

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 Waushara County.

The report is a PDF (Adobe Acrobat) document and includes a total of 20.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIDDEN PINES INC (0012249)

Address: N5085 18TH ROAD, WILD ROSE, WI 54984

License Status: REGULAR

Licensed/Certified/Registered 02/21/2008 12:00:00AM

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

Survey History

Survey ID: 0142193 **End Date:** 02/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 20 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: Silver Rose AFH (0019591)

Address: N5290 15th Rd, Wild Rose, WI 54984

License Status: REGULAR

Licensed/Certified/Registered 05/28/2024 12:00:00AM

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

Survey History

Survey ID: 0148459 **End Date:** 12/18/2024 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146653 **End Date:** 05/28/2024 **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: PRESTON PLACE CBRF (0014632)

Address: 401 PRESTON Lane, REDGRANITE, WI 54970

License Status: REGULAR

Licensed/Certified/Registered 06/01/2014 12:00:00AM

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

Survey History

Survey ID: 0146396 **End Date:** 04/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M4GZ11 Served 05/13/2024

Deficiencies Cited
83.37(2)(d)

Subject Area
DOCUMENTATION OF MEDICATION
ADMINISTRATION

Compliance
Verified
6/27/24

Corrected
Yes

Survey ID: 0144797 **End Date:** 11/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142779 **End Date:** 04/13/2023 **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: 0141466 **End Date:** 09/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UG3H12 Served 12/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/13/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/13/23	Yes

Enforcement History (PRESTON PLACE CBRF--0014632)

Date: 12/01/2022 **SOD #UG3H12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)

Date: 04/15/2022 **SOD #UG3H11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.27(2)(c)
FORFEITURE---83.31(4)(a)
FORFEITURE---83.32(3)(n)
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 (PRESTON PLACE CBRF--0014632)

Date Complaint Received: 03/05/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 08/31/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/24/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2023

Date Investigation Completed: 04/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/03/2022

Date Investigation Completed: 04/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/26/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR PINES INC (0012367)

Address: 540 W PRAIRIE STREET, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 04/10/2008 12:00:00AM

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

Survey History

Survey ID: 0145405 **End Date:** 01/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H9D211 Served 01/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/14/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/14/24	Yes

Survey ID: 0143286 **End Date:** 06/06/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARBOR PINES INC--0012367)

Date Complaint Received: 01/08/2024

Date Investigation Completed: 01/16/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	H9D211
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	H9D211

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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: HEARTLAND HOUSE CBRF (0014477)

Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 02/01/2014 12:00:00AM

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

Survey History

Survey ID: 0142324 **End Date:** 02/27/2023 **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: HORIZON HOUSE (0017595)

Address: 402 E DIVISION ST, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/01/2020 12:00:00AM

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

Survey History

Survey ID: 0146995 **End Date:** 07/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143001 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

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)

Complaint History (HORIZON HOUSE--0017595)

Date Complaint Received: 04/10/2024

Date Investigation Completed: 07/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/20/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/27/2023

Date Investigation Completed: 05/09/2023

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: SILVER LAKE HAVEN (0018786)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 07/12/2022 12:00:00AM

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

Survey History

Survey ID: 0140137 **End Date:** 07/12/2022 **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: SILVER LAKE MANOR (0018787)

Address: N2641 17TH LANE, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 12/05/2022 12:00:00AM

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

Survey History

Survey ID: 0141492 **End Date:** 12/05/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: TOWNLINE ROAD RESIDENCE (410059)

Address: 130 S TOWNLINE RD, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988 12:00:00AM

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

Survey History

Survey ID: 0143509 **End Date:** 05/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6U0511 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/27/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/27/23	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	8/27/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	8/27/23	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)

Facility Information

Facility Name: Rosemore Village (0020449)

Address: 830 High Street, Wild Rose, WI 54984

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: 0148017 **End Date:** 11/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146574 **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)

Complaint History (Rosemore Village--0020449)

Date Complaint Received: 10/28/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/02/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

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 (CERTIFIED)

Facility Information

Facility Name: PRESTON PLACE RCAC (0014633)
Address: 401 PRESTON LN, REDGRANITE, WI 54970
License Status: REGULAR
Licensed/Certified/Registered 06/10/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147263 **End Date:** 08/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142771 **End Date:** 04/13/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140798 **End Date:** 09/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT
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)

Complaint History (PRESTON PLACE RCAC--0014633)

Date Complaint Received: 04/25/2024

Date Investigation Completed: 08/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/05/2023

Date Investigation Completed: 04/13/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/29/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/26/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

DEATH BY PSYCHOTROPIC DRUGS
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/08/2022

Date Investigation Completed: 09/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

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)

Date Complaint Received: 02/21/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/01/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/13/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Facility Information

Facility Name: HEARTLAND HOUSE RCAC (0014478)
Address: 668 W CUMMINGS RD, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 01/17/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143205 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142325 **End Date:** 02/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HEARTLAND HOUSE RCAC--0014478)

Date Complaint Received: 05/17/2023

Date Investigation Completed: 05/24/2023

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SILVER LAKE MANOR (0018785)
Address: N2641 17TH LANE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 03/22/2023 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142555 **End Date:** 03/22/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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