

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Winnebago

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 49.00 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 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Clarity Care 5th (0019523)

Address: 519 5th St., Menasha, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 4/27/2023 12:00:00AM

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

Survey History

Survey ID: 0142946 **End Date:** 4/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 49 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 5/15/2020 to 5/15/2023

Adult Family Home

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: 0137534 **End Date:** 10/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0139744 **End Date:** 6/1/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Survey History

Survey ID: 0138942 **End Date:** 3/7/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STEAD DRIVE--0015593)

Date Complaint Received: 6/10/2021

Date Investigation Completed: 3/7/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0141310 **End Date:** 11/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139295 **End Date:** 4/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BREWER HOUSE--0011611)

Date Complaint Received: 10/24/2022

Date Investigation Completed: 11/9/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0137725 **End Date:** 11/9/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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: 0138179 **End Date:** 12/14/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VSRU11 Served 1/7/2022

Deficiencies Cited
88.07(3)(a)

Subject Area
PRESCRIPTION MEDICATIONS

Compliance
Verified
2/21/22

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Survey History

Survey ID: 0137561 **End Date:** 10/25/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0138715 **End Date:** 2/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0137733 **End Date:** 9/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: SHARK HOUSE (0015971)

Address: 321 BELLIN ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 3/16/2016 12:00:00AM

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

Survey History

Survey ID: 0140854 **End Date:** 9/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: WILSON HOUSE (0014608)

Address: 404 DIEKHOF, 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

Survey ID: 0141095 **End Date:** 10/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WILSON HOUSE--0014608)

Date Complaint Received: 10/5/2021

Date Investigation Completed: 10/20/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/1/2021

Date Investigation Completed: 10/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CLARITY CARE INC GRAND (0018720)

Address: 524 GRAND ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 12/14/2021 12:00:00AM

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

Survey History

Survey ID: 0138403 **End Date:** 12/14/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0141449 **End Date:** 11/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (CLARITY CARE JACKSON HEIGHTS HOME--490032)

Date Complaint Received: 3/24/2022

Date Investigation Completed: 11/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/16/2022

Date Investigation Completed: 11/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 2/10/2022

Date Investigation Completed: 11/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Clarity Care Nevada (0019231)

Address: 619 E. Nevada Ave., Oshkosh, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 9/29/2022 12:00:00AM

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

Survey History

Survey ID: 0140915 **End Date:** 9/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0142031 **End Date:** 2/2/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CONNIE HOME LLC 2 (0018206)

Address: 1128 HIGH AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 9/21/2020 12:00:00AM

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

Survey History

Survey ID: 0139718 **End Date:** 5/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EFNI11 Served 6/1/2022

Deficiencies Cited
88.04(5)(a)

Subject Area
TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance
Verified
7/16/22

Corrected

Survey ID: 0134950 **End Date:** 9/21/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (CONNIE HOME LLC 2--0018206)

Date Complaint Received: 1/21/2021

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

EFNI11

RESIDENT RIGHTS

SUBSTANTIATED

EFNI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

EFNI11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0143323 **End Date:** 4/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #47ZK11 Served 6/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/28/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	7/28/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/28/23	Yes

Survey ID: 0141055 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (CONNIE HOME LLC--0017165)

Date Complaint Received: 4/20/2023

Date Investigation Completed: 4/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/27/2022

Date Investigation Completed: 4/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

47ZK11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

47ZK11

PROGRAM SERVICES

SUBSTANTIATED

47ZK11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

47ZK11

Date Complaint Received: 10/21/2021

Date Investigation Completed: 10/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CONNIE HOME LLC (0017734)

Address: 802 CEAPE 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: 0143324 **End Date:** 4/18/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0C3L11 Served 6/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.07(2)(a)	SERVICES		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0141542 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GW1611 Served 12/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/22/23	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/22/23	

Survey ID: 0139715 **End Date:** 5/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D7PH11 Served 6/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/16/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (CONNIE HOME LLC--0017734)

Date Complaint Received: 2/17/2022

Date Investigation Completed: 4/18/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0C3L11

PROGRAM SERVICES

SUBSTANTIATED

0C3L11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0C3L11

Date Complaint Received: 2/26/2021

Date Investigation Completed: 10/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GW1611

Date Complaint Received: 1/21/2021

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

D7PH11

RESIDENT RIGHTS

SUBSTANTIATED

D7PH11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

D7PH11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CONNIE HOME LLC (0018205)

Address: 1308 NEW YORK AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 9/21/2020 12:00:00AM

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

Survey History

Survey ID: 0140080 **End Date:** 5/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QWP611 Served 7/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Survey ID: 0134949 **End Date:** 9/21/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (CONNIE HOME LLC--0018205)

Date: 7/8/2022 **SOD #**QWP611 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (CONNIE HOME LLC--0018205)

Date Complaint Received: 1/21/2021

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QWP611

RESIDENT RIGHTS

SUBSTANTIATED

QWP611

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QWP611

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: CONNIE HOME LLC (0019060)

Address: 2008 OREGON STREET, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 9/22/2022 12:00:00AM

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

Survey History

Survey ID: 0140948 **End Date:** 9/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Survey History

Survey ID: 0137380 **End Date:** 10/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0137375 **End Date:** 9/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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: 0136822 **End Date:** 7/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FQ3V11 Served 7/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/9/21	
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/9/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: MAGI BOARDWALK AFH (0018193)

Address: 654 WEST 11TH AVENUE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 7/30/2020 12:00:00AM

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

Survey History

Survey ID: 0139434 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138193 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C38311 Served 1/7/2022

Deficiencies Cited

88.04(2)(a)

Subject Area

RESPONSIBILITIES

Compliance

Verified

4/12/22

Corrected

Yes

Survey ID: 0134458 **End Date:** 7/30/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (MAGI BOARDWALK AFH--0018193)

Date: 1/7/2022

SOD #C38311

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MAGI CENTRAL (0017975)

Address: 722 CENTRAL STREET, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 3/6/2020 12:00:00AM

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

Survey History

Survey ID: 0139433 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138571 **End Date:** 1/31/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138194 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F0HD11 Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/12/22	Yes

Enforcement History (MAGI CENTRAL--0017975)

Date: 1/7/2022 **SOD #**F0HD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Complaint History (MAGI CENTRAL--0017975)

Date Complaint Received: 11/14/2021

Date Investigation Completed: 1/31/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 5/24/2021

Date Investigation Completed: 1/31/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: MAGI MARVIN GARDENS AFH (0018294)

Address: 1421 WALNUT STREET, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 4/1/2021 12:00:00AM

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

Survey History

Survey ID: 0136270 **End Date:** 4/1/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: MAGI SOUTH PARK AFH (0018160)

Address: 1396 W SOUTH PARK AVENUE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 8/3/2020 12:00:00AM

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

Survey History

Survey ID: 0142263 **End Date:** 11/2/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L0WQ11 Served 2/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(4)(a)	NUTRITION		

Survey ID: 0139432 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0138195 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B00H11 Served 1/7/2022

Deficiencies Cited

88.04(2)(a)

Subject Area

RESPONSIBILITIES

Compliance

Verified

4/12/22

Corrected

Yes

Survey ID: 0134466 **End Date:** 8/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (MAGI SOUTH PARK AFH--0018160)

Date: 2/22/2023

SOD #L0WQ11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/7/2022

SOD #B00H11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MAGI SOUTH PARK AFH--0018160)

Date Complaint Received: 2/28/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

L0WQ11

L0WQ11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0137346 **End Date:** 9/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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

Survey ID: 0136782 **End Date:** 7/9/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0137451 **End Date:** 10/7/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: SPINEL HOUSE (0009372)

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

Survey ID: 0135867 **End Date:** 3/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Starling House (0019531)

Address: 250 W 9th Ave, Oshkosh, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 5/30/2023 12:00:00AM

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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: 0139532 **End Date:** 5/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STERLING--0015390)

Date Complaint Received: 6/8/2020

Date Investigation Completed: 5/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0137920 **End Date:** 12/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TODDS ADULT FAMILY HOME--0013643)

Date Complaint Received: 5/18/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0138588 **End Date:** 1/19/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138201 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GHLJ11 Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/19/22	Yes

Enforcement History (VISTA CARE 5TH AVE--0017737)

Date: 1/7/2022 **SOD #**GHLJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: VISTA CARE ALLERTON (0018686)

Address: 1657 MARICOPA DR, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 9/21/2021 12:00:00AM

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

Survey History

Survey ID: 0137691 **End Date:** 9/21/2021 **Type:** ABBREVIATED **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0135401 **End Date:** 1/7/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA CARE LENNOX STREET AFH--0014838)

Date Complaint Received: 12/21/2020

Date Investigation Completed: 1/7/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0142487 **End Date:** 3/14/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 47 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Facility Information

Facility Name: Vista Care Quail Ct (0019137)

Address: 2920 Quail Ct, Oshkosh, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 10/25/2022 12:00:00AM

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

Survey History

Survey ID: 0141278 **End Date:** 10/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

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: 0137456 **End Date:** 10/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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