SOD #**AOPX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CLOVERLEAF TERRACE LLC--0015404)

Date Complaint Received: 4/4/2022

Date Investigation Completed: 11/22/2022

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 5/17/2020 to 5/17/2023

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 8/15/2013 12:00:00AM

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

Survey History

Survey ID: 0143313 **End Date:** 4/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5ZG911 Served 6/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	7/24/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/24/23	Yes

Survey ID: 0141526 **End Date:** 12/1/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138209 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9B1W11 Served 1/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/1/22	Yes

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MEADOW VIEW ESTATES LLC--0014722)

Date: 1/6/2022

SOD #9B1W11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 5/16/1991 12:00:00AM

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

Survey History

Survey ID: 0141956 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141300 **End Date:** 8/16/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EVC711 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/25/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/25/23	Yes

Enforcement History (ELLA BESAW CENTER--410245)

Date: 11/9/2022 **SOD #**EVC711 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 12/1/1987 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 8/1/2006 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 3/1/2017 12:00:00AM

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

Survey History

Survey ID: 0142993 **End Date:** 4/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135670 **End Date:** 2/23/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ROSE MARY MANOR NORTH--0015395)

Date Complaint Received: 11/2/2022

Date Investigation Completed: 4/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 3/1/2017 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 11/1/2013 12:00:00AM

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

Survey History

Survey ID: 0136452 **End Date:** 6/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 5/1/2003 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 2/10/2015 12:00:00AM

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

Survey History

Survey ID: 0143107 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1F5111 Served 5/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.38(1)(h)	MEDICATION ADMINISTRATION		

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 2/13/2023

Date Investigation Completed: 2/27/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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 5/17/2020 to 5/17/2023

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 2/10/2015 12:00:00AM

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

Survey History

Survey ID: 0143109 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R26011 Served 5/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.38(1)(h)	MEDICATION ADMINISTRATION		

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 2/13/2023

Date Investigation Completed: 2/27/2023

<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: 1/25/2023

Date Investigation Completed: 2/27/2023

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

Date Complaint Received: 11/26/2022

Date Investigation Completed: 2/27/2023

<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 5/17/2020 to 5/17/2023

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 6/1/2019 12:00:00AM

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

Survey History

Survey ID: 0139189 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SHAWANO PLACE--0017080)

Date Complaint Received: 10/10/2021

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 2/15/2021

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/20/2021

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 1/7/2021

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/27/2020

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

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 12/1/1980 12:00:00AM

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

Survey History

Survey ID: 0142665 **End Date:** 11/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MB5811 Served 4/5/2023

Deficiencies Cited
83.41(2)(a)

Subject Area
NUTRITION: DIET

Compliance
Verified
5/20/23

Corrected
Yes

Complaint History (HOMME RESIDENTIAL WITTENBERG--410107)

Date Complaint Received: 10/28/2021

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023
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 6/4/2009 12:00:00AM

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

Survey History

Survey ID: 0142111 **End Date:** 2/9/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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