

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 is a PDF (Adobe Acrobat) document and includes a total of 63.00 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: HERITAGE ASSISTED LIVING (410391)

Address: 2600 S HERITAGE WOODS DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 12/1/1995 12:00:00AM

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

Survey History

Survey ID: 0136967 **End Date:** 8/11/2021 **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: TOUCHMARK ON WEST PROSPECT (0015172)

Address: 2601 TOUCHMARK DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 8/1/2015 12:00:00AM

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

Survey History

Survey ID: 0141372 **End Date:** 11/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136562 **End Date:** 6/14/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135857 **End Date:** 2/23/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3QED11 Served 3/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	6/14/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/14/21	Yes
83.25	CONTINUING EDUCATION	6/14/21	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	6/14/21	Yes
83.47(2)(d)	FIRE DRILLS	6/14/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/14/21	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 (TOUCHMARK ON WEST PROSPECT--0015172)

Date: 3/24/2021 **SOD #**3QED11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(l)
FORFEITURE---83.47(2)(d)

Complaint History (TOUCHMARK ON WEST PROSPECT--0015172)

Date Complaint Received: 5/9/2022 **Date Investigation Completed:** 11/7/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 1/31/2022 **Date Investigation Completed:** 11/7/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 4/6/2021 **Date Investigation Completed:** 6/14/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 1/21/2021 **Date Investigation Completed:** 2/23/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	3QED11

Date Complaint Received: 1/12/2021 **Date Investigation Completed:** 2/23/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	3QED11

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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: ANEW CHOICE CARE INC I (0009557)

Address: 1255 DEPERE ST, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/1/2002 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: ANEW Choice Care (0019036)

Address: 1265 Depere St, Menasha, WI 54952

License Status: PROBATIONARY

Licensed/Certified/Registered 2/28/2023 12:00:00AM

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

Survey History

Survey ID: 0142606 **End Date:** 2/28/2023 **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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA I (0017955)

Address: 1645 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0142580 **End Date:** 1/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6T5L11 Served 3/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	5/12/23	Yes

Survey ID: 0137238 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W0ES11 Served 9/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS	11/1/21	

Survey ID: 0135438 **End Date:** 1/12/2021 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0134471 **End Date:** 7/22/2020 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA I--0017955)

Date Complaint Received: 10/3/2022

Date Investigation Completed: 1/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/30/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

W0ES11

Date Complaint Received: 7/13/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/26/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/5/2021

Date Investigation Completed: 1/12/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/17/2020

Date Investigation Completed: 1/12/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
HCBS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 11/9/2020

Subject Area(s)

RESIDENT RIGHTS
RESIDENT RIGHTS
RESIDENT RIGHTS

Date Investigation Completed: 1/12/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 1/12/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA II (0017959)

Address: 1650 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0142076 **End Date:** 10/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S8KF12 Served 2/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.41(3)(b)	FOOD SAFETY		
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0137241 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S8KF11 Served 9/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/30/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/30/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/12/22	
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	9/30/22	Yes
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS	9/30/22	Yes

Survey ID: 0134486 **End Date:** 7/22/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BETHEL MENASHA II--0017959)

Date: 2/8/2023 **SOD #**S8KF12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.37 3C
FORFEITURE---83.59 4f
FORFEITURE---83.60 1

Date: 9/17/2021 **SOD #**S8KF11 **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 CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA II--0017959)

Date Complaint Received: 9/19/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/23/2021

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/27/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

S8KF11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

S8KF11

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/13/2021

Date Investigation Completed: 8/10/2021

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA III (0017961)

Address: 1665 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0137243 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T7KG11 Served 9/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	11/1/21	
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	11/1/21	
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS	11/1/21	

Survey ID: 0135466 **End Date:** 1/21/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134490 **End Date:** 7/22/2020 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA III--0017961)

Date Complaint Received: 8/5/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T7KG11

Date Complaint Received: 7/30/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

T7KG11

Date Complaint Received: 7/13/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/14/2021

Date Investigation Completed: 1/21/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/1/2020

Date Investigation Completed: 1/21/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/17/2020

Date Investigation Completed: 1/21/2021

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 CS (SEMIAMBULATORY)

Date Complaint Received: 10/21/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 1/21/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA IV (0017962)

Address: 1670 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 7/22/2020 12:00:00AM

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

Survey History

Survey ID: 0142722 **End Date:** 3/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142422 **End Date:** 3/9/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141302 **End Date:** 8/9/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PEPQ12 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	3/9/23	Yes
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS	3/9/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0137244 **End Date:** 8/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PEPQ11 Served 9/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS	11/1/21	

Survey ID: 0134491 **End Date:** 7/22/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BETHEL MENASHA IV--0017962)

Date: 11/9/2022 **SOD #**PEPQ12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.36 2 a
FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA IV--0017962)

Date Complaint Received: 8/15/2022

Date Investigation Completed: 3/30/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/28/2021

Date Investigation Completed: 8/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PEPQ12

Date Complaint Received: 7/30/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

PEPQ11

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/13/2021

Date Investigation Completed: 8/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/2/2021

Date Investigation Completed: 8/10/2021

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GARDENVIEW INC (410396)
Address: 1712 MIDWAY RD, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 11/1/1995 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142676 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EGQA11 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.40	OXYGEN STORAGE	5/20/23	Yes

Survey ID: 0134986 **End Date:** 10/20/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134935 **End Date:** 9/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6WMF11 Served 10/7/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	10/20/20	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 (GARDENVIEW INC--410396)

Date Complaint Received: 7/21/2021

Date Investigation Completed: 11/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 9/10/2020

Date Investigation Completed: 9/28/2020

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE HOME I (0013018)

Address: 1463 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/1/2010 12:00:00AM

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

Survey History

Survey ID: 0138946 **End Date:** 3/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136210 **End Date:** 5/10/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRAIRIE HOME I--0013018)

Date Complaint Received: 3/2/2022

Date Investigation Completed: 3/9/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/27/2021

Date Investigation Completed: 3/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE HOME II (0009115)

Address: 1461 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 12/7/2000 12:00:00AM

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

Survey History

Survey ID: 0142851 **End Date:** 11/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N41F11 Served 4/20/2023

Deficiencies Cited
83.12(4)(a)

Subject Area
REPORTING WHEN RESIDENT'S
WHEREABOUTS UNKNOWN

Compliance
Verified
6/4/23

Corrected
Yes

Survey ID: 0138951 **End Date:** 3/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138192 **End Date:** 9/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B7EV11 Served 1/10/2022

Deficiencies Cited
83.37(1)(g)

Subject Area
DISPOSITION OF MEDICATIONS

Compliance
Verified
3/9/22

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)

Enforcement History (PRAIRIE HOME II--0009115)

Date: 4/20/2023 **SOD #**N41F11 **Appealed:** Yes **Decision:** PENDING

Sanctions

ORDER TO COMPLY

Date: 1/10/2022 **SOD #**B7EV11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(1)(g)

Complaint History (PRAIRIE HOME II--0009115)

Date Complaint Received: 5/4/2022

Date Investigation Completed: 11/18/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N41F11

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: PRAIRIE HOME III (410552)

Address: 1459 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 8/1/1999 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: ALTEN HAUS TRADITIONS (0013951)

Address: 1091 JACOBSEN RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 2/1/2013 12:00:00AM

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

Survey History

Survey ID: 0141769 **End Date:** 11/1/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S9U411 Served 1/9/2023

Deficiencies Cited
83.35(3)(b)

Subject Area
SERVICE PLAN DEVELOPMENT: PARTIES
INVOLVED

Compliance
Verified
2/23/23

Corrected

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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: AMERICAN GRAND ASSISTED LIVING SUITES (0016351)

Address: 900 MEADOW LN, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 6/21/2017 12:00:00AM

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

Survey History

Survey ID: 0143305 **End Date:** 4/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QP0C16 Served 6/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/24/23	Yes

Survey ID: 0141953 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C15 Served 1/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/17/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	4/17/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/17/23	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)

83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/17/23	Yes
83.38(1)(b)	SUPERVISION	4/17/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/17/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/17/23	Yes

Survey ID: 0139859 End Date: 3/18/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C14 Served 6/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	10/11/22	Yes
83.38(1)(b)	SUPERVISION	10/14/22	No
83.38(1)(g)	HEALTH MONITORING	10/14/22	No

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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: 0137878 End Date: 9/16/2021 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C13 Served 12/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(i)	PERSONAL POSSESSIONS	3/17/22	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	3/17/22	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	3/17/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/17/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/17/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/17/22	Yes
83.38(1)(b)	SUPERVISION	3/18/22	No
83.38(1)(g)	HEALTH MONITORING	3/18/22	No
83.41(3)(b)	FOOD SAFETY	3/17/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/17/22	Yes
83.45(4)	PEST CONTROL	3/17/22	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)

Survey ID: 0135626 End Date: 1/19/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C12 Served 2/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/15/21	Yes
50.09(1)(e)	TREATMENT	9/15/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/15/21	
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	9/15/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/15/21	
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/15/21	Yes
83.38(1)(g)	HEALTH MONITORING	9/15/21	
83.39(1)	INFECTION CONTROL PROGRAM	9/15/21	Yes
83.41(3)(b)	FOOD SAFETY	9/15/21	
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/15/21	Yes
83.45(4)	PEST CONTROL	9/15/21	
83.47(2)(e)	OTHER EVACUATION DRILLS	9/15/21	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 (AMERICAN GRAND ASSISTED LIVING SUITES--0016351)

Date: 1/26/2023 **SOD #**QP0C15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15 3 a

FORFEITURE---83.32 3 k

FORFEITURE---83.33 1 d

FORFEITURE---83.35 1 a

FORFEITURE---83.35 3 d

FORFEITURE---83.38 1 b

FORFEITURE---83.38 1 g

FORFEITURE---83.38 1 i

Date: 6/17/2022 **SOD #**QP0C14 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

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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: 12/1/2021

SOD #QP0C13

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(i)

FORFEITURE---83.12(3)(a)

FORFEITURE---83.31(4)(c)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.45(4)

Date: 2/16/2021

SOD #QP0C12

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(m)

FORFEITURE---83.38(1)(g)

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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 (AMERICAN GRAND ASSISTED LIVING SUITES--0016351)

Date Complaint Received: 2/22/2023

Date Investigation Completed: 4/17/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/19/2023

Date Investigation Completed: 4/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/13/2023

Date Investigation Completed: 4/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/28/2022

Date Investigation Completed: 4/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/16/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
QP0C15
QP0C15
QP0C15
QP0C15

Date Complaint Received: 8/11/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED
QP0C15

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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: 8/3/2022

Date Investigation Completed: 10/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	QP0C15
RESIDENT RIGHTS	SUBSTANTIATED	QP0C15
PROGRAM SERVICES	SUBSTANTIATED	QP0C16

Date Complaint Received: 7/5/2022

Date Investigation Completed: 10/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	QP0C15
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	QP0C15
PROGRAM SERVICES	SUBSTANTIATED	QP0C15
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	QP0C15
PROGRAM SERVICES	SUBSTANTIATED	QP0C15
RESIDENT RIGHTS	SUBSTANTIATED	QP0C15

Date Complaint Received: 2/22/2022

Date Investigation Completed: 3/18/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 2/1/2022

Date Investigation Completed: 3/18/2022

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

Date Complaint Received: 11/11/2021

Date Investigation Completed: 3/18/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	QP0C14
RESIDENT RIGHTS	SUBSTANTIATED	QP0C14

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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: 11/3/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 3/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/12/2021

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 9/16/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

QP0C13

Date Complaint Received: 5/4/2021

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 9/16/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

QP0C13

Date Complaint Received: 3/23/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 9/16/2021

Result

SUBSTANTIATED

SOD #

QP0C13

Date Complaint Received: 3/10/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 9/16/2021

Result

SUBSTANTIATED

SOD #

QP0C13

Date Complaint Received: 11/4/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 1/19/2021

Result

SUBSTANTIATED

SOD #

QP0C12

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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: 8/20/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 1/19/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

QP0C12

Date Complaint Received: 5/18/2020

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 1/19/2021

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

QP0C12
QP0C12

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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: CARE PARTNERS FOX CROSSING (0018451)

Address: 1750 IRISH RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 8/1/2022 12:00:00AM

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

Survey History

Survey ID: 0140009 **End Date:** 6/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139023 **End Date:** 3/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136814 **End Date:** 7/22/2021 **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 (CARE PARTNERS FOX CROSSING--0018451)

Date Complaint Received: 3/20/2023

Date Investigation Completed: 5/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 5/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/22/2022

Date Investigation Completed: 5/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/30/2022

Date Investigation Completed: 6/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/23/2022

Date Investigation Completed: 6/30/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/20/2021

Date Investigation Completed: 3/21/2022

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)

Facility Information

Facility Name: CLARITY CARE GREENFIELD HOUSE (410332)

Address: 643 GREENFIELD ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 2/1/1995 12:00:00AM

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

Survey History

Survey ID: 0140106 **End Date:** 7/7/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SGUO11 Served 7/11/2022

Deficiencies Cited
83.12(4)(c)

Subject Area
REPORTING INCIDENTS WITH SERIOUS
INJURY

Compliance
Verified
8/25/22

Corrected

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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 STATE STREET HOUSE (410081)

Address: 105 STATE ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/1/1980 12:00:00AM

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

Survey History

Survey ID: 0140105 **End Date:** 6/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X9EL11 Served 7/11/2022

Deficiencies Cited
83.55(6)(b)

Subject Area
BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance
Verified
8/25/22

Corrected

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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 THIRD STREET HOUSE (410083)

Address: 225 3RD ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/1/1984 12:00:00AM

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

Survey History

Survey ID: 0139326 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137989 **End Date:** 8/19/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SH1911 Served 12/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	4/20/22	Yes

Enforcement History (CLARITY CARE THIRD STREET HOUSE--410083)

Date: 12/16/2021 **SOD #**SH1911 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(h)

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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: COPPERSTONE ASSISTED LIVING (0018315)

Address: 751 DEERWOOD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 6/1/2022 12:00:00AM

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

Survey History

Survey ID: 0143062 **End Date:** 3/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GCTR11 Served 5/17/2023

Deficiencies Cited
83.36(1)(a)

Subject Area
ADEQUATE STAFF TO MEET RESIDENT NEEDS

Compliance
Verified

Corrected

Survey ID: 0142296 **End Date:** 2/23/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142904 **End Date:** 2/3/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FPRQ11 Served 4/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(g)	HEALTH MONITORING		
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS		

Survey ID: 0138949 **End Date:** 3/10/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136431 **End Date:** 6/1/2021 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COPPERSTONE ASSISTED LIVING--0018315)

Date: 4/27/2023

SOD #FPRQ11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32 3h

FORFEITURE---83.35 1a

FORFEITURE---83.35 3d

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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 (COPPERSTONE ASSISTED LIVING--0018315)

Date Complaint Received: 3/13/2023

Date Investigation Completed: 3/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 2/20/2023

Date Investigation Completed: 3/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
PROGRAM SERVICES
ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

GCTR11
GCTR11
GCTR11

Date Complaint Received: 2/7/2023

Date Investigation Completed: 2/23/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 1/10/2023

Date Investigation Completed: 2/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

FPRQ11
FPRQ11

Date Complaint Received: 11/14/2022

Date Investigation Completed: 2/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

FPRQ11
FPRQ11

Date Complaint Received: 7/13/2022

Date Investigation Completed: 2/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FPRQ11

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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: 3/9/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 3/10/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/10/2022

Subject Area(s)

ADMINISTRATION

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 3/10/2022

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/16/2021

Subject Area(s)

PROGRAM SERVICES

ADMINISTRATION

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 3/10/2022

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

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)

Facility Information

Facility Name: FRIEDA MAE HAUS (0011681)

Address: 625 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 7/1/2007 12:00:00AM

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

Survey History

Survey ID: 0142742 **End Date:** 4/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141234 **End Date:** 11/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138794 **End Date:** 2/21/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FRIEDA MAE HAUS--0011681)

Date Complaint Received: 4/3/2023

Date Investigation Completed: 4/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/16/2021

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: JOSEPHINE VERONICA HAUS (0011680)

Address: 635 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 7/1/2007 12:00:00AM

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

Survey History

Survey ID: 0138785 **End Date:** 2/22/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MATTHEWS OF IRISH ROAD CBRF (0014157)

Address: 1760 IRISH RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 6/15/2012 12:00:00AM

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

Survey History

Survey ID: 0136566 **End Date:** 6/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MATTHEWS OF IRISH ROAD CBRF--0014157)

Date Complaint Received: 6/8/2021

Date Investigation Completed: 6/17/2021

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MATTHEWS OF NEENAH I (0014160)

Address: 970 W AMERICAN DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 7/1/2013 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: MATTHEWS OF NEENAH II (0014161)

Address: 990 W AMERICAN DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 7/1/2013 12:00:00AM

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

Survey History

Survey ID: 0137988 **End Date:** 12/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136778 **End Date:** 6/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZBR12 Served 7/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/14/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	12/14/21	Yes

Enforcement History (MATTHEWS OF NEENAH II--0014161)

Date: 7/19/2021 **SOD #**WZBR12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(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: PARKSIDE SENIOR LIVING (0016732)

Address: 2330 BRUCE STREET, NEENAH, WI 549564834

License Status: REGULAR

Licensed/Certified/Registered 8/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142590 **End Date:** 3/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140999 **End Date:** 10/6/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PARKSIDE SENIOR LIVING--0016732)

Date Complaint Received: 2/22/2023

Date Investigation Completed: 3/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/28/2022

Date Investigation Completed: 3/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/6/2021

Date Investigation Completed: 10/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PNUMA 3 (0017021)

Address: 1955 COUNTY TRUNK A, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 3/28/2018 12:00:00AM

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

Survey History

Survey ID: 0141135 **End Date:** 10/20/2022 **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: REHABILITATION HOUSE INC (410111)

Address: 107 PROFESSIONAL PLAZA, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 9/1/1981 12:00:00AM

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

Survey History

Survey ID: 0137483 **End Date:** 9/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #32P111 Served 10/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	11/28/21	
83.47(2)(e)	OTHER EVACUATION DRILLS	11/28/21	

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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: VNA ASSISTED LIVING (410559)

Address: 1533 LYON DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 2/1/1999 12:00:00AM

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

Survey History

Survey ID: 0142740 **End Date:** 3/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135577 **End Date:** 2/2/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135295 **End Date:** 12/10/2020 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VNA ASSISTED LIVING--410559)

Date Complaint Received: 8/2/2022

Date Investigation Completed: 3/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/20/2021

Date Investigation Completed: 2/2/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/14/2020

Date Investigation Completed: 12/10/2020

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: COUNTRY VILLA ASSISTED LIVING (0017149)

Address: 1900 HUCKLEBERRY AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 6/4/2018 12:00:00AM

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

Survey History

Survey ID: 0140414 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137998 **End Date:** 11/29/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1LMI11 Served 12/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	8/9/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/9/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/9/22	Yes

Enforcement History (COUNTRY VILLA ASSISTED LIVING--0017149)

Date: 12/16/2021 **SOD #**1LMI11 **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 (COUNTRY VILLA ASSISTED LIVING--0017149)

Date Complaint Received: 2/23/2022

Date Investigation Completed: 8/9/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

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: WEBSTER MANOR (410448)

Address: 515 S WEBSTER AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 3/1/1997 12:00:00AM

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

Survey History

Survey ID: 0139688 **End Date:** 5/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136188 **End Date:** 5/5/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WEBSTER MANOR--410448)

Date Complaint Received: 10/4/2021

Date Investigation Completed: 5/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/12/2020

Date Investigation Completed: 5/5/2021

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS WINNECONNE I (0009034)

Address: 234 S 5TH ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 10/1/2001 12:00:00AM

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

Survey History

Survey ID: 0138349 **End Date:** 12/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #395K11 Served 1/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	3/4/22	
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	3/4/22	

Complaint History (CARE PARTNERS WINNECONNE I--0009034)

Date Complaint Received: 11/20/2020

Date Investigation Completed: 12/10/2021

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: CARE PARTNERS WINNECONNE II (0009036)

Address: 524 GRANT ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 7/1/2001 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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