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 19.00 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 8/11/2017 to 8/10/2020

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 6/8/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131807          End Date: 9/26/2019          Type: ABBREVIATED          Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HIDDEN PINES INC (0012249)
Address: N5085 18TH ROAD, WILD ROSE, WI 54984
License Status: REGULAR
Licensed/Certified/Registered 2/21/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130592    End Date: 6/18/2019    Type: ABBREVIATED    Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: PRESTON PLACE CBRF (0014632)
Address: 401 PRESTON LN, REDGRANITE, WI 54970
License Status: REGULAR
Licensed/Certified/Registered 6/1/2014 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>0132124</td>
<td>11/26/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0131913</td>
<td>7/31/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT/SELF REPORT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #KGJB11 Served 11/4/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>50.09(1)(f)</td>
<td>PRIVACY</td>
<td>11/26/19</td>
<td>Yes</td>
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<tr>
<td>83.32(3)(i)</td>
<td>RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT</td>
<td>11/26/19</td>
<td>Yes</td>
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<tr>
<td>83.35(3)(d)</td>
<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
<td>11/26/19</td>
<td>Yes</td>
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Survey ID: 0128837  End Date: 12/19/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PRESTON PLACE CBRF--0014632)

Date: 11/4/2019  SOD #KGJB11  Appealed:

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

Complaint History (PRESTON PLACE CBRF--0014632)

Date Complaint Received: 8/15/2019  Date Investigation Completed: 11/26/2019
Subject Area(s): PROGRAM SERVICES  Result: NOT SUBSTANTIATED  SOD #

Date Complaint Received: 6/21/2019  Date Investigation Completed: 7/31/2019
Subject Area(s): RESIDENT RIGHTS  Result: SUBSTANTIATED  SOD # KGJB11

Date Complaint Received: 9/4/2018  Date Investigation Completed: 12/19/2018
Subject Area(s): PROGRAM SERVICES  Result: NOT SUBSTANTIATED  SOD #

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## Facility Information

Facility Name: ARBOR PINES INC (0012367)  
Address: 540 W PRAIRIE STREET, WAUTOMA, WI 54982  
License Status: REGULAR  
Licensed/Certified/Registered 4/10/2008 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

Survey ID: 0130462  
End Date: 5/29/2019  
Type: ABBREVIATED  
Purpose: SURVEY  
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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 2/1/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126869 End Date: 5/29/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

Facility Name: HORIZON HOUSE (0017595)
Address: 402 E DIVISION ST, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 7/1/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

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<td>6/3/2020</td>
<td>STANDARD</td>
<td>SURVEY</td>
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<td>Results:</td>
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<td>0130790</td>
<td>7/10/2019</td>
<td>INITIAL</td>
<td>SURVEY</td>
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<td>Results:</td>
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<td>PROBATIONARY LICENSE ISSUED</td>
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**Provider Inspection Summary**

For the period 8/11/2017 to 8/10/2020

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:** 6/3/2008 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0133989  
**End Date:** 1/16/2020  
**Type:** OTHER  
**Purpose:** COMPLAINT/SELF REPORT  
**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #00JH11  
Served 6/23/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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</thead>
<tbody>
<tr>
<td>83.37(3)(g)</td>
<td>MEDICATION STORAGE: CONTROLLED SUBSTANCES</td>
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<tr>
<td>83.38(1)(i)</td>
<td>BEHAVIOR MANAGEMENT</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>83.44(2)(a)</td>
<td>ROOMS CLEAN AND FREE FROM ODORS</td>
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</tbody>
</table>

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Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0132429 End Date: 7/16/2019 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7MI911 Served 1/22/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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</thead>
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<tr>
<td>83.32(3)(i)</td>
<td>RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT</td>
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<tr>
<td>83.35(1)(a)</td>
<td>PRE-ADMISSION AND ONGOING ASSESSMENTS</td>
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<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
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<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
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</table>

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: 6/23/2020 SOD #00JH11 Appealed: Decision: PENDING

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

Date: 1/22/2020 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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### Complaint History (SILVER LAKE HAVEN--0012405)

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/5/2019</th>
<th>Date Investigation Completed: 1/16/2020</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/7/2019</th>
<th>Date Investigation Completed: 7/16/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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</table>

<table>
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<tr>
<th>Date Complaint Received: 10/10/2018</th>
<th>Date Investigation Completed: 11/28/2018</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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 7/1/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

No survey activity during the period 8/11/17 to 8/10/20

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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:** 10/1/1988 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

#### Survey ID: 0130295  End Date: 5/6/2019  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 1/28/2019

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

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**Provider Inspection Summary**

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

---

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

**Date:** 1/24/2019  
**SOD #:** ZX8M11  
**Appealed:**

**Sanctions**
- FORFEITURE---83.25 2nd cite
- FORFEITURE---83.44(2)(a)

### Complaint History (TOWNLINE ROAD RESIDENCE--410059)

**Date Complaint Received:** 8/13/2018  
**Date Investigation Completed:** 11/29/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROSEMERE VILLAGE (0018214)
Address: 830 HIGH STREET, WILD ROSE, WI 54984
License Status: REGULAR
Licensed/Certified/Registered 8/5/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0134400 End Date: 8/5/2020 Type: INITIAL Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: PRESTON PLACE RCAC (0014633)
Address: 401 PRESTON LN, REDGRANITE, WI 54970
License Status: REGULAR
Licensed/Certified/Registered 6/10/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130488 End Date: 5/20/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129121 End Date: 12/19/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #GKPL11 Served 2/2/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
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<tr>
<td>89.34(18)</td>
<td>TENANT RIGHTS</td>
<td>Verified 5/14/19</td>
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</tr>
</tbody>
</table>

Enforcement History (PRESTON PLACE RCAC--0014633)

Date: 1/31/2019 SOD #GKPL11 Appealed: No
Sanctions
OTHER SANCTION

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

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<td>11/28/2018</td>
<td>12/19/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<td>9/4/2018</td>
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<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020
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 1/17/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126873        End Date: 5/29/2018        Type: ABBREVIATED        Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: SILVER LAKE MANOR RCAC (0012407)
Address: N2641 17TH LANE, WAUTOMA, WI 54982
License Status: REGULAR
Licensed/Certified/Registered 6/3/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130534      End Date: 5/29/2019      Type: ABBREVIATED      Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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