

Provider Inspection Summary

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

Winnebago

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 65.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TOUCHMARK ON WEST PROSPECT (0015172)

Address: 2601 TOUCHMARK DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 08/01/2015 12:00:00AM

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

Survey History

Survey ID: 0147933 **End Date:** 10/17/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146945 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0CL911 Served 07/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	10/17/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/17/24	Yes

Survey ID: 0143620 **End Date:** 07/11/2023 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141372 **End Date:** 11/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (TOUCHMARK ON WEST PROSPECT--0015172)

Date: 07/15/2024 **SOD #**0CL911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TOUCHMARK ON WEST PROSPECT--0015172)

Date Complaint Received: 01/30/2024

Date Investigation Completed: 05/28/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

0CL911

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0CL911

Date Complaint Received: 01/08/2024

Date Investigation Completed: 05/28/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

0CL911

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0CL911

Date Complaint Received: 05/18/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/09/2022

Date Investigation Completed: 11/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/31/2022

Date Investigation Completed: 11/07/2022

Subject Area(s)
PROGRAM SERVICES

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANEW CHOICE CARE INC I (0009557)

Address: 1255 DEPERE ST, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

Survey ID: 0145332 **End Date:** 01/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANEW Choice Care (0019036)

Address: 1265 Depere St, Menasha, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 03/01/2024 12:00:00AM

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

Survey History

Survey ID: 0144273 **End Date:** 09/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142606 **End Date:** 02/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA I (0017955)

Address: 1645 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 07/22/2020 12:00:00AM

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

Survey History

Survey ID: 0148419 **End Date:** 10/28/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2EPW11 Served 01/02/2025

<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		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0143454 **End Date:** 06/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0142580 **End Date:** 01/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6T5L11 Served 03/28/2023

<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

Enforcement History (BETHEL MENASHA I--0017955)

Date: 01/02/2025 **SOD #** 2EPW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BETHEL MENASHA I--0017955)

Date Complaint Received: 06/25/2024 **Date Investigation Completed:** 10/28/2024

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

Date Complaint Received: 05/18/2023 **Date Investigation Completed:** 06/21/2023

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

Date Complaint Received: 10/03/2022 **Date Investigation Completed:** 01/31/2023

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA II (0017959)

Address: 1650 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 07/22/2020 12:00:00AM

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

Survey History

Survey ID: 0148420 **End Date:** 10/28/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R1F011 Served 01/02/2025

<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		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0146163 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143460 **End Date:** 06/22/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S8KF12 Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/21/23	Yes
83.41(3)(b)	FOOD SAFETY	6/21/23	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	6/21/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	6/21/23	Yes

Enforcement History (BETHEL MENASHA II--0017959)

Date: 01/02/2025 **SOD #**R1F011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/08/2023 **SOD #**S8KF12 **Appealed:**

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA II--0017959)

Date Complaint Received: 08/12/2024

Date Investigation Completed: 10/28/2024

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/31/2024

Date Investigation Completed: 10/28/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/19/2024

Date Investigation Completed: 04/16/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/20/2023

Date Investigation Completed: 06/22/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/12/2023

Date Investigation Completed: 06/22/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/19/2022

Date Investigation Completed: 10/12/2022

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA III (0017961)
Address: 1665 CENTURY OAKS COURT, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 07/22/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147949 **End Date:** 10/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143456 **End Date:** 06/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143483 **End Date:** 05/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J2CV11 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/11/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BETHEL MENASHA III--0017961)

Date Complaint Received: 08/12/2024

Date Investigation Completed: 10/27/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/14/2023

Date Investigation Completed: 05/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BETHEL MENASHA IV (0017962)

Address: 1670 CENTURY OAKS COURT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 07/22/2020 12:00:00AM

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

Survey History

Survey ID: 0144717 **End Date:** 11/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142722 **End Date:** 03/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142422 **End Date:** 03/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141302 **End Date:** 08/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PEPQ12 Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (BETHEL MENASHA IV--0017962)

Date: 11/09/2022 **SOD #** PEPQ12 **Appealed:**

Sanctions

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

Complaint History (BETHEL MENASHA IV--0017962)

Date Complaint Received: 09/28/2023

Date Investigation Completed: 11/02/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 08/15/2022

Date Investigation Completed: 03/30/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GARDENVIEW INC (410396)
Address: 1712 MIDWAY RD, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 11/01/1995 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147260 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144957 **End Date:** 10/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S4GO11 Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	8/7/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	8/7/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/7/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/7/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/7/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/7/24	Yes
83.45(1)(d)	HAZARDS	8/7/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142676 End Date: 11/02/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EGQA11 Served 04/05/2023

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

Enforcement History (GARDENVIEW INC--410396)

Date: 12/05/2023 SOD #S4GO11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09 1e

FORFEITURE---83.12 2a

FORFEITURE---83.12 4b

FORFEITURE---83.15 3a

FORFEITURE---83.20 2a-d

FORFEITURE---83.35 3d

FORFEITURE---83.43 1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GARDENVIEW INC--410396)

Date Complaint Received: 05/20/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/06/2023

Date Investigation Completed: 10/27/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
S4GO11
S4GO11

Date Complaint Received: 08/24/2023

Date Investigation Completed: 10/27/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
S4GO11
S4GO11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE HOME I (0013018)

Address: 1463 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/01/2010 12:00:00AM

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

Survey History

Survey ID: 0147545 **End Date:** 09/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138946 **End Date:** 03/09/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRAIRIE HOME I--0013018)

Date Complaint Received: 03/02/2022

Date Investigation Completed: 03/09/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE HOME II (0009115)
Address: 1461 KENWOOD DR, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 12/07/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146737 **End Date:** 06/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143892 **End Date:** 11/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.12(4)(a) REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN 7/19/23 Withdrawn

Survey ID: 0138951 **End Date:** 03/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PRAIRIE HOME II--0009115)

Date: 04/20/2023 **SOD #**N41F11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PRAIRIE HOME II--0009115)

Date Complaint Received: 02/19/2024

Date Investigation Completed: 06/13/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/04/2022

Date Investigation Completed: 11/18/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
N41F11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PRAIRIE HOME III (410552)

Address: 1459 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 08/01/1999 12:00:00AM

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

Survey History

Survey ID: 0146341 **End Date:** 05/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRAIRIE HOME III--410552)

Date Complaint Received: 05/01/2024

Date Investigation Completed: 05/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of Irish Road (0020467)

Address: 1760 Irish Road, Neenah, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 08/22/2024 12:00:00AM

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

Survey History

Survey ID: 0148570 **End Date:** 01/21/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (Adava Care of Irish Road--0020467)

Date Complaint Received: 12/19/2024

Date Investigation Completed: 01/21/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of Neenah I (0020472)

Address: 970 West American Drive, Neenah, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 08/22/2024 12:00:00AM

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

Survey History

Survey ID: 0147410 **End Date:** 08/22/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of Neenah II (0020473)

Address: 990 West American Drive, Neenah, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 08/22/2024 12:00:00AM

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

Complaint History (Adava Care of Neenah II--0020473)

Date Complaint Received: 10/23/2024

Date Investigation Completed: 02/03/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Alten Haus Edelweiss (0018770)

Address: 1055 Jacobsen Road, Neenah, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 06/16/2023 12:00:00AM

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

Survey History

Survey ID: 0143435 **End Date:** 06/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALTEN HAUS TRADITIONS (0013951)

Address: 1091 JACOBSEN RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 02/01/2013 12:00:00AM

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

Survey History

Survey ID: 0141769 **End Date:** 11/01/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S9U411 Served 01/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	2/23/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AMERICAN GRAND ASSISTED LIVING SUITES (0016351)

Address: 900 MEADOW LN, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 06/21/2017 12:00:00AM

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

Survey History

Survey ID: 0148829 **End Date:** 11/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E48B11 Served 02/25/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0148021 **End Date: 07/30/2024** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IN912 Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0145220 **End Date: 10/11/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IN911 Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	7/24/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/25/24	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	7/24/24	Yes

Survey ID: 0143305 **End Date: 04/17/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QP0C16 Served 06/09/2023

<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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C15 Served 01/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>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
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: 03/18/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QP0C14 Served 06/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AMERICAN GRAND ASSISTED LIVING SUITES--0016351)

Date: 11/06/2024 **SOD #**8IN912 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N0352 83.32(3)(h)
FORFEITURE---N0362 83.33(1)(d)
FORFEITURE---N0415 83.37(2)(d)
FORFEITURE---Y3244 50.09(1)(L) Care

Date: 01/09/2024 **SOD #**8IN911 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 3h
FORFEITURE---83.44 2a

Date: 01/26/2023 **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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/17/2022

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AMERICAN GRAND ASSISTED LIVING SUITES--0016351)

Date Complaint Received: 10/25/2024

Date Investigation Completed: 11/27/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/15/2024

Date Investigation Completed: 11/27/2025

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/08/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/23/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 8IN912

Date Complaint Received: 03/04/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED 8IN912
SUBSTANTIATED 8IN912

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/06/2024

Date Investigation Completed: 07/30/2024

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

Date Complaint Received: 12/19/2023

Date Investigation Completed: 07/30/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	8IN912
PROGRAM SERVICES	SUBSTANTIATED	8IN912
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	8IN912
ADMINISTRATION	SUBSTANTIATED	8IN912
PROGRAM SERVICES	SUBSTANTIATED	8IN912
RESIDENT RIGHTS	SUBSTANTIATED	8IN912

Date Complaint Received: 10/09/2023

Date Investigation Completed: 10/11/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	8IN911
PROGRAM SERVICES	SUBSTANTIATED	8IN911
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	8IN911

Date Complaint Received: 08/07/2023

Date Investigation Completed: 10/11/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	8IN911

Date Complaint Received: 07/31/2023

Date Investigation Completed: 10/11/2023

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/25/2023

Date Investigation Completed: 10/11/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	8IN911
SUBSTANTIATED	8IN911

Date Complaint Received: 02/22/2023

Date Investigation Completed: 04/17/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

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

Date Complaint Received: 01/19/2023

Date Investigation Completed: 04/17/2023

Subject Area(s)
PROGRAM SERVICES

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

Date Complaint Received: 01/13/2023

Date Investigation Completed: 04/17/2023

Subject Area(s)
PROGRAM SERVICES

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

Date Complaint Received: 12/28/2022

Date Investigation Completed: 04/17/2023

Subject Area(s)
PROGRAM SERVICES

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

Date Complaint Received: 08/16/2022

Date Investigation Completed: 10/14/2022

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

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QP0C15
SUBSTANTIATED	QP0C15
SUBSTANTIATED	QP0C15
SUBSTANTIATED	QP0C15

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/11/2022

Date Investigation Completed: 10/14/2022

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

Date Complaint Received: 08/03/2022

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: 07/05/2022

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: 02/22/2022

Date Investigation Completed: 03/18/2022

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

Date Complaint Received: 02/01/2022

Date Investigation Completed: 03/18/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS FOX CROSSING (0018451)

Address: 1750 IRISH RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 08/01/2022 12:00:00AM

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

Survey History

Survey ID: 0146033 **End Date:** 03/28/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143180 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143125 **End Date:** 05/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140009 **End Date:** 06/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139023 **End Date:** 03/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS FOX CROSSING--0018451)

Date Complaint Received: 10/29/2024

Date Investigation Completed: 02/13/2025

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/28/2023

Date Investigation Completed: 03/28/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/22/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/20/2023

Date Investigation Completed: 05/17/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 05/17/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/22/2022

Date Investigation Completed: 05/17/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/30/2022

Date Investigation Completed: 06/30/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/23/2022

Date Investigation Completed: 06/30/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE GREENFIELD HOUSE (410332)

Address: 643 GREENFIELD ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 02/01/1995 12:00:00AM

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

Survey History

Survey ID: 0145805 **End Date:** 03/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140106 **End Date:** 07/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SGUO11 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/25/22	

Complaint History (CLARITY CARE GREENFIELD HOUSE--410332)

Date Complaint Received: 11/22/2023

Date Investigation Completed: 03/01/2024

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE STATE STREET HOUSE (410081)

Address: 105 STATE ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/01/1980 12:00:00AM

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

Survey History

Survey ID: 0140105 **End Date:** 06/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X9EL11 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/25/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLARITY CARE THIRD STREET HOUSE (410083)

Address: 225 3RD ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/01/1984 12:00:00AM

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

Survey History

Survey ID: 0148349 **End Date:** 09/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FM0T11 Served 12/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(a)	PERSONAL CARE		

Survey ID: 0139326 **End Date:** 04/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 12/18/2024 **SOD #FM0T11** **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---N0386 83.35(3)(a)

FORFEITURE---N0425 83.38(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 09/16/2024

Date Investigation Completed: 09/30/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
FM0T11
FM0T11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COPPERSTONE ASSISTED LIVING (0018315)

Address: 751 DEERWOOD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0148332 **End Date:** 10/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D4NU11 Served 12/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	2/1/25	

Survey ID: 0147645 **End Date:** 07/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #666611 Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES		
83.29(2)	ADMISSION AGREEMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144978 **End Date: 12/05/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143676 **End Date: 07/17/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143062 **End Date: 03/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GCTR11 Served 05/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/17/23	Yes

Survey ID: 0142296 **End Date: 02/23/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142904 End Date: 02/03/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FPRQ11 Served 04/27/2023

<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	7/17/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/17/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/17/23	Yes
83.38(1)(a)	PERSONAL CARE	7/17/23	Yes
83.38(1)(g)	HEALTH MONITORING	7/17/23	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	7/17/23	Yes

Survey ID: 0138949 End Date: 03/10/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COPPERSTONE ASSISTED LIVING--0018315)

Date: 09/24/2024 **SOD #**666611 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---N0431 83.38(1)(g)

Date: 05/17/2023 **SOD #**GCTR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/27/2023 **SOD #**FPRQ11 **Appealed:**

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COPPERSTONE ASSISTED LIVING--0018315)

Date Complaint Received: 09/19/2024

Date Investigation Completed: 10/04/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/23/2024

Date Investigation Completed: 10/04/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

D4NU11

PROGRAM SERVICES

SUBSTANTIATED

D4NU11

RESIDENT RIGHTS

SUBSTANTIATED

D4NU11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

D4NU11

Date Complaint Received: 06/19/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

666611

Date Complaint Received: 04/19/2024

Date Investigation Completed: 07/01/2024

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: 02/15/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

666611

RESIDENT RIGHTS

SUBSTANTIATED

666611

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/06/2023

Date Investigation Completed: 12/05/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/13/2023

Date Investigation Completed: 03/14/2023

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/20/2023

Date Investigation Completed: 03/14/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
SUBSTANTIATED GCTR11
SUBSTANTIATED GCTR11
SUBSTANTIATED GCTR11

Date Complaint Received: 02/07/2023

Date Investigation Completed: 02/23/2023

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/10/2023

Date Investigation Completed: 02/03/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED FPRQ11
SUBSTANTIATED FPRQ11

Date Complaint Received: 11/14/2022

Date Investigation Completed: 02/03/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED FPRQ11
SUBSTANTIATED FPRQ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/13/2022

Date Investigation Completed: 02/03/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FPRQ11

Date Complaint Received: 03/09/2022

Date Investigation Completed: 03/10/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FRIEDA MAE HAUS (0011681)

Address: 625 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007 12:00:00AM

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

Survey History

Survey ID: 0145031 **End Date:** 12/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142742 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141234 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138794 **End Date:** 02/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FRIEDA MAE HAUS--0011681)

Date Complaint Received: 09/18/2023

Date Investigation Completed: 12/11/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/03/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JOSEPHINE VERONICA HAUS (0011680)

Address: 635 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007 12:00:00AM

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

Survey History

Survey ID: 0138785 **End Date:** 02/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PARKSIDE SENIOR LIVING (0016732)

Address: 2330 BRUCE STREET, NEENAH, WI 549564834

License Status: REGULAR

Licensed/Certified/Registered 08/01/2018 12:00:00AM

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

Survey History

Survey ID: 0142590 **End Date:** 03/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140999 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PARKSIDE SENIOR LIVING--0016732)

Date Complaint Received: 02/22/2023

Date Investigation Completed: 03/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/28/2022

Date Investigation Completed: 03/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PNUMA 3 (0017021)

Address: 1955 COUNTY TRUNK A, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 03/28/2018 12:00:00AM

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

Survey History

Survey ID: 0148538 **End Date:** 10/17/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6DLN11 Served 01/21/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE		
83.38(1)(a)	PERSONAL CARE		

Survey ID: 0145831 **End Date:** 03/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144264 **End Date:** 09/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (PNUMA 3--0017021)

Date: 01/21/2025 **SOD #**6DLN11 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---N 425 83.38(1)(a)

Complaint History (PNUMA 3--0017021)

Date Complaint Received: 07/25/2024

Date Investigation Completed: 10/17/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

6DLN11

Date Complaint Received: 12/20/2023

Date Investigation Completed: 03/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 05/17/2023

Date Investigation Completed: 09/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: REHABILITATION HOUSE INC (410111)

Address: 107 PROFESSIONAL PLAZA, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 09/01/1981 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Valley VNA Assisted Living (0019622)

Address: 1533 Lyon Dr, Neenah, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/08/2024 12:00:00AM

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

Survey History

Survey ID: 0146997 **End Date:** 07/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY VILLA ASSISTED LIVING (0017149)

Address: 1900 HUCKLEBERRY AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 06/04/2018 12:00:00AM

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

Survey History

Survey ID: 0147102 **End Date:** 07/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145593 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144260 **End Date:** 09/15/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143459 **End Date:** 03/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZJF711 Served 06/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/14/23	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	9/14/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140414 End Date: 08/09/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COUNTRY VILLA ASSISTED LIVING--0017149)

Date: 06/23/2023 SOD #ZJF711 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY VILLA ASSISTED LIVING--0017149)

Date Complaint Received: 05/29/2024

Date Investigation Completed: 07/24/2024

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: 04/16/2024

Date Investigation Completed: 07/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/16/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 03/06/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZJF711

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ZJF711

Date Complaint Received: 02/23/2022

Date Investigation Completed: 08/09/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WEBSTER MANOR (410448)

Address: 515 S WEBSTER AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997 12:00:00AM

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

Survey History

Survey ID: 0147417 **End Date:** 08/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139688 **End Date:** 05/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS WINNECONNE I (0009034)

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

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS WINNECONNE II (0009036)

Address: 524 GRANT ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001 12:00:00AM

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

Survey History

Survey ID: 0146621 **End Date:** 06/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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