

## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

### 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 24.00 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 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** PRAIRIE STREET RESIDENCE (0009077)

**Address:** 511 W PRAIRIE ST, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/08/2000 12:00:00AM

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

### Survey History

**Survey ID:** 0131807    **End Date:** 09/26/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 24 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 08/25/2018 to 08/24/2021

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:** 0130592    **End Date:** 06/18/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRESTON PLACE CBRF (0014632)

**Address:** 401 PRESTON LN, 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:** 0135376    **End Date:** 12/17/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134902    **End Date:** 09/17/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0132124    **End Date:** 11/26/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0131913    **End Date:** 07/31/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KGJB11    Served 11/04/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	11/26/19	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/26/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/26/19	Yes

**Survey ID:** 0128837    **End Date:** 12/19/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (PRESTON PLACE CBRF--0014632)

**Date:** 11/04/2019    **SOD #**KGJB11    **Appealed:**

Sanctions

FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(d)

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PRESTON PLACE CBRF--0014632)

**Date Complaint Received: 11/24/2020**

**Date Investigation Completed: 12/17/2020**

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

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 11/04/2020**

**Date Investigation Completed: 12/17/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/03/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/27/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/04/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 06/22/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/21/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 03/04/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 02/24/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/15/2019**

**Date Investigation Completed: 11/26/2019**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 06/21/2019**

**Date Investigation Completed: 07/31/2019**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
SUBSTANTIATED  
KGJB11

**Date Complaint Received: 09/04/2018**

**Date Investigation Completed: 12/19/2018**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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:** 0130462    **End Date:** 05/29/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

No survey activity during the period 8/25/18 to 8/24/21

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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:** 0133809      **End Date:** 06/03/2020      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130790      **End Date:** 07/10/2019      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** SILVER LAKE HAVEN (0012405)

**Address:** N2641 17TH LANE, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/03/2008 12:00:00AM

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

#### Survey History

**Survey ID:** 0135643    **End Date:** 02/15/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0133989    **End Date:** 01/16/2020    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #00JH11    Served 06/23/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	2/16/21	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	2/16/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/16/21	Yes

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0132429**    **End Date: 07/16/2019**    **Type: OTHER**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7MI911    Served 01/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/16/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/16/21	Yes
83.47(2)(d)	FIRE DRILLS	2/16/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/16/21	Yes

**Survey ID: 0128680**    **End Date: 11/28/2018**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (SILVER LAKE HAVEN--0012405)

**Date: 06/23/2020**    **SOD #00JH11**    **Appealed:**

Sanctions

FORFEITURE---83.37(3)(g)  
FORFEITURE---83.38(1)(i)

**Date: 01/22/2020**    **SOD #7MI911**    **Appealed:**

Sanctions

FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.47(2)(d) 3rd cite  
FORFEITURE---83.47(2)(e) 3rd cite

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (SILVER LAKE HAVEN--0012405)

**Date Complaint Received: 09/05/2019**

**Date Investigation Completed: 01/16/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

00JH11

**Date Complaint Received: 06/07/2019**

**Date Investigation Completed: 07/16/2019**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

7MI911

RESIDENT RIGHTS

SUBSTANTIATED

7MI911

**Date Complaint Received: 10/10/2018**

**Date Investigation Completed: 11/28/2018**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SILVER LAKE MANOR CBRF (0012406)

**Address:** N2641 17TH LANE, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0136825    **End Date:** 06/21/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H10F11    Served 07/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.42(2)	RESIDENT RECORDS SAFEGUARDED		
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (SILVER LAKE MANOR CBRF--0012406)

**Date:** 07/26/2021      **SOD #**H1OF11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)

#### Complaint History (SILVER LAKE MANOR CBRF--0012406)

**Date Complaint Received:** 04/26/2021

**Date Investigation Completed:** 06/21/2021

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	H1OF11
SUBSTANTIATED	H1OF11

**Date Complaint Received:** 03/29/2021

**Date Investigation Completed:** 06/21/2021

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

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

**Date Complaint Received:** 11/06/2020

**Date Investigation Completed:** 06/21/2021

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	H1OF11

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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:** 0130295    **End Date:** 05/06/2019    **Type:** STANDARD    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0129078    **End Date:** 11/29/2018    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZX8M11    Served 01/28/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(c)	POSTING LONG TERM CARE OMBUDSMAN PROGRAM	5/6/19	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	5/6/19	Yes
83.25	CONTINUING EDUCATION	5/6/19	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/6/19	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/6/19	Yes
83.46(1)(f)	COMBUSTIBLES	5/6/19	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	5/6/19	Yes

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Enforcement History (TOWNLIN ROAD RESIDENCE--410059)

**Date:** 01/24/2019

**SOD #**ZX8M11

**Appealed:**

Sanctions

FORFEITURE---83.25 2nd cite

FORFEITURE---83.44(2)(a)

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROSEMORE VILLAGE (0018214)

**Address:** 830 HIGH STREET, WILD ROSE, WI 54984

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/05/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0134400    **End Date:** 08/05/2020    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021  
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:** 0135335    **End Date:** 12/17/2020    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134934    **End Date:** 09/17/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XR4T11    Served 10/06/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	12/15/20	Yes
89.34(17)	TENANT RIGHTS	12/15/20	Yes

**Survey ID:** 0130488    **End Date:** 05/20/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0129121    **End Date:** 12/19/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GKPL11    Served 02/02/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(18)	TENANT RIGHTS	5/14/19	Yes

#### Enforcement History (PRESTON PLACE RCAC--0014633)

**Date:** 10/06/2020    **SOD #**XR4T11    **Appealed:** No

Sanctions

OTHER SANCTION

**Date:** 01/31/2019    **SOD #**GKPL11    **Appealed:** No

Sanctions

OTHER SANCTION

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PRESTON PLACE RCAC--0014633)

**Date Complaint Received: 10/24/2020**

**Date Investigation Completed: 12/17/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/08/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/22/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/05/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 05/11/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/24/2020**

**Date Investigation Completed: 09/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XR4T11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XR4T11

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 05/09/2019**

**Date Investigation Completed: 05/20/2019**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

---

**Date Complaint Received: 11/28/2018**

**Date Investigation Completed: 12/19/2018**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

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**Date Complaint Received: 09/04/2018**

**Date Investigation Completed: 12/19/2018**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021  
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

No survey activity during the period 8/25/18 to 8/24/21

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SILVER LAKE MANOR RCAC (0012407)  
**Address:** N2641 17TH LANE, WAUTOMA, WI 54982  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/03/2008 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0130534    **End Date:** 05/29/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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