

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Brown County.

The report includes only facilities located within the City of Green Bay. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 69 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 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BEECH TREE AFH (0010624)
Address: 1901 BEECH TREE DR, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 07/19/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099479 **End Date:** 06/06/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BEYOND ABILITIES BLACKBERRY LANE (0012106)

Address: 3400 BLACKBERRY LN, GREEN BAY, WI 543138779

License Status: REGULAR

Licensed/Certified/Registered 09/28/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BEYOND ABILITIES TROJAN (0011202)
Address: 2466 TROJAN DRIVE, GREEN BAY, WI 543041435
License Status: REGULAR
Licensed/Certified/Registered 01/04/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101212 **End Date:** 02/15/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VYPP11 Served 03/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BRENNER PLACE (0012462)
Address: 2461 BRENNER PL, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 08/11/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102274 **End Date:** 08/11/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: BROOKHAVEN HOME (0010962)
Address: 2737 BROOKHAVEN CT, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 06/24/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100131 **End Date:** 08/22/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097492 **End Date:** 07/31/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CBIS PARKVIEW (490003)
Address: 1447 KURTZ AVE, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 01/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102929 **End Date:** 10/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TWFL13 Served 11/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS		

Survey ID: 0101980 **End Date:** 06/05/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TWFL12 Served 07/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/29/2008	Yes
88.04(2)(h)	COMPLY WITH OSHA	10/29/2008	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	10/29/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/29/2008	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/29/2008	Yes
88.10(3)(q)	MEDICATIONS	10/29/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Survey ID: 0098111 End Date: 11/06/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007385 Served 11/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	06/05/2008	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/05/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Enforcement History (CBIS PARKVIEW)

Date: 06/30/2008 SOD #TWFL12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

Date: 11/08/2006 SOD #10007385 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (CBIS PARKVIEW)

Date Complaint Received: 10/02/2008

Date Investigation Completed: 10/29/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

TWLF13

Date Complaint Received: 04/29/2008

Date Investigation Completed: 06/05/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TWFL12

Date Complaint Received: 04/28/2008

Date Investigation Completed: 06/05/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TWFL12

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CLARITY CARE CARDINAL LANE HOME (490035)
Address: 1410 CARDINAL LN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 12/01/1995
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103745 **End Date:** 03/19/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098576 **End Date:** 01/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007426 Served 01/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(c)	UTILITIES MEET LOCAL BUILDING CODES	01/24/2007	Yes
88.05(6)(a)	HOUSEHOLD PETS	01/24/2007	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CLARITY CARE MANETTE HEIGHTS (0009195)
Address: 1796-98 CABINET MAKER CT, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 12/15/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099475 **End Date:** 05/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: CORNERSTONE ADULT FAMILY HOME (0011330)
Address: 335 GRAASS STREET, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 03/27/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102238 **End Date:** 07/30/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: EMPOWERMENT OPTIONS AFH (0009645)
Address: 3045 COLLEEN DR, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 06/11/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101226 **End Date:** 02/29/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IRBT14 Served 03/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0100035 **End Date:** 08/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IRBT13 Served 08/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	02/20/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Survey ID: 0098470 End Date: 12/01/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007424 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	08/09/2007	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/09/2007	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/09/2007	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	08/09/2007	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Enforcement History (EMPOWERMENT OPTIONS AFH)

Date: 01/18/2007 SOD #10007424 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (EMPOWERMENT OPTIONS AFH)

Date Complaint Received: 02/15/2008

Date Investigation Completed: 02/29/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	IRBT14
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 09/25/2006

Date Investigation Completed: 12/01/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	10007424

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: FOREST GLEN (0010964)
Address: 1620 FOREST GLEN, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 06/22/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099599 **End Date:** 06/21/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (FOREST GLEN)

Date Complaint Received: 06/12/2007

Date Investigation Completed: 06/21/2007

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: GLEN CREEK ADULT FAMILY HOME (0010591)
Address: 1579 GLEN RD, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 06/03/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103180 **End Date:** 12/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097624 **End Date:** 08/22/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007339 Served 08/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/17/2008	Yes

This is Page 20 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: GONZALEZ AFH (0009749)
Address: 706 THRUSH ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 08/20/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101034 **End Date:** 02/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: GRACELAND (0008872)
Address: 2837 WAUBENOOR CT, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 02/03/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099455 **End Date:** 05/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: GREEN ISLE HOME (0010935)
Address: 2679 GREEN ISLE CT, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 04/28/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099720 **End Date:** 07/03/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: GREENER ACRES (0012896)
Address: 130 BROADVIEW DR, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 08/01/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HANNAH STREET ADULT FAMILY HOME (0012935)
Address: 1281 HANNAH ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 08/04/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 25 of 69 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HEAVENS HANDS LIFE CENTER LLC (0012801)
Address: 1006 MARVELLE LN, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104005 **End Date:** 05/07/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL CLAYTON PLACE (0011977)
Address: 1009 CLAYTON PL, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 06/01/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104092 **End Date:** 05/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099474 **End Date:** 06/01/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL GLENHAVEN (0011024)
Address: 518 E BRIAR LANE, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 07/12/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104544 **End Date:** 06/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101818 **End Date:** 05/20/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (HIL GLENHAVEN)

Date Complaint Received: 04/20/2009

Date Investigation Completed: 06/29/2009

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL LYNDON (0012065)
Address: 1002 LYNDON ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 08/07/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099918 **End Date:** 08/07/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HIL SHADE TREE (0009738)
Address: 1216 ST AGNES DR, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 02/18/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103121 **End Date:** 12/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: HOLMAN SERVAIS ADULT FAMILY HOME (0009360)

Address: 1398 SERVAIS ST, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 07/23/2001

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102466 **End Date:** 08/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098620 **End Date:** 01/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (HOLMAN SERVAIS ADULT FAMILY HOME)

Date Complaint Received: 08/16/2008

Date Investigation Completed: 08/29/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: ILS OAKHILL HOME (0009842)
Address: 1838 OAKHILL RD, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 10/18/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100471 **End Date:** 10/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FJZH11 Served 11/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.10(3)(a)	FAIR TREATMENT		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: JORDAN POINTE AFH (0012719)
Address: 1647 BIEMERT ST, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 03/13/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103671 **End Date:** 03/10/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: LA FRANK ADULT FAMILY HOME (0008776)
Address: 1713 FRANK ST, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 08/26/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102224 **End Date:** 07/08/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099521 **End Date:** 06/05/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (LA FRANK ADULT FAMILY HOME)

Date Complaint Received: 06/25/2008

Date Investigation Completed: 07/08/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: LASALLE HOUSE (0009984)
Address: 2608 FINGER RD, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 03/03/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103226 **End Date:** 01/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100980 **End Date:** 01/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (LASALLE HOUSE)

Date Complaint Received: 11/11/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: LYNWOOD HOME (0010963)
Address: 1393 LYNWOOD LANE, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 06/23/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099677 **End Date:** 07/05/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TMTL11 Served 07/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/28/2009	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: MIRAGE POINTE AFH (0011027)
Address: 1315 MIRAGE DR, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 06/24/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100164 **End Date:** 09/17/2007 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099180 **End Date:** 04/18/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098018 **End Date:** 10/31/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (MIRAGE POINTE AFH)

Date Complaint Received: 03/27/2007

Date Investigation Completed: 04/18/2007

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/26/2007

Date Investigation Completed: 04/18/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/09/2006

Date Investigation Completed: 10/31/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/18/2006

Date Investigation Completed: 10/31/2006

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: NEMETZ ADULT FAMILY HOME (0009605)
Address: 1124 KELLOGG ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 04/16/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099681 **End Date:** 06/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EUVL11 Served 07/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.c	INSPECTIONS-CHIMNEY		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: NEW HOPE (0011137)
Address: 2734 UNIVERSITY AVE, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 10/17/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100562 **End Date:** 11/06/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: NEWBERRY HILL (0012223)
Address: 420 MENLO PARK RD, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 02/22/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101711 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101179 **End Date:** 02/22/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: NORTHERN AVENUE HOME (0008867)
Address: 302 NORTHERN AVE, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 03/22/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103255 **End Date:** 01/07/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098081 **End Date:** 10/13/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007380 Served 11/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	01/07/2009	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: ONTARIO HOME (0011272)
Address: 1838 ONTARIO RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 12/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101719 **End Date:** 02/06/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: ONTARIO II (0012121)
Address: 1852 ONTARIO RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 09/18/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100175 **End Date:** 09/18/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: OUR FAMILY HOME (0010451)
Address: 425 ABRAMS ST, GREEN BAY, WI 543023209
License Status: REGULAR
Licensed/Certified/Registered 04/27/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103199 **End Date:** 12/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PL5L12 Served 01/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: PANTZLAFF AFH (0010123)
Address: 2316 BELLEVUE ST, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 08/08/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101238 **End Date:** 02/29/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: PLATTEN STREET AFH (0010190)
Address: 503 N PLATTEN ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 12/30/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103198 **End Date:** 12/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: REM WISCONSIN II - GLORY (0011067)
Address: 778 GLORY RD, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 08/30/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101195 **End Date:** 02/05/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097625 **End Date:** 08/10/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007340 Served 08/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	02/05/2008	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	02/05/2008	Yes
88.07(1)(b)	AUTONOMY AND CHOICES	02/05/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Enforcement History (REM WISCONSIN II - GLORY)

Date: 08/23/2006 SOD #10007340 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (REM WISCONSIN II - GLORY)

Date Complaint Received: 07/24/2006

Date Investigation Completed: 08/10/2006

Subject Area(s)
ABUSE
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
08/23/06
08/23/06

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: REM WISCONSIN II INC DIVISION (0011105)
Address: 1294 DIVISION ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 10/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101425 **End Date:** 03/27/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: REM WISCONSIN II INC SKYLINE BLVD (0010563)
Address: 434 SKYLINE BLVD, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 06/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103200 **End Date:** 01/05/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098765 **End Date:** 02/09/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098348 **End Date:** 12/12/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097777 **End Date:** 09/18/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (REM WISCONSIN II INC SKYLINE BLVD)

Date Complaint Received: 02/07/2007

Date Investigation Completed: 02/09/2007

Subject Area(s)

Result

SOD #

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/19/2006

Date Investigation Completed: 12/12/2006

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: SANCTUARY AFH (THE) (0011944)
Address: 3385 BAY SETTLEMENT RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 09/28/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100342 **End Date:** 09/28/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: SANDIA AFH (0012109)
Address: 2923 SANDIA DR, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 10/24/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100413 **End Date:** 10/24/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: SUPERIOR ROAD ADULT FAMILY HOME (0012195)
Address: 620 SUPERIOR ROAD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 11/15/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102841 **End Date:** 10/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101972 **End Date:** 05/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5KL11 Served 07/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/21/2008	Yes

Survey ID: 0101538 **End Date:** 04/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100569 **End Date:** 11/15/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Enforcement History (SUPERIOR ROAD ADULT FAMILY HOME)

Date: 06/30/2008 SOD #I5KL11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (SUPERIOR ROAD ADULT FAMILY HOME)

Date Complaint Received: 08/14/2008

Date Investigation Completed: 10/23/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/28/2008

Date Investigation Completed: 05/15/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
06/30/08

Date Complaint Received: 02/08/2008

Date Investigation Completed: 04/02/2008

Subject Area(s)
ABUSE
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: SWAMP ROAD HOME (THE) (0011271)
Address: 1318 SWAMP RD, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 01/19/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101858 **End Date:** 05/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099312 **End Date:** 04/26/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (SWAMPROAD HOME (THE))

Date Complaint Received: 01/31/2007

Date Investigation Completed: 04/26/2007

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: VICTORIA HOME (0010940)
Address: 601 VICTORIA ST, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 05/10/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101029 **End Date:** 01/30/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: WEYENBERG ADULT FAMILY HOME (0009344)
Address: 1924 KNOTTY PINE DR, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 05/22/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102442 **End Date:** 07/31/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098428 **End Date:** 12/14/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007415 Served 01/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/31/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Complaint History (WEYENBERG ADULT FAMILY HOME)

Date Complaint Received: 07/02/2008

Date Investigation Completed: 07/31/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: WHITTINGTON (0010965)
Address: 915 LUKE LANE, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 06/24/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101380 **End Date:** 03/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5UJS11 Served 04/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: BROWN

Facility Information

Facility Name: WINDSOR HOME (0010941)
Address: 819 S RIDGE RD, GREEN BAY, WI 54304
License Status: REGULAR
Licensed/Certified/Registered 04/28/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100073 **End Date:** 08/28/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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