Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Winnebago County. The report is a PDF (Adobe Acrobat) document and includes a total of 42.00 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.
Facility Information

Facility Name: CLARITY CARE DUNNING (0016716)
Address: 1464 DUNNING STREET, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 6/9/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123395   End Date: 6/9/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Facility Information

Facility Name: ROBINSON AFH (0015775)
Address: 1077 HAROLD DR, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 9/8/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131492 End Date: 7/15/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

- **Facility Name:** ROSEMARYS PLACE (0017368)
- **Address:** 757 PLEASANT LANE, MENASHA, WI 54952
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 2/27/2019 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

- **Survey ID:** 0129442
- **End Date:** 2/27/2019
- **Type:** INITIAL
- **Purpose:** SURVEY

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

Facility Name: STEAD DRIVE (0015593)
Address: 1350 STEAD DR, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 4/28/2015 12:00:00AM
Regional Office: NORTHEASTER(N REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132479  End Date: 9/30/2019  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #WESE11 Served 1/27/2020

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>88.06(2)(a)</td>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td>2/26/20</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: BREWER HOUSE (0011611)
Address: 165 PLUMMER CT, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 9/12/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
Survey ID: 0131934       End Date: 3/26/2019       Type: ABBREVIATED       Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: BUCKS HOUSE (0016861)
Address: 600 E CECIL ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 10/17/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124783    End Date: 10/17/2017    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: CRYSTAL PLACE (0012564)
Address: 700 JACKSON STREET, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/24/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129444 End Date: 2/27/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124549 End Date: 9/26/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CRYSTAL PLACE--0012564)

Date Complaint Received: 12/17/2018 Date Investigation Completed: 2/27/2019
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED

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Facility Information

Facility Name: DODGER HOUSE (0015348)
Address: 1589 POND VIEW DR, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/13/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128940 End Date: 1/2/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

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### Facility Information

Facility Name: HARBOR HOPE (0013938)  
Address: 908 BALDWIN ST, NEENAH, WI 54956  
License Status: REGULAR  
Licensed/Certified/Registered 3/6/2012 12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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### Survey History

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<th>Results</th>
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<td>SURVEY</td>
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<td>5/1/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>SURVEY</td>
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**Statement of Deficiency:** #KPZF11 Served 4/24/2017

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<th>Compliance</th>
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<tr>
<td>88.03(8)(b)</td>
<td>AGENCY MAY VISIT HOME</td>
<td>Verified 4/12/17</td>
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</table>

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*This is Page 10 of 42 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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Facility Information

Facility Name: PEARL HOUSE (0009014)
Address: 1218 - 1220 MEADOW LN, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 5/23/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131166          End Date: 8/13/2019      Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: PHOENIX HOUSE (0015349)
Address: 1591 POND VIEW DR, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/13/2014  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130617  End Date: 6/19/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129080  End Date: 1/2/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #DXUB11  Served 1/29/2019

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<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
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Enforcement History (PHOENIX HOUSE--0015349)

Date: 1/25/2019  SOD #DXUB11  Appealed: No
Sanctions
OTHER SANCTION

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: QUARRY LANE (0014733)
Address: 504 QUARRY LN, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 8/19/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125546 End Date: 12/15/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

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<tr>
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<th>SHARK HOUSE (0015971)</th>
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<tr>
<td>License Status:</td>
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<td>Licensed/Certified/Registered:</td>
<td>3/16/2016  12:00:00AM</td>
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<tr>
<td>Results:</td>
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</table>

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Facility Information

Facility Name: TITAN HOUSE (0015276)
Address: 229 W BELL ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 10/6/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128880  End Date: 11/14/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information
Facility Name: Viola (0014790)
Address: 1200 VIOLA ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 9/10/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
Survey ID: 0126862 End Date: 5/23/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: Wilson House (0014608)
Address: 404 DIEKHOFF, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 5/15/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
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<td>0125495</td>
<td>9/27/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY/SELF REPORT</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #G2WJ11 Served 12/28/2017

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<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
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Enforcement History (Wilson House–0014608)

Date: 12/22/2017  SOD #G2WJ11  Appealed: No
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

This is Page 17 of 42 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: CLARITY CARE JACKSON HEIGHTS HOME (490032)
Address: 475 OLSON AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 3/1/1988 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129911 End Date: 4/10/2019 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: CLARITY CARE NINTH ST (0012944)
Address: 250 W 9TH, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 8/21/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128889    End Date: 11/28/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: CLARITY CARE VINLAND II HOUSE (490034)
Address: 2776A VINLAND RD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 4/1/1980 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132216 End Date: 9/26/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #HXVZ11 Served 12/19/2019

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<th>Compliance</th>
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<td>88.05(4)(c)1</td>
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Corrected: Yes

Enforcement History (CLARITY CARE VINLAND II HOUSE--490034)

Date: 12/19/2019 SOD #HXVZ11 Appealed: No
Sanctions
OTHER SANCTION
Facility Information

Facility Name: CONNIE HOME LLC (0017164)
Address: 819 VINE AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 7/27/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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Complaint History (CONNIE HOME LLC--0017164)

Date Complaint Received: 6/19/2019  Date Investigation Completed: 8/5/2019

<table>
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Facility Information

Facility Name: CONNIE HOME LLC (0017165)
Address: 1312 CONGRESS, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 7/27/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132408  End Date: 1/17/2020  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131522  End Date: 7/18/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #MTZI11 Served 10/2/2019

Survey ID: 0127642  End Date: 7/27/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Enforcement History (CONNIE HOME LLC--0017165)

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<tr>
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<td>MTZI11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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## Complaint History (CONNIE HOME LLC--0017165)

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<td>7/18/2019</td>
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## Facility Information

- **Facility Name:** CONNIE HOME LLC (0017472)
- **Address:** 813 VINE AVE, OSHKOSH, WI 54901
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 7/5/2019  12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

- **Survey ID:** 0131100
- **End Date:** 7/5/2019
- **Type:** INITIAL
- **Purpose:** SURVEY
- **Results:** LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: CONNIE HOME LLC (0017734)
Address: 802 CEAP E AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 6/26/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130685  End Date: 6/26/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

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### Facility Information

**Facility Name:** DELAWARE (0014122)  
**Address:** 1725 DELAWARE ST, OSHKOSH, WI 54902  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 5/16/2012 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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### Survey History

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**Statement of Deficiency:** #ZDTQ12 Served 12/29/2017

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<td>88.05(3)(a)</td>
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<tr>
<td></td>
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<td>2/16/18</td>
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<tr>
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<td>Corrected</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:** #ZDTQ11 Served 8/7/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
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<td>10/3/17</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Verified</td>
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<td></td>
<td></td>
<td>10/3/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.10(3)(a)</td>
<td>FAIR TREATMENT</td>
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</table>

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### Enforcement History (DELAWARE--0014122)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>12/27/2017</td>
<td>ZDTQ12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>8/4/2017</td>
<td>ZDTQ11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: FREDERICK (0014280)
Address: 616 FREDERICK ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 7/31/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0122600 End Date: 3/1/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

- **Facility Name:** GEORGIA HOUSE (0014541)
- **Address:** 731 W SOUTH PARK AVE, OSHKOSH, WI 54902
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 4/1/2013 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

- **Survey ID:** 0125568
- **End Date:** 12/15/2017
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Facility Information

Facility Name: KARENS ADULT FAMILY HOME & RESPITE CARE (0014109)
Address: 807 E NEVADA AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 6/26/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123414 End Date: 6/12/2017 Type: ABBREVIATED Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123358 End Date: 3/3/2017 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #828X11 Served 6/7/2017

Enforcement History (KARENS ADULT FAMILY HOME & RESPITE CARE--0014109)

Date: 6/5/2017 SOD #828X11 Appealed: No
Sanctions
OTHER SANCTION

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: MINNESOTA HOUSE (0014599)
Address: 1111 MINNESOTA ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 5/15/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126171 End Date: 3/8/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125309 End Date: 9/22/2017 Type: OTHER Purpose: SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WXZ112 Served 12/14/2017

<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>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>3/8/18</td>
<td>Yes</td>
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<tr>
<td>88.11(1)</td>
<td>REPORTING OF ABUSE AND NEGLECT</td>
<td>3/8/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Survey ID: 0123855  
End Date: 5/16/2017  
Type: STANDARD  
Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WXZ111  Served 8/7/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Verified: 9/13/17 Corrected: Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Verified: 9/13/17 Corrected: Yes</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>Verified: 9/13/17 Corrected: Yes</td>
</tr>
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</table>

**Enforcement History (MINNESOTA HOUSE--0014599)**

**Date:** 12/11/2017  
**SOD #WXZ112**  
**Appealed:** No

**Sanctions**

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date:** 8/3/2017  
**SOD #WXZ111**  
**Appealed:** No

**Sanctions**

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

---

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Facility Information

Facility Name: PACKER HOUSE (0012933)
Address: 1029 MASON ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 8/11/2009 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>0123218</td>
<td>5/3/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0122936</td>
<td>2/21/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #FXM411 Served 4/20/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified 5/3/17, Corrected Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Facility Information

Facility Name: REICHOW (0014125)
Address: 407 REICHOW ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 5/16/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125627   End Date: 1/5/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124907   End Date: 8/9/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #XU4P11 Served 11/1/2017

<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>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>1/5/18</td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (REICHOW--0014125)

Date: 10/30/2017   SOD #XU4P11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: SPINEL HOUSE (009372)
Address: 264 N OAKWOOD RD, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 6/21/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History
No survey activity during the period 2/9/17 to 2/9/20
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: STERLING (0015390)
Address: 736 E MELVIN, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 2/4/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129029   End Date: 1/17/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128961   End Date: 11/29/2018   Type: STANDARD   Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #XGYZ11 Served 1/10/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/17/19</td>
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<tr>
<td></td>
<td></td>
<td>1/17/19</td>
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Facility Information

Facility Name: TODDS ADULT FAMILY HOME (0013643)
Address: 516 WASHINGTON AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 3/30/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

- **Survey ID:** 0128475  **End Date:** 10/30/2018  **Type:** ABBREVIATED  **Purpose:** SURVEY/COMPLAINT
  - **Results:** NO STATEMENT OF DEFICIENCY ISSUED

- **Survey ID:** 0128397  **End Date:** 10/25/2018  **Type:** OTHER  **Purpose:** DESK REVIEW
  - **Results:** NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TODDS ADULT FAMILY HOME--0013643)

- **Date Complaint Received:** 10/2/2018  **Date Investigation Completed:** 10/30/2018
  - **Subject Area(s):** PROGRAM SERVICES, STAFF TRAINING AND PROFICIENCY
    - **Result:** NOT SUBSTANTIATED  **SOD #**

- **Date Complaint Received:** 9/26/2018  **Date Investigation Completed:** 10/30/2018
  - **Subject Area(s):** PROGRAM SERVICES
    - **Result:** NOT SUBSTANTIATED  **SOD #**

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Provider Inspection Summary

Facility Information

Facility Name: VISTA CARE 5TH AVE (0017737)
Address: 175 S WESTFIELD, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 8/20/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131247    End Date: 8/20/2019    Type: ABBREVIATED    Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: VISTA CARE LENNOX STREET AFH (0014838)
Address: 1663 MARICOPA DR, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 12/1/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125982 End Date: 2/5/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

- **Facility Name**: VISTA CARE LILAC STREET (0017736)
- **Address**: 171 WESTFIELD, OSHKOSH, WI 54902
- **License Status**: REGULAR
- **Licensed/Certified/Registered**: 8/20/2019 12:00:00AM
- **Regional Office**: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

- **Survey ID**: 0131244
- **End Date**: 8/20/2019
- **Type**: ABBREVIATED
- **Purpose**: CHOW--DESK REVIEW
- **Results**: LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>VISTA CARE QUAIL COURT AFH (0014625)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2920 QUAIL COURT, OSHKOSH, WI 54904</td>
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<tr>
<td>License Status:</td>
<td>REGULAR</td>
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<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

### Survey History

| Survey ID: | 0130053 | End Date: | 4/25/2019 | Type: ABBREVIATED | Purpose: SURVEY |

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: WESTFIELD (0013608)
Address: 220 - 230 S WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 2/3/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0124684 End Date: 9/19/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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