

Provider Inspection Summary

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

Winnebago

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Winnebago County.

The report is a PDF (Adobe Acrobat) document and includes a total of 11.00 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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: HERITAGE ASSISTED LIVING (0010366)
Address: 2600 S HERITAGE WOODS DR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 6/8/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138557 **End Date:** 1/19/2022 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138266 **End Date:** 1/11/2022 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: TOUCHMARK ON WEST PROSPECT (0010375)
Address: 2601 TOUCHMARK DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 6/27/2001 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141371 **End Date:** 11/7/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TOUCHMARK ON WEST PROSPECT--0010375)

Date Complaint Received: 2/24/2022	Date Investigation Completed: 11/7/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: ALEXANDRITE MANOR VNA APARTMENTS (0010359)

Address: 1537 LYON DRIVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/2/2002 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: EMERALD RIDGE OF NEENAH (0018450)

Address: 130 BYRD AVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 3/1/2021 12:00:00AM

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

Survey History

Survey ID: 0135725 **End Date:** 2/28/2021 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ISLAND SHORES (0018588)

Address: 131 E NORTH WATER ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 7/13/2021 12:00:00AM

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

Survey History

Survey ID: 0136703 **End Date:** 6/30/2021 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ASPIRE OSHKOSH (0018609)
Address: 150 ASPIRE LANE, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 11/24/2021 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138144 **End Date:** 11/24/2021 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: BELLA VISTA (0018668)
Address: 631 HAZEL STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 8/2/2021 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139462 **End Date:** 5/4/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136917 **End Date:** 8/2/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (BELLA VISTA--0018668)

Date Complaint Received: 4/11/2022

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 4/8/2022

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/17/2021

Date Investigation Completed: 5/4/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: EVERGREEN GARDEN PLACE (0010361)
Address: 1130 NORTH WESTFIELD STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 9/25/1998 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141875 **End Date:** 1/17/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EVERGREEN GARDEN PLACE--0010361)

Date Complaint Received: 1/3/2023	Date Investigation Completed: 1/17/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: GABRIELS VILLA (0010363)
Address: 215 N WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 3/14/1997 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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