

## Provider Inspection Summary

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

Sheboygan

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Sheboygan County. The report is a PDF (Adobe Acrobat) document and includes a total of 30.00 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 Family Home

### Facility Information

**Facility Name:** 28 Pines (0019958)

**Address:** N 937 State Road 28, Adell, WI 53001

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145496    **End Date:** 02/06/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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:** KATIE ROSE OO AFH (0017583)

**Address:** W6589 COUNTY RD A SOUTH, ADELL, WI 53001

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/22/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0140189      **End Date:** 07/18/2022      **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:** EDGEWOOD (0019967)

**Address:** 1007 N Wisconsin Dr, Howards Grove, WI 53083

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/09/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0147052    **End Date:** 06/18/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #04MP11    Served 07/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/6/24	

**Survey ID:** 0145562    **End Date:** 02/09/2024    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

#### Complaint History (EDGEWOOD--0019967)

**Date Complaint Received:** 03/11/2024

**Date Investigation Completed:** 06/18/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	04MP11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	04MP11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** OUR HOME NORTHSIDE (0010823)

**Address:** 406 N 13TH ST, OOSTBURG, WI 53070

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/16/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0145162    **End Date:** 01/02/2024    **Type:** OTHER    **Purpose:** OTHER

**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:** OUR HOME PARKSIDE (0008735)

**Address:** 1145 PARK AVE PO BOX 700065, OOSTBURG, WI 53070

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1999 12:00:00AM

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

### Survey History

**Survey ID:** 0148259    **End Date:** 12/05/2024    **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:** VISTA CARE MINNESOTA AFH (0011919)

**Address:** 831 MINNESOTA AVE, OOSTBURG, WI 53070

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/2007 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:** VISTA CARE PLAZA LANE AFH (0010890)

**Address:** 356 PLAZA LANE, PLYMOUTH, WI 53073

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0141384    **End Date:** 11/11/2022    **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:** APRIA RESIDENTIAL SOUTHMOOR (0014358)

**Address:** 2833 S 12TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/04/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0147804    **End Date:** 10/09/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140592    **End Date:** 08/18/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (APRIA RESIDENTIAL SOUTHMOOR--0014358)

**Date Complaint Received:** 03/30/2022

**Date Investigation Completed:** 08/18/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

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

Adult Family Home

### Facility Information

**Facility Name:** HIL Prairie View (0019980)

**Address:** 4545 Prairie View Rd, Sheboygan, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/02/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146928    **End Date:** 04/29/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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:** HIL VISTA (0018375)

**Address:** 1302-1304 NORTH 49TH STREET, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0146654    **End Date:** 06/05/2024    **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:** JONES FAMILY CARE (0020868)

**Address:** 824 N 17th ST, SHEBOYGAN, WI 530813827

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147985    **End Date:** 10/30/2024    **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

Adult Family Home

#### Facility Information

**Facility Name:** Lakeshore Winds (0019918)

**Address:** 4219 Lakeshore Road, Sheboygan, WI 53083

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/09/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0146267    **End Date:** 04/24/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145563    **End Date:** 02/09/2024    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

#### Complaint History (Lakeshore Winds--0019918)

**Date Complaint Received:** 03/26/2024

**Date Investigation Completed:** 04/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

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

Adult Family Home

### Facility Information

**Facility Name:** MCKENZIES MISSION AFH INC (0014735)

**Address:** 4705 HUNTERS GLEN DR, SHEBOYGAN, WI 53083

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/23/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0139203    **End Date:** 04/07/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**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:** NIECES CARING HANDS (0018635)

**Address:** 3110 N 11 ST, SHEBOYGAN, WI 53083

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2021 12:00:00AM

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

#### Survey History

**Survey ID:** 0148056    **End Date:** 11/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146624    **End Date:** 03/28/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2YH311    Served 06/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	11/5/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/5/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/5/24	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	11/5/24	Yes
88.09(1)(d)11	RESIDENT FUNDS	11/5/24	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	11/5/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/5/24	Yes

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### Provider Inspection Summary

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

Adult Family Home

#### Enforcement History (NIECES CARING HANDS--0018635)

**Date:** 06/05/2024      **SOD #**2YH311      **Appealed:** No

Sanctions

ORDER TO COMPLY

#### Complaint History (NIECES CARING HANDS--0018635)

**Date Complaint Received:** 10/12/2023

**Date Investigation Completed:** 03/28/2024

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** VISTA CARE ELLA KLEMME AFH (0014839)

**Address:** 2013 N 38TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/28/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0139123      **End Date:** 03/29/2022      **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:** VISTA CARE MANOR PARKWAY AFH (0009644)

**Address:** 1729 MANOR PKWY, SHEBOYGAN, WI 530821407

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/27/2002 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:** VISTA CARE NORTH 29TH (0011503)

**Address:** 1227 NORTH 29TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/11/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0146273    **End Date:** 04/25/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144479    **End Date:** 10/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140135    **End Date:** 07/11/2022    **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

#### Complaint History (VISTA CARE NORTH 29TH--0011503)

**Date Complaint Received: 06/23/2023**

**Date Investigation Completed: 10/03/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/14/2023**

**Date Investigation Completed: 10/03/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** VISTA CARE NORTH 49TH STREET AFH (0013033)

**Address:** 1342 NORTH 49TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/06/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0140646    **End Date:** 08/30/2022    **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:** VISTA CARE SOUTH 17TH PLACE (490105)

**Address:** 3907 S 17TH PL, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/13/1997 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:** VISTA CARE SOUTH 25TH STREET AFH (0008575)

**Address:** 2503 LEON CT, SHEBOYGAN, WI 530821407

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/06/1999 12:00:00AM

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

#### Survey History

**Survey ID:** 0148307    **End Date:** 09/16/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VV6Z11    Served 12/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/27/25	Yes

#### Complaint History (VISTA CARE SOUTH 25TH STREET AFH--0008575)

**Date Complaint Received:** 04/09/2024

**Date Investigation Completed:** 09/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	VV6Z11
PROGRAM SERVICES	SUBSTANTIATED	VV6Z11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	VV6Z11

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** VISTA CARE SUPERIOR NORTH (0018341)

**Address:** 1512 N 17TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/07/2020 12:00:00AM

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

#### Survey History

**Survey ID:** 0144052    **End Date:** 06/20/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #O8C611    Served 08/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	10/28/23	Yes

#### Complaint History (VISTA CARE SUPERIOR NORTH--0018341)

**Date Complaint Received:** 11/14/2022

**Date Investigation Completed:** 06/20/2023

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

Adult Family Home

#### Facility Information

**Facility Name:** WASHINGTON HOUSE (0013542)

**Address:** 1409 N 11 ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/13/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0143314    **End Date:** 04/06/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BUVF11    Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/24/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Falcon Way (0019963)

**Address:** 1554 Falcon Way, Sheboygan Falls, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/23/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145736    **End Date:** 02/23/2024    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**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:** Gideons Way (0019964)

**Address:** 133 Kay Avenue, Sheboygan Falls, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145497    **End Date:** 02/06/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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:** HIL STONE CREEK (0011594)

**Address:** 563 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/28/2006 12:00:00AM

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

**Survey History**

**Survey ID:** 0138662    **End Date:** 02/09/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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:** HIL WALDEN (0011593)

**Address:** 553 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/28/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0147646    **End Date:** 09/17/2024    **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:** VISTA CARE FALLS ROAD (0011410)

**Address:** 743 OLD COUNTY RD PP, SHEBOYGAN FALLS, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/27/2006 12:00:00AM

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

#### Survey History

**Survey ID:** 0148308    **End Date:** 09/17/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RZSU11    Served 12/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/27/25	Yes
88.10(5)(c)4	INFORMATION ABOUT ADVOCACY ORGANIZATION	1/27/25	Yes

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