

Provider Inspection Summary

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

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 45.00 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

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 12/1/1993 12:00:00AM

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

Survey History

Survey ID: 0141204 **End Date:** 9/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9REY11 Served 11/2/2022

<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	

Survey ID: 0136180 **End Date:** 5/6/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135388 **End Date:** 1/6/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134939 End Date: 10/1/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QV6311 Served 10/6/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/6/21	Yes

Enforcement History (ARBORVIEW MANOR--410329)

Date: 10/6/2020 SOD #QV6311 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBORVIEW MANOR--410329)

Date Complaint Received: 11/30/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/25/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/18/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/6/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/28/2021

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/16/2021

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Date Investigation Completed: 9/26/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/25/2021

Date Investigation Completed: 9/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/4/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/19/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/12/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/1/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/10/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 2/24/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 2/9/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/25/2021

Date Investigation Completed: 5/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/2/2020

Date Investigation Completed: 1/6/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/12/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/4/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/21/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/15/2020

Date Investigation Completed: 10/1/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/10/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/1/2020

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/3/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/1/2020

Result
SUBSTANTIATED

SOD #
QV6311

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Provider Inspection Summary

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

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 12/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142923 **End Date:** 4/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141771 **End Date:** 11/3/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #81OP11 Served 1/9/2023

<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	

Survey ID: 0138142 **End Date:** 11/24/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ASPIRE OSHKOSH--0018594)

Date Complaint Received: 2/27/2023

Date Investigation Completed: 4/28/2023

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

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 9/1/2011 12:00:00AM

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

Survey History

Survey ID: 0141298 **End Date:** 11/4/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137098 **End Date:** 8/25/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 10/19/2021

Date Investigation Completed: 11/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/8/2021

Date Investigation Completed: 8/25/2021

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

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 8/2/2021 12:00:00AM

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

Survey History

Survey ID: 0139451 **End Date:** 5/4/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136916 **End Date:** 8/2/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BELLA VISTA--0018670)

Date Complaint Received: 4/26/2022

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/17/2021

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/11/2021

Date Investigation Completed: 5/4/2022

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

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: PROBATIONARY

Licensed/Certified/Registered 4/21/2023 12:00:00AM

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

Survey History

Survey ID: 0142873 **End Date:** 4/3/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

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 12/1/1987 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

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

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 6/30/2006 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

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

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 12/1/1980 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

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

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 5/1/2003 12:00:00AM

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

Survey History

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136040 **End Date:** 4/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLARITY CARE PACKER HEIGHTS--0009823)

Date Complaint Received: 10/18/2021

Date Investigation Completed: 10/24/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 11/2/2004 12:00:00AM

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

Survey History

Survey ID: 0138350 **End Date:** 12/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GPT511 Served 1/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.33(1)(a)	GRIEVANCE PROCEDURE: INFORMATION REQUIRED	3/4/22	
83.41(3)(b)	FOOD SAFETY	3/4/22	
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	3/4/22	
83.47(2)(d)	FIRE DRILLS	3/4/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	3/4/22	

Complaint History (CLARITY CARE WISCONSIN HEIGHTS--0010727)

Date Complaint Received: 7/15/2020

Date Investigation Completed: 12/20/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 9/26/2011 12:00:00AM

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

Survey History

Survey ID: 0136657 **End Date:** 6/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135750 **End Date:** 2/19/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4GOE11 Served 3/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.48(4)(d)	SMOKE DETECTOR IN COMMON USE ROOMS	6/30/21	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	6/30/21	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	6/30/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/30/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CONGRESS--0013750)

Date: 3/10/2021 SOD #4GOE11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (CONGRESS--0013750)

Date Complaint Received: 2/9/2021

Date Investigation Completed: 2/19/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 11/1/1998 12:00:00AM

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

Survey History

Survey ID: 0139207 **End Date:** 4/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137661 **End Date:** 9/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H6RL11 Served 11/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(c)	INTEGRATED HEAT DETECTOR IN ATTIC COMPARTMENT	4/11/22	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	4/11/22	Yes

This is Page 21 of 45 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (CORAL HOUSE--410521)

Date Complaint Received: 4/5/2022

Date Investigation Completed: 4/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/17/2022

Date Investigation Completed: 4/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/21/2021

Date Investigation Completed: 9/28/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/21/2021

Date Investigation Completed: 9/28/2021

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

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 4/8/2020 12:00:00AM

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

Survey History

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

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #63Y611 Served 4/5/2023

Deficiencies Cited
83.12(5)(a)

Subject Area
NOTIFICATION: INCIDENT, INJURY, CHANGES

Compliance
Verified
5/20/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 12/23/2021

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

63Y611

Date Complaint Received: 12/17/2021

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/18/2021

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/6/2021

Date Investigation Completed: 10/27/2022

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

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 6/1/1995 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

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

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 12/1/1992 12:00:00AM

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

Survey History

Survey ID: 0142163 **End Date:** 2/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EVERGREEN SHAREHAVEN HOME--410286)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 2/13/2023

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

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 4/1/1984 12:00:00AM

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

Survey History

Survey ID: 0142830 **End Date:** 2/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CMV011 Served 4/19/2023

<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

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Provider Inspection Summary

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

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 9/23/2013 12:00:00AM

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

Survey History

Survey ID: 0140053 **End Date:** 6/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0GTS12 Served 7/7/2022

<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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0137157 End Date: 8/18/2021 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0GTS11 Served 9/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/15/22	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/15/22	Yes
83.25	CONTINUING EDUCATION	6/15/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/15/22	Yes
83.47(2)(d)	FIRE DRILLS	6/15/22	
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	6/15/22	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	6/15/22	Yes

Enforcement History (GENESIS BEHAVIORAL SERVICES OSHKOSH RES PROG--0014618)

Date: 9/2/2021 SOD #0GTS11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.25

FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKEPOINT VILLA ASSISTED LIVING (0016733)
Address: 190 LAKE POINTE DRIVE, OSHKOSH, WI 549047858
License Status: REGULAR
Licensed/Certified/Registered 7/1/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139202 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136561 **End Date:** 6/15/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135758 **End Date:** 2/23/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4HEB11 Served 3/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	6/15/21	Yes
83.41(2)(c)	NUTRITION: MENUS	6/15/21	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	6/15/21	Yes
83.47(3)	FIRE INSPECTION	6/15/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAKEPOINT VILLA ASSISTED LIVING--0016733)

Date: 3/11/2021 **SOD #**4HEB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LAKEPOINT VILLA ASSISTED LIVING--0016733)

Date Complaint Received: 9/13/2021 **Date Investigation Completed:** 4/6/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/5/2020

Date Investigation Completed: 2/23/2021

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/18/2020

Date Investigation Completed: 2/23/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

4HEB11

Date Complaint Received: 7/8/2020

Date Investigation Completed: 2/23/2021

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 8/2/2021 12:00:00AM

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

Survey History

Survey ID: 0140615 **End Date:** 5/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EXJH11 Served 8/31/2022

Deficiencies Cited
83.12(2)(a)

Subject Area
CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance
Verified

Corrected

Survey ID: 0136918 **End Date:** 8/2/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LAKESHORE MANOR--0018671)

Date: 8/31/2022

SOD #EXJH11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LAKESHORE MANOR--0018671)

Date Complaint Received: 3/4/2022

Date Investigation Completed: 5/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

EXJH11

PROGRAM SERVICES

SUBSTANTIATED

EXJH11

RESIDENT RIGHTS

SUBSTANTIATED

EXJH11

Date Complaint Received: 12/21/2021

Date Investigation Completed: 5/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/23/2021

Date Investigation Completed: 5/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

EXJH11

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Provider Inspection Summary

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

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 7/1/2022 12:00:00AM

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

Survey History

Survey ID: 0136599 **End Date:** 6/30/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0139194 **End Date:** 4/6/2022 **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

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 8/31/2004 12:00:00AM

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

Survey History

Survey ID: 0137273 **End Date:** 9/20/2021 **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

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 4/1/2007 12:00:00AM

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

Survey History

Survey ID: 0142611 **End Date:** 3/29/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141349 **End Date:** 8/29/2022 **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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OAKWOOD MANOR--0011595)

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)

Complaint History (OAKWOOD MANOR--0011595)

Date Complaint Received: 2/2/2023

Date Investigation Completed: 3/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/28/2022

Date Investigation Completed: 8/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

VD2Z11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

VD2Z11

Date Complaint Received: 12/22/2021

Date Investigation Completed: 8/29/2022

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

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 5/1/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138859 **End Date:** 2/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5X1W11 Served 3/2/2022

<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	

Survey ID: 0136184 **End Date:** 5/1/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

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 5/1/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138853 **End Date:** 2/25/2022 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136183 **End Date:** 5/1/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

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 5/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142594 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGP411 Served 3/29/2023

<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:** 2/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136182 **End Date:** 5/1/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 5/31/2022

Date Investigation Completed: 1/31/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
OGP411
OGP411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WESTBROOKE MANOR ASSISTED LIVING & MEMORY CAR (0013900)

Address: 3508 W 20TH AVE, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 12/1/2012 12:00:00AM

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

Survey History

Survey ID: 0141796 **End Date:** 11/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZMUL11 Served 1/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/24/23	
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	2/24/23	

Survey ID: 0138860 **End Date:** 1/27/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HRG311 Served 3/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/17/22	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/17/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WESTBROOKE MANOR ASSISTED LIVING & MEMORY CARE--0013900)

Date Complaint Received: 8/25/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

ZMUL11
ZMUL11

Date Complaint Received: 5/18/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/16/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/9/2021

Date Investigation Completed: 1/27/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/13/2021

Date Investigation Completed: 1/27/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

HRG311
HRG311
HRG311

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/9/2020

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 1/27/2022

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

HRG311
HRG311
HRG311
HRG311

Date Complaint Received: 10/1/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 1/27/2022

Result

SUBSTANTIATED

SOD #

HRG311

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Provider Inspection Summary

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

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 3/27/2020 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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