Provider Inspection Summary

For the period 07/24/2019 to 07/23/2022

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 07/24/2019 to 07/23/2022
Adult Family Home

Facility Information

Facility Name: 28 PINES AFH (0014611)
Address: N 937 STATE HWY 28, ADELL, WI 53001
License Status: REGULAR
Licensed/Certified/Registered 06/05/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138703 End Date: 02/15/2022 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.
Providence Inspection Summary
For the period 07/24/2019 to 07/23/2022
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

Survey ID: 0131292 End Date: 08/22/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: EDGEWOOD AFH (0017077)
Address: 1007 N WISCONSIN DR, HOWARDS GROVE, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 04/12/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139186 End Date: 03/17/2022 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #4C4L11 Served 04/08/2022

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>5/23/22</td>
<td></td>
</tr>
</tbody>
</table>

Survey ID: 0131325 End Date: 08/28/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: FREY ADULT FAMILY HOME (0014510)
Address: 1420 WOODLAND RD, KOHLER, WI 53044
License Status: REGULAR
Licensed/Certified/Registered 05/28/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138140 End Date: 01/04/2022 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 30 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.
Facility Information

Facility Name: OUR HOME NORHTSIDE (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: 0137771 End Date: 11/09/2021 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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: 0136974 End Date: 08/11/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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: 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: 0139335  End Date: 03/17/2022  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #R21711 Served 04/25/2022

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>6/9/22</td>
<td></td>
</tr>
</tbody>
</table>

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 07/24/2019 to 07/23/2022
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

Survey ID: 0138148  End Date: 01/04/2022  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
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/Registerd 05/10/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132664 End Date: 01/29/2020 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VISTA CARE PLAZA LANE AFH--0010890)
Date: 09/20/2019 SOD #FTJD11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 10 of 30 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.
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 ID: 0136290  End Date: 05/12/2021  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #W91T11 Served 05/21/2021

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>7/5/21</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>7/5/21</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
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

No survey activity during the period 7/24/19 to 7/23/22

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 07/24/2019 to 07/23/2022
Adult Family Home

Facility Information

Facility Name: LAKESHORE WINDS (0016202)
Address: 4219 LAKESHORE ROAD, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 08/12/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139985 End Date: 06/28/2022 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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 07/24/2019 to 07/23/2022
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

Survey ID: 0137978 End Date: 08/26/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9M9F11 Served 12/16/2021

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>4/7/22, Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>4/7/22, Yes</td>
</tr>
</tbody>
</table>

Enforcement History (MCKENZIES MISSION AFH INC–0014735)
Date: 12/16/2021 SOD #9M9F11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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: 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: 0138400      End Date: 12/13/2021      Type: INITIAL      Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
**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

---

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 07/24/2019 to 07/23/2022
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

Survey ID:  0138146  End Date:  01/03/2022  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED
## 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: 0140135  End Date: 07/11/2022  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Provider Inspection Summary**

For the period 07/24/2019 to 07/23/2022

Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility Name:</strong> VISTA CARE NORTH 49TH STREET AFH (0013033)</td>
</tr>
<tr>
<td><strong>Address:</strong> 1342 NORTH 49TH ST, SHEBOYGAN, WI 53081</td>
</tr>
<tr>
<td><strong>License Status:</strong> REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered: 10/06/2009 12:00:00AM</td>
</tr>
<tr>
<td><strong>Regional Office:</strong> NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey ID:</strong> 0131906</td>
</tr>
<tr>
<td><strong>End Date:</strong> 10/16/2019</td>
</tr>
<tr>
<td><strong>Type:</strong> ABBREVIATED</td>
</tr>
<tr>
<td><strong>Purpose:</strong> SURVEY</td>
</tr>
<tr>
<td><strong>Results:</strong> NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

---

This is Page 19 of 30 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 07/24/2019 to 07/23/2022

Adult Family Home

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: 0137625 End Date: 10/26/2021 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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: 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

Survey ID: 0137760    End Date: 11/09/2021  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
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: 0137705 End Date: 11/03/2021 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>VISTA CARE SUPERIOR NORTH (0018341)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1512 N 17TH ST, SHEBOYGAN, WI 53081</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>12/07/2020 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

### Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0135318</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>12/07/2020</td>
</tr>
<tr>
<td>Type:</td>
<td>INITIAL</td>
</tr>
<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

Results: LICENSE/CERT/REGISTRATION ISSUED
## 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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0138583</td>
<td>01/19/2022</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0138203</td>
<td>01/06/2022</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #70N511 Served 01/07/2022

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified 1/19/22</td>
</tr>
</tbody>
</table>

## Enforcement History (WASHINGTON HOUSE--0013542)

Date: 01/07/2022 SOD #70N511 Appealed: No
Sanctions
ORDER TO COMPLY

This is Page 24 of 30 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 07/24/2019 to 07/23/2022
Adult Family Home

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

Survey History

Survey ID: 0139082 End Date: 03/28/2022 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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: GIDEONS WAY (0017006)
Address: 133 KAY AVE, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 03/01/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138691  End Date: 02/09/2022  Type: ABBREVIATED  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 07/24/2019 to 07/23/2022
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

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 07/24/2019 to 07/23/2022
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: 0137011 End Date: 08/12/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HIL WALDEN--0011593)

<table>
<thead>
<tr>
<th>Date Complaint Received: 12/16/2020</th>
<th>Date Investigation Completed: 08/12/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s): RESIDENT RIGHTS</td>
<td>Result: NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 07/20/2020</th>
<th>Date Investigation Completed: 08/12/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s): PROGRAM SERVICES</td>
<td>Result: NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 07/24/2019 to 07/23/2022
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: 0135558         End Date: 02/03/2021         Type: STANDARD         Purpose: SURVEY/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135199         End Date: 11/05/2020         Type: OTHER         Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #JK7S11 Served 11/19/2020
Deficiencies Cited: 88.04(2)(f) Subject Area: CONDITION WHICH REPRESENTS RISK OR HARM
Compliance Verified: 2/3/21 Corrected: Yes

Survey ID: 0133131         End Date: 02/27/2020         Type: OTHER         Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 29 of 30 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 07/24/2019 to 07/23/2022

Adult Family Home

---

## Enforcement History (VISTA CARE FALLS ROAD--0011410)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/2020</td>
<td>JK7S11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY</td>
</tr>
<tr>
<td>09/04/2019</td>
<td>RL6M11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

## Complaint History (VISTA CARE FALLS ROAD--0011410)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/29/2020</td>
<td>11/05/2020</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>JK7S11</td>
</tr>
</tbody>
</table>