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 34.00 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.
Facility Information

Facility Name: 28 PINES AFH (0014611)
Address: N 937 STATE HWY 28, ADELL, WI 53001
License Status: REGULAR
Licensed/Certified/Registered 6/5/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125650   End Date: 1/9/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: KATIE ROSE OO AFH (0017583)
Address: W6589 COUNTY RD A SOUTH, ADELL, WI 53001
License Status: REGULAR
Licensed/Certified/Registered 8/22/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131292   End Date: 8/22/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: CHOUINARD ADULT FAMILY HOME (490106)
Address: N8713 LITTLE ELKHART LAKE RD, ELKHART LAKE, WI 53020
License Status: REGULAR
Licensed/Certified/Registered 2/13/1997 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
No survey activity during the period 2/9/17 to 2/9/20

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Facility Information

Facility Name: EDGEWOOD AFH (0017077)
Address: 1007 N WISCONSIN DR, HOWARDS GROVE, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 4/12/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131325  End Date: 8/28/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130196  End Date: 2/15/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QEKR11 Served 5/16/2019

Survey ID: 0126462  End Date: 4/12/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (EDGEWOOD AFH–0017077)

Date: 5/13/2019  SOD #QEKR11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 5 of 34 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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<tr>
<td>SOD #</td>
<td>QEKR11</td>
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This is Page 6 of 34 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: FREY ADULT FAMILY HOME (0014510)
Address: 1420 WOODLAND RD, KOHLER, WI 53044
License Status: REGULAR
Licensed/Certified/Registered 5/28/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126193  End Date: 2/27/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125655  End Date: 11/21/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PJZP11  Served 1/19/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>2/27/18 Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>12/1/17 Yes</td>
</tr>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>12/1/17 Yes</td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>2/27/18 Yes</td>
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</tbody>
</table>

Enforcement History (FREY ADULT FAMILY HOME--0014510)
Date: 1/16/2018  SOD #PJZP11  Appealed: No
Sanctions
OTHER SANCTION

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.
Facility Information

Facility Name: OUR HOME NORTHSIDE (0010823)
Address: 406 N 13TH ST, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registerd 6/16/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<th>Results</th>
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<td>0124254</td>
<td>8/16/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0123618</td>
<td>4/11/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #9I2211 Served 7/26/2017

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<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>7/26/17</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>7/26/17</td>
<td>Yes</td>
<td></td>
</tr>
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Enforcement History (OUR HOME NORTHSIDE--0010823)

Date: 7/10/2017  SOD #9I2211  Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: OUR HOME PARKSIDE (0008735)
Address: 1145 PARK AVE PO BOX 700065, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 10/1/1999 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129132  End Date: 2/1/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128956  End Date: 12/10/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #V7FF11 Served 1/15/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/1/19</td>
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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 3/10/2020

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: SUNSET TERRACE (0016366)
Address: N2975 SUNSET DRIVE, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 10/25/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126577  End Date: 4/20/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SUNSET TERRACE–0016366)

Date Complaint Received: 4/12/2018  Date Investigation Completed: 4/20/2018
Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED

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Facility Information

Facility Name: VISTA CARE MINNESOTA AFH (0011919)
Address: 831 MINNESOTA AVE, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 4/30/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125333 End Date: 12/5/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA CARE MINNESOTA AFH--0011919)

Date Complaint Received: 11/10/2017 Date Investigation Completed: 12/5/2017
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
Facility Name: VISTA CARE PLAZA LANE AFH (0010890)
Address: 356 PLAZA LANE, PLYMOUTH, WI 53073
License Status: REGULAR
Licensed/Certified/Registered 5/10/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey ID: 0132664  End Date: 1/29/2020  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131550  End Date: 7/16/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #FTJD11  Served 9/20/2019

<table>
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<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tr>
<td>88.06(3)(d)1</td>
<td>DESCRIPTION OF SERVICES</td>
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<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
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Survey ID: 0130142  End Date: 5/2/2019  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129704  End Date: 3/28/2019  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0125351   End Date: 12/12/2017   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VISTA CARE PLAZA LANE AFH--0010890)

Date: 9/20/2019   SOD #FTJD11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (VISTA CARE PLAZA LANE AFH--0010890)

Date Complaint Received: 5/28/2019   Date Investigation Completed: 7/16/2019

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
OTHER

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
FTJD11
FTJD11
FTJD11

Date Complaint Received: 4/8/2019   Date Investigation Completed: 5/2/2019

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

Date Complaint Received: 4/4/2019   Date Investigation Completed: 5/2/2019

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/5/2019   Date Investigation Completed: 3/28/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

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**Facility Information**

Facility Name: APRIA RESIDENTIAL SOUTHMOOR (0014358)
Address: 2833 S. 12TH ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 9/4/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

Survey ID: 0127107 End Date: 6/12/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

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<th>Date Investigation Completed: 6/12/2018</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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Facility Information

Facility Name: HIL PACIFIC HOME (0009789)
Address: 1510 GREENFIELD AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 1/1/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131520           End Date: 7/22/2019     Type: ABBREVIATED     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

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Facility Information

Facility Name: LAKESHORE WINDS (0016202)
Address: 4219 LAKESHORE ROAD, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 8/12/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Survey History

Survey ID: 0130499    End Date: 5/24/2019    Type: STANDARD    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: MCKENZIES MISSION AFH INC (0014735)
Address: 4705 HUNTERS GLEN DR, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 9/23/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125675</td>
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<td>ENFORCEMENT ACTION</td>
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<td>#2OFC11</td>
<td>Served 1/19/2018</td>
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Statement of Deficiency: #2OFC11 Served 1/19/2018

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<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
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<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>4/24/18</td>
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<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
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Enforcement History (MCKENZIES MISSION AFH INC--0014735)

Date: 1/17/2018

SOD #2OFC11
Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: MILESTONES ADULT FAMILY HOME INC (0014716)
Address: 7312 SHIRCEL RD, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 7/22/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 2/9/17 to 2/9/20
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

<table>
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<tr>
<td>Facility Name: VISTA CARE ELLA KLEMME AFH (0014839)</td>
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<tr>
<td>Address: 2013 N 38TH ST, SHEBOYGAN, WI 53081</td>
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<td>License Status: REGULAR</td>
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<td>Licensed/Certified/Registered 10/28/2013 12:00:00AM</td>
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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: VISTA CARE HAWTHORN ROAD AFH (0011945)
Address: 6400 HAWTHORN RD, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 6/1/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124595 End Date: 9/11/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123886 End Date: 5/2/2017 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #09KC11 Served 8/10/2017

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<th>Subject Area</th>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified 9/11/17</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Verified 8/25/17</td>
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</tbody>
</table>

Enforcement History (VISTA CARE HAWTHORN ROAD AFH--0011945)

Date: 8/7/2017 SOD #09KC11 Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: VISTA CARE MANOR PARKWAY AFH (0009644)
Address: 1729 MANOR PKWY, SHEBOYGAN, WI 530821407
License Status: REGULAR
Licensed/Certified/Registered 6/27/2002 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125998   End Date: 2/19/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125752   End Date: 12/19/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #LUOM11 Served 1/26/2018

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Enforcement History (VISTA CARE MANOR PARKWAY AFH–0009644)

Date: 1/26/2018   SOD #LUOM11   Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: VISTA CARE NORTH 29TH (0011503)
Address: 1227 NORTH 29TH ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 7/11/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130492  End Date: 5/21/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125115  End Date: 11/6/2017  Type: OTHER  Purpose: COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124568  End Date: 8/31/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VISTA CARE NORTH 29TH--0011503)
Date: 4/5/2017  SOD #0E8D11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 10/23/2017</th>
<th>Date Investigation Completed: 11/6/2017</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>OTHER</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
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<td>SOD #</td>
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</table>
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 10/6/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131906    End Date: 10/16/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: VISTA CARE PAGE COURT AFH (0013034)
Address: 908 PAGE COURT, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 10/28/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124253  End Date: 8/14/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123509  End Date: 3/15/2017  Type: ABBREVIATED  Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #2OG111 Served 6/29/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>7/17/17</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>7/17/17</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>7/17/17</td>
<td>Yes</td>
</tr>
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</table>

Enforcement History (VISTA CARE PAGE COURT AFH–0013034)

Date: 6/26/2017  SOD #2OG111  Appealed: No
Sanctions
OTHER SANCTION

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Facility Information

Facility Name: VISTA CARE SOUTH 17TH PLACE (490105)
Address: 3907 S 17TH PL, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 2/13/1997 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125209     End Date: 11/27/2017     Type: ABBREVIATED     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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 7/6/1999  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0125202  End Date:  11/22/2017  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name:  WASHINGTON HOUSE (0013542)
Address:  1409 N 11 ST, SHEBOYGAN, WI 53081
License Status:  REGULAR
Licensed/Certified/Registered 4/13/2011  12:00:00AM
Regional Office:  NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0128875  End Date:  11/9/2018  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: FALCON WAY (0016393)
Address: 1554 FALCON WAY, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 10/28/2016 12:00:00AM
Regional Office: NORTHEASTER REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
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<tbody>
<tr>
<td>0129167</td>
<td>2/6/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0128914</td>
<td>11/27/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

Statement of Deficiency: #248X11 Served 1/8/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified: 2/6/19</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Verified: 2/6/19</td>
</tr>
<tr>
<td>88.09(1)(d)7</td>
<td>RESIDENT RECORD-MEDICAL EXAMINATIONS</td>
<td>Verified: 2/6/19</td>
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Complaint History (FALCON WAY--0016393)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<tbody>
<tr>
<td>7/18/2018</td>
<td>11/27/2018</td>
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</tbody>
</table>

Subject Area(s) | Result | SOD #
RESIDENT RIGHTS | NOT SUBSTANTIATED |
STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |

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Facility Information

Facility Name: GIDEONS WAY (0017006)
Address: 133 KAY AVE, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 3/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127911  End Date: 8/22/2018  Type: STANDARD  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126163  End Date: 3/1/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (GIDEONS WAY--0017006)

Date Complaint Received: 7/18/2018  Date Investigation Completed: 8/22/2018

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<tr>
<th>Subject Area(s)</th>
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<tbody>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</table>
Facility Information

Facility Name: HIL STONE CREEK (0011594)
Address: 563 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 8/28/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123144  End Date: 4/26/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HIL WALDEN (0011593)
Address: 553 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 8/28/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123794 End Date: 7/25/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123615 End Date: 3/29/2017 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PING11 Served 7/10/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Verified</td>
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<tr>
<td>88.05(4)(b)</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Corrected</td>
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<td></td>
<td>7/14/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7/14/17</td>
</tr>
</tbody>
</table>

Enforcement History (HIL WALDEN--0011593)

Date: 7/7/2017 SOD #PING11 Appealed: No
Sanctions
OTHER SANCTION
Facility Information

Facility Name:  VISTA CARE FALLS ROAD AFH (0011410)
Address:  743 OLD COUNTY RD PP, SHEBOYGAN FALLS, WI 53085
License Status:  REGULAR
Licensed/Certified/Registered 4/27/2006  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID:  0131359        End Date:  6/18/2019        Type:  OTHER        Purpose:  SURVEY/COMPLAINT
Results:  ENFORCEMENT ACTION
Statement of Deficiency:  #RL6M11  Served 9/4/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>50.065(2)(bb)</td>
<td>DETERMINE FINAL DISPOSITION OF CHARGE</td>
<td>Verified</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
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<tr>
<td>88.05(3)(g)</td>
<td>WINDOWS AND VENTILATION</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
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Enforcement History (VISTA CARE FALLS ROAD AFH--0011410)

Date:  9/4/2019        SOD #RL6M11        Appealed:  No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 4/1/2019</th>
<th>Date Investigation Completed: 6/18/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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