

## Provider Inspection Summary

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

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Waupaca County. The report is a PDF (Adobe Acrobat) document and includes a total of 44.00 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 Day Care Center

### Facility Information

**Facility Name:** CAHOOTS ADULT DAY SERVICE LLC (0018365)

**Address:** 506 WISCONSIN ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/27/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0135598    **End Date:** 01/27/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 2 of 44 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 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** CLARITY CARE PINE STREET (0010521)

**Address:** 359 PINE STREET, MANAWA, WI 54949

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/12/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0146913    **End Date:** 07/10/2024    **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:** PARTRIDGE (0011239)

**Address:** 530 PARTRIDGE DRIVE, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0144451    **End Date:** 09/28/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142990    **End Date:** 04/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PARTRIDGE--0011239)

**Date Complaint Received:** 07/19/2022

**Date Investigation Completed:** 04/19/2023

Subject Area(s)

Result

SOD #

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:** PHEASANT (0011240)

**Address:** 531 PHEASANT DRIVE, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0146944    **End Date:** 05/28/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GDFP11    Served 07/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	8/29/24	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:** AURORA RESIDENTIAL ALTERNATIVES 118 (0010753)

**Address:** N2349 ASHLEY COURT, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0140881    **End Date:** 09/29/2022    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS CLINTONVILLE I (0015437)

**Address:** 59 INDUSTRIAL AVE, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/16/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0146201    **End Date:** 01/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XNV211    Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/7/24	

**Survey ID:** 0141838    **End Date:** 01/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140131 End Date: 04/15/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U9HL13 Served 07/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/10/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/10/23	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/10/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	1/10/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/10/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/10/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/10/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/23	Yes
83.38(1)(b)	SUPERVISION	1/10/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS CLINTONVILLE I--0015437)

**Date:** 07/14/2022      **SOD #**U9HL13      **Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (CARE PARTNERS CLINTONVILLE I--0015437)

**Date Complaint Received: 12/26/2023**

**Date Investigation Completed: 01/24/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

XNV211  
XNV211

**Date Complaint Received: 12/14/2023**

**Date Investigation Completed: 01/24/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/04/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 04/15/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

U9HL13

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS CLINTONVILLE II (0017857)  
**Address:** 61 INDUSTRIAL AVE, CLINTONVILLE, WI 54929  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/25/2019 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0146199    **End Date:** 01/22/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X31711    Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/7/24	

**Survey ID:** 0141833    **End Date:** 01/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139080    **End Date:** 02/08/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OR4V11    Served 03/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	5/13/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	5/13/22	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS CLINTONVILLE II--0017857)

**Date Complaint Received: 12/11/2023**

**Date Investigation Completed: 01/22/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

X31711  
X31711

**Date Complaint Received: 08/16/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/05/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/26/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2022**

**Date Investigation Completed: 01/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** KINDREDHEARTS CLINTONVILLE (0009720)

**Address:** 76 GREEN TREE ROAD, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0142469    **End Date:** 03/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140609    **End Date:** 05/23/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I98113    Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	3/13/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/13/23	Yes
83.25	CONTINUING EDUCATION	3/13/23	Yes
83.28(7)	ADVANCED DIRECTIVES	3/13/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	3/13/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/13/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (KINDREDHEARTS CLINTONVILLE--0009720)

**Date:** 08/31/2022      **SOD #**I98113      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21 (1-3)  
FORFEITURE---83.25  
FORFEITURE---83.48(3)(a)  
FORFEITURE---83.48(8)(b)

#### Complaint History (KINDREDHEARTS CLINTONVILLE--0009720)

**Date Complaint Received:** 02/15/2023

**Date Investigation Completed:** 03/13/2023

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MCKINLEY HOUSE (0013397)

**Address:** 75 N PARK ST, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0143285    **End Date:** 06/06/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142969    **End Date:** 04/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140748    **End Date:** 09/01/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LJMQ12    Served 09/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/6/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/6/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MCKINLEY HOUSE--0013397)

**Date:** 09/14/2022      **SOD #**LJMQ12      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.36(1)(a)

**Date:** 04/20/2022      **SOD #**LJMQ11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.35(2)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MCKINLEY HOUSE--0013397)

**Date Complaint Received: 05/10/2023**

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/17/2023**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/18/2022**

**Date Investigation Completed: 04/13/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 11/29/2022**

**Date Investigation Completed: 04/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/10/2022**

**Date Investigation Completed: 09/01/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

LJMQ12

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Willows (The) (0020362)

**Address:** 515 W Iola St, Iola, WI 54945

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146573    **End Date:** 04/26/2024    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MANAWA ASSISTED LIVING (0014496)

**Address:** 401 EAST 4TH ST, MANAWA, WI 54949

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/13/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0147091    **End Date:** 07/23/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (MANAWA ASSISTED LIVING--0014496)

**Date Complaint Received:** 05/01/2024

**Date Investigation Completed:** 07/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** CLARITY CARE BEACON (0013395)

**Address:** 307 W COOK ST, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2010 12:00:00AM

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

#### Survey History

**Survey ID:** 0146914    **End Date:** 06/24/2024    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143954    **End Date:** 08/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (CLARITY CARE BEACON--0013395)

**Date Complaint Received:** 04/10/2023

**Date Investigation Completed:** 08/16/2023

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** KINDREDHEARTS NEW LONDON (0009724)

**Address:** 1706 TAUBEL ROAD, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0147072    **End Date:** 07/23/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144972    **End Date:** 09/28/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OE9114    Served 12/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	7/17/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/23/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/17/24	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	7/17/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/17/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/23/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/18/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	7/18/24	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/17/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/23/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/23/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/18/24	Yes

**Survey ID: 0142716    End Date: 01/26/2023    Type: OTHER    Purpose: COMPLAINT/SELF REPORT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #OE9113    Served 04/10/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/28/23	No
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	9/26/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (KINDREDHEARTS NEW LONDON--0009724)

**Date:** 12/06/2023      **SOD #**OE9114      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20 2 a-d  
FORFEITURE---83.21 1-3  
FORFEITURE---83.32 3h  
FORFEITURE---83.37 2d  
FORFEITURE---83.38 1g  
FORFEITURE---83.43 1  
FORFEITURE---83.46 1c

**Date:** 04/10/2023      **SOD #**OE9113      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.48(4)(f)

**Date:** 03/14/2022      **SOD #**OE9112      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.48(4)(f)  
FORFEITURE---83.48(8)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (KINDREDHEARTS NEW LONDON--0009724)

**Date Complaint Received: 02/05/2024**

**Date Investigation Completed: 07/23/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/01/2023**

**Date Investigation Completed: 09/28/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

OE9114

**Date Complaint Received: 09/28/2022**

**Date Investigation Completed: 01/26/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OE9113

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MONARCH MEADOWS AT ST JOSEPH RESIDENCE (0017393)

**Address:** 107 E BECKERT ROAD, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0144896    **End Date:** 11/27/2023    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** TRINITY TERRACE (410429)

**Address:** 1835 DIVISION STREET, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1996 12:00:00AM

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

**Survey History**

**Survey ID:** 0139273      **End Date:** 04/14/2022      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** BETHANY HOME INC (0016965)

**Address:** 1226 BERLIN ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0145165    **End Date:** 12/22/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144206    **End Date:** 08/14/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GIW811    Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/22/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/22/23	Yes

#### Enforcement History (BETHANY HOME INC--0016965)

**Date:** 09/13/2023    **SOD #**GIW811    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (BETHANY HOME INC--0016965)

**Date Complaint Received: 01/27/2023**

**Date Investigation Completed: 08/14/2023**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
GIW811  
GIW811

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** GARDEN PARK HOUSE (410133)

**Address:** 109 WEST LAKE STREET, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1996 12:00:00AM

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

#### Survey History

**Survey ID:** 0146535    **End Date:** 04/05/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CBLW11    Served 05/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		
83.47(3)	FIRE INSPECTION		

**Survey ID:** 0142600    **End Date:** 03/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138855    **End Date:** 03/02/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

#### Enforcement History (GARDEN PARK HOUSE--410133)

**Date:** 05/28/2024      **SOD #**CBLW11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.43 1  
FORFEITURE---83.47 3

**Date:** 03/14/2022      **SOD #**UCYT11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19

#### Complaint History (GARDEN PARK HOUSE--410133)

**Date Complaint Received:** 12/05/2023

**Date Investigation Completed:** 04/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 11/13/2023

**Date Investigation Completed:** 04/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 01/25/2023

**Date Investigation Completed:** 03/27/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PARK VISTA THE LEGACY (0016379)

**Address:** 1403 CHURCHILL ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/10/2016 12:00:00AM

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

#### Survey History

**Survey ID:** 0146144    **End Date:** 04/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145108    **End Date:** 10/26/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MWSE11    Served 12/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/25/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (PARK VISTA THE LEGACY--0016379)

**Date Complaint Received: 03/12/2024**

**Date Investigation Completed: 04/05/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/06/2024**

**Date Investigation Completed: 04/05/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** WAUPACA ELDER CARE HOME (0017545)  
**Address:** 510 RIVER ST, WAUPACA, WI 54981  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2020 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

**Survey ID:** 0145126    **End Date:** 11/17/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZN7J12    Served 12/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	2/25/24	Yes

**Survey ID:** 0143028    **End Date:** 11/01/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZN7J11    Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/17/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	11/17/23	Yes

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/17/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/17/23	Yes
83.39(3)	HAND WASHING	11/17/23	Yes

**Enforcement History (WAUPACA ELDER CARE HOME--0017545)**

**Date:** 05/11/2023      **SOD #** ZN7J11      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.32(3)(h) Rights of Residents: Med  
 FORFEITURE---83.38(1)9g) Health Monitoring

**Complaint History (WAUPACA ELDER CARE HOME--0017545)**

**Date Complaint Received:** 06/25/2022      **Date Investigation Completed:** 11/01/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	ZN7J11

**Date Complaint Received:** 04/05/2022      **Date Investigation Completed:** 11/01/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** WHISTLING PINES INC (0012366)

**Address:** 121 CTY HWY QQ, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/14/2008 12:00:00AM

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

#### Survey History

**Survey ID:** 0144021    **End Date:** 08/14/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3QBZ13    Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	10/23/23	Yes
83.47(3)	FIRE INSPECTION	10/23/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	10/23/23	Yes

**Survey ID:** 0141477    **End Date:** 10/12/2022    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3QBZ12    Served 12/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	2/10/23	

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (WHISTLING PINES INC--0012366)

**Date Complaint Received: 05/08/2023**

**Date Investigation Completed: 08/14/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 01/25/2023**

**Date Investigation Completed: 08/14/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ASTER ASSISTED LIVING OF CLINTONVILLE (0015337)

**Address:** 38 N MAIN ST, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/02/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0147340    **End Date:** 08/15/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144650    **End Date:** 10/18/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143276    **End Date:** 06/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142549    **End Date:** 03/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140945    **End Date:** 06/07/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4YER11    Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	3/21/23	Yes
89.23(2)(c)	SERVICES	3/21/23	Yes
89.23(3)(f)	SERVICES	3/21/23	Yes
89.23(4)(b)1	SERVICES	3/21/23	Yes
89.28(2)(a)1	RISK AGREEMENT	3/21/23	Yes

**Enforcement History (ASTER ASSISTED LIVING OF CLINTONVILLE--0015337)**

**Date:** 10/06/2022    **SOD #**4YER11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.23(2)(c)  
FORFEITURE---89.23(4)(b)1.  
FORFEITURE---89.28(2)(a)2

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**Provider Inspection Summary**

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

Residential Care Apartment Complex (CERTIFIED)

**Complaint History (ASTER ASSISTED LIVING OF CLINTONVILLE--0015337)**

<b>Date Complaint Received:</b>	<b>Date Investigation Completed:</b>	
<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
04/30/2024	08/15/2024	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
06/23/2023	10/18/2023	
PROGRAM SERVICES	NOT SUBSTANTIATED	
04/20/2023	06/05/2023	
PROGRAM SERVICES	NOT SUBSTANTIATED	
07/12/2022	03/22/2023	
PROGRAM SERVICES	NOT SUBSTANTIATED	
05/09/2022	06/07/2022	
PROGRAM SERVICES	SUBSTANTIATED	4YER11
05/06/2022	06/07/2022	
ADMINISTRATION	SUBSTANTIATED	4YER11
PROGRAM SERVICES	SUBSTANTIATED	4YER11
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	4YER11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 04/19/2022**

**Date Investigation Completed: 06/07/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Oaks (The) (0020450)

**Address:** 505 W Iola St, Iola, WI 54945

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146572    **End Date:** 04/26/2024    **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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WASHINGTON CENTER (THE) (0011417)  
**Address:** 500 W WASHINGTON ST, NEW LONDON, WI 54961  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/22/2006 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143116    **End Date:** 05/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141137    **End Date:** 10/24/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WASHINGTON CENTER (THE)--0011417)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 01/03/2023	Date Investigation Completed: 05/09/2023	
PROGRAM SERVICES	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

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** BETHANY PINES (0010360)

**Address:** 50 SHADOW WOODS LANE, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1998 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  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** PARK VISTA RETIREMENT LIVING WAUPACA (0015200)

**Address:** 950 COUNTY RD QQ, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/10/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0146092    **End Date:** 04/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138915    **End Date:** 03/03/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (PARK VISTA RETIREMENT LIVING WAUPACA--0015200)

**Date Complaint Received:** 03/15/2024

**Date Investigation Completed:** 04/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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