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 9.00 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 2/9/2017 to 2/9/2020
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: 0132321 End Date: 1/2/2020 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TOUCHMARK ON WEST PROSPECT--0010375)

Date Complaint Received: 5/28/2019 Date Investigation Completed: 1/2/2020
Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED

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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 2/9/17 to 2/9/20
## Facility Information

Facility Name: EMERALD RIDGE ASSISTED LIVING LLC (0016035)
Address: 130 BYRD AVE, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 2/1/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130107</td>
<td>5/2/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0129815</td>
<td>2/27/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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**Statement of Deficiency:** #MRXV11 Served 4/10/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>89.23(4)(b)1</td>
<td>SERVICES</td>
<td>5/3/19</td>
<td>Yes</td>
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## Facility Information

Facility Name: ISLAND SHORES (0014664)  
Address: 131 E NORTH WATER ST, NEENAH, WI 54956  
License Status: REGULAR  
Licensed/Certified/Registered 7/10/2013  12:00:00AM  
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<td>0126370</td>
<td>3/29/2018</td>
<td>OTHER</td>
<td>SURVEY/COMPLAINT</td>
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Results: NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ISLAND SHORES--0014664)

<table>
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<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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</thead>
<tbody>
<tr>
<td>2/9/2017</td>
<td>3/28/2018</td>
</tr>
</tbody>
</table>

Subject Area(s) | Result          | SOD #  
----------------|-----------------|-------
PROGRAM SERVICES| NOT SUBSTANTIATED|       

This is Page 5 of 9 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: BELLA VISTA (0014668)
Address: 631 HAZEL ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 7/10/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126234   End Date: 3/8/2018   Type: STANDARD   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125114   End Date: 11/8/2017   Type: OTHER   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Residential Care Apartment Complex (CERTIFIED)

### Complaint History (BELLA VISTA--0014668)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17/2019</td>
<td>2/12/2020</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<td>2/27/2018</td>
<td>3/8/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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<td>10/6/2017</td>
<td>11/8/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

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

No survey activity during the period 2/9/17 to 2/9/20

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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 2/9/17 to 2/9/20