

Provider Inspection Summary

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

Winnebago

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Winnebago County.

The report includes only facilities located within the City of OSHKOSH. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

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.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBORVIEW MANOR (410329)

Address: 1520 ARBORETUM DR, OSHKOSH, WI 549012790

License Status: REGULAR

Licensed/Certified/Registered 12/01/1993 12:00:00AM

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

Survey History

Survey ID: 0143485 **End Date:** 05/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JYOB11 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	8/11/23	Yes

Survey ID: 0141204 **End Date:** 09/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9REY11 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	12/17/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	12/17/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBORVIEW MANOR--410329)

Date Complaint Received: 04/13/2023

Date Investigation Completed: 05/11/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
JYOB11
JYOB11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ASPIRE OSHKOSH (0018594)

Address: 150 ASPIRE LANE, OSHKOSH, WI 549042311

License Status: REGULAR

Licensed/Certified/Registered 12/01/2022 12:00:00AM

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

Survey History

Survey ID: 0148136 **End Date:** 11/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143247 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142923 **End Date:** 04/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141771 **End Date:** 11/03/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #81OP11 Served 01/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	2/23/23	
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	2/23/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ASPIRE OSHKOSH--0018594)

Date Complaint Received: 11/11/2024

Date Investigation Completed: 11/18/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/16/2023

Date Investigation Completed: 05/31/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/27/2023

Date Investigation Completed: 04/28/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF OSHKOSH (0013423)
Address: 2220 BROOKVIEW CT, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 09/01/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145552 **End Date:** 02/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141298 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AZURA MEMORY CARE OF OSHKOSH--0013423)

Date Complaint Received: 01/22/2024 **Date Investigation Completed:** 02/07/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BELLA VISTA (0018670)

Address: 631 HAZEL STREET, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 08/02/2021 12:00:00AM

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

Survey History

Survey ID: 0144694 End Date: 10/31/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144120 End Date: 06/13/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YW6J11 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	10/31/23	Yes

Survey ID: 0139451 End Date: 05/04/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BELLA VISTA--0018670)

Date: 09/05/2023 SOD #YW6J11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09 1L

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BELLA VISTA--0018670)

Date Complaint Received: 03/23/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
YW6J11

Date Complaint Received: 03/10/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/14/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/04/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
YW6J11
YW6J11
YW6J11

Date Complaint Received: 04/26/2022

Date Investigation Completed: 05/04/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Centennial Inn Assisted Living (0019185)

Address: 1628 N Main Street, Oshkosh, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 05/01/2024 12:00:00AM

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

Survey History

Survey ID: 0144715 **End Date:** 11/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142873 **End Date:** 04/03/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Clarity Care 6th Ave (0019139)

Address: 1538 W. 6th Ave., Oshkosh, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145726 **End Date:** 02/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143847 **End Date:** 07/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CLARITY CARE BOWEN STREET HOUSE (410063)

Address: 2910 BOWEN ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 12/01/1987 12:00:00AM

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

Survey History

Survey ID: 0145006 **End Date:** 12/04/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE JEFFERSON HOUSE (0011509)
Address: 1631 JEFFERSON STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 06/30/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143377 **End Date:** 06/14/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLARITY CARE JEFFERSON HOUSE--0011509)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 09/07/2022	Date Investigation Completed: 06/14/2023	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE MARICOPA GROUP HOME (410076)

Address: 1380 MARICOPA DR, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 12/01/1980 12:00:00AM

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

Survey History

Survey ID: 0143864 **End Date:** 08/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE PACKER HEIGHTS (0009823)
Address: 560 W PACKER AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147086 **End Date:** 06/21/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V2QU11 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	9/8/24	

Survey ID: 0141411 **End Date:** 10/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE WISCONSIN HEIGHTS (0010727)

Address: 550 W PACKER AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 11/02/2004 12:00:00AM

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

Survey History

Survey ID: 0148255 **End Date:** 11/11/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CONGRESS (0013750)

Address: 1002 CONGRESS AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 09/26/2011 12:00:00AM

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

Survey History

Survey ID: 0146993 **End Date:** 07/17/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CORAL HOUSE (410521)

Address: 675 PLANEVIEW DR, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998 12:00:00AM

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

Survey History

Survey ID: 0146003 **End Date:** 03/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139207 **End Date:** 04/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CORAL HOUSE--410521)

Date Complaint Received: 02/25/2024

Date Investigation Completed: 03/18/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/05/2022

Date Investigation Completed: 04/12/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COURTYARD AT OSHKOSH (THE) (0017972)

Address: 3851 JACKSON STREET, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 04/08/2020 12:00:00AM

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

Survey History

Survey ID: 0148502 **End Date:** 01/13/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147663 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146132 **End Date:** 04/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145929 **End Date:** 03/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144020 **End Date:** 08/23/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143375 End Date: 05/11/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8SWM11 Served 06/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	8/21/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/21/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/21/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/21/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/21/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/21/23	Yes

Survey ID: 0142672 End Date: 10/27/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #63Y611 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/20/23	Yes

Enforcement History (COURTYARD AT OSHKOSH (THE)--0017972)

Date: 06/16/2023 SOD #8SWM11 Appealed: No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COURTYARD AT OSHKOSH (THE)--0017972)

Date Complaint Received: 12/11/2024

Date Investigation Completed: 01/13/2025

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/21/2024

Date Investigation Completed: 01/13/2025

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/11/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/18/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/19/2024

Date Investigation Completed: 04/12/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/24/2024

Date Investigation Completed: 03/19/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/21/2023

Date Investigation Completed: 03/19/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 05/18/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/24/2023

Date Investigation Completed: 05/11/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIJAHS PLACE (410376)

Address: 1551 SOUTHLAND AVE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 06/01/1995 12:00:00AM

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

Survey History

Survey ID: 0144720 **End Date:** 09/12/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YJ0B11 Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	12/21/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/21/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EVERGREEN SHAREHAVEN HOME (410286)

Address: 1095 N WESTFIELD ST, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 12/01/1992 12:00:00AM

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

Survey History

Survey ID: 0142163 **End Date:** 02/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EVERGREEN SHAREHAVEN HOME--410286)

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/13/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GARDEN HEIGHTS CBRF (410151)

Address: 1130 N WESTFIELD ST, OSHKOSH, WI 549023217

License Status: REGULAR

Licensed/Certified/Registered 04/01/1984 12:00:00AM

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

Survey History

Survey ID: 0148605 **End Date:** 01/27/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142830 **End Date:** 02/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CMV011 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	6/3/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/3/23	Yes

Complaint History (GARDEN HEIGHTS CBRF--410151)

Date Complaint Received: 01/08/2025

Date Investigation Completed: 01/27/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: GENESIS BEHAVIORAL SERVICES OSHKOSH RES PROG (0014618)

Address: 304 OTTER AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 09/23/2013 12:00:00AM

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

Survey History

Survey ID: 0140053 **End Date:** 06/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0GTS12 Served 07/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/21/22	
83.47(2)(d)	FIRE DRILLS	8/21/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKE POINTE VILLA ASSISTED LIVING (0016733)
Address: 190 LAKE POINTE DRIVE, OSHKOSH, WI 549047858
License Status: REGULAR
Licensed/Certified/Registered 07/01/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147415 **End Date:** 07/15/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XEPV11 Served 08/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0139202 **End Date:** 04/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LAKE POINTE VILLA ASSISTED LIVING--0016733)

Date: 08/23/2024 **SOD #**XEPV11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---N 247 83.22(1)-(4)
FORFEITURE---N 389 83.35(3)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKESHORE MANOR (0018671)

Address: 711 BAYSHORE ROAD, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 08/02/2021 12:00:00AM

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

Survey History

Survey ID: 0147039 **End Date:** 07/15/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146155 **End Date:** 01/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EXJH13 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/16/24	Yes
83.25	CONTINUING EDUCATION	7/16/24	Yes
83.31(2)	EMERGENCY OR TEMPORARY TRANSFER	7/16/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/16/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/16/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143544 End Date: 04/11/2023 Type: STANDARD Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EXJH12 Served 06/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/29/24	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/29/24	No

Survey ID: 0140615 End Date: 05/12/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EXJH11 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/11/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAKESHORE MANOR--0018671)

Date: 04/17/2024 **SOD #EXJH13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 277 83.25
FORFEITURE---N 323 83.31(2)
FORFEITURE---N 352 83.32(3)(h)
FORFEITURE---N 381 83.35(1)(a)

Date: 06/30/2023 **SOD #EXJH12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---N 277 83.25
FORFEITURE---N 352 83.32(3)(h)

Date: 08/31/2022 **SOD #EXJH11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LAKESHORE MANOR--0018671)

Date Complaint Received: 06/19/2024

Date Investigation Completed: 07/15/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2024

Date Investigation Completed: 07/15/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2024

Date Investigation Completed: 01/29/2024

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
EXJH13

Date Complaint Received: 12/18/2023

Date Investigation Completed: 01/29/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
NOT RECORDED
NOT RECORDED
NOT RECORDED

Date Complaint Received: 10/24/2023

Date Investigation Completed: 01/29/2024

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/05/2023

Date Investigation Completed: 01/29/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

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

Date Complaint Received: 08/08/2023

Date Investigation Completed: 01/29/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

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

Date Complaint Received: 06/21/2022

Date Investigation Completed: 04/11/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	EXJH12
SUBSTANTIATED	EXJH12
SUBSTANTIATED	EXJH12

Date Complaint Received: 03/04/2022

Date Investigation Completed: 05/12/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	EXJH11
SUBSTANTIATED	EXJH11
SUBSTANTIATED	EXJH11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAYBERRY MANOR (0018541)

Address: 3539 WITZEL AVENUE, OSHKOSH, WI 54907

License Status: REGULAR

Licensed/Certified/Registered 07/01/2022 12:00:00AM

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

Survey History

Survey ID: 0136599 **End Date:** 06/30/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0139194 **End Date:** 04/06/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: NOVA COUNSELING SERVICES INC 2 (0010634)

Address: 3240 JACKSON ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 08/31/2004 12:00:00AM

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

Survey History

Survey ID: 0147227 **End Date:** 08/01/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAKWOOD MANOR (0011595)

Address: 2675 OMRO ROAD, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007 12:00:00AM

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

Survey History

Survey ID: 0147568 **End Date:** 07/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #57G211 Served 09/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143965 **End Date: 08/15/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142611 **End Date: 03/29/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141349 **End Date: 08/29/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VD2Z11 Served 11/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	3/29/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/29/23	Yes
83.25	CONTINUING EDUCATION	3/29/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/29/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/29/23	Yes
83.47(2)(d)	FIRE DRILLS	3/29/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/29/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAKWOOD MANOR--0011595)

Date: 09/13/2024 **SOD #**57G211 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---N 243 83.21(1)-(3)
FORFEITURE---N 277 83.25

Date: 11/14/2022 **SOD #**VD2Z11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.37(1)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAKWOOD MANOR--0011595)

Date Complaint Received: 05/22/2024

Date Investigation Completed: 07/10/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/07/2024

Date Investigation Completed: 07/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/22/2024

Date Investigation Completed: 07/10/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/02/2023

Date Investigation Completed: 03/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/28/2022

Date Investigation Completed: 08/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
VD2Z11
VD2Z11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENCE AT OSHKOSH I (THE) (0018410)
Address: 1018 WEST MURDOCK AVENUE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 05/01/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148240 **End Date:** 11/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138859 **End Date:** 02/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5X1W11 Served 03/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/16/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENCE AT OSHKOSH II (THE) (0018411)
Address: 1110 WEST MURDOCK AVENUE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 05/01/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148561 **End Date:** 11/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138853 **End Date:** 02/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENCE AT OSHKOSH III (THE) (0018412)

Address: 1816 VINLAND STREET, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 05/01/2022 12:00:00AM

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

Survey History

Survey ID: 0148236 **End Date:** 11/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142594 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGP411 Served 03/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	5/13/23	Yes
83.38(1)(b)	SUPERVISION	5/13/23	Yes

Survey ID: 0138856 **End Date:** 02/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RESIDENCE AT OSHKOSH III (THE)--0018412)

Date Complaint Received: 05/31/2022

Date Investigation Completed: 01/31/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
OGP411
OGP411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: WINNEBAGO COUNTY CRISIS CENTER (0018021)

Address: 684 BUTLER AVENUE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 03/27/2020 12:00:00AM

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

Survey History

Survey ID: 0146561 **End Date:** 05/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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