

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: BROWN

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 99 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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: ACS - GREEN BAY (0011996)

Address: 2670 UNIVERSITY AVE, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/31/2007

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

Survey History

Survey ID: 0100080 **End Date:** 08/31/2007 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: BAIRD HOME (410088)

Address: 720 N BAIRD ST, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

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

Survey History

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Survey ID: 0100057 End Date: 08/27/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QVT613 Served 09/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	11/15/2007	Yes
83.11(3)(a)	RESPONSIBILITIES	11/15/2007	Yes
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	11/15/2007	Yes
83.14(8)	DOCUMENTATION	11/15/2007	Yes
83.16(1)	ADMISSIONS AGREEMENT	11/15/2007	Yes
83.16(1)(b)	RATE	11/15/2007	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	11/15/2007	Yes
83.19(3)	INCIDENTS	11/15/2007	Yes
83.21(4)(a)	COPIES OF RIGHTS AND HOUSE RULES	11/15/2007	Yes
83.21(4)(f)	SERVICE CHARGES	11/15/2007	Yes
83.21(4)(r)	TREATMENT CHOICE	11/15/2007	Yes
83.21(5)(a)	GRIEVANCE PROCEDURE	11/15/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/15/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	11/15/2007	Yes
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	11/15/2007	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	11/15/2007	Yes

Survey ID: 0097630 End Date: 07/31/2006 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007342 Served 08/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/10/2007	Yes
83.32(2)(a)1	PHYSICAL HEALTH	08/10/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	08/10/2007	No

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Enforcement History (BAIRD HOME)

Date: 09/04/2007 **SOD #QVT613** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.14(4)(f)
FORFEITURE---83.14(8)
FORFEITURE---83.16(1)
FORFEITURE---83.16(1)(b)
FORFEITURE---83.17(1)
FORFEITURE---83.21(2)(d)
FORFEITURE---83.21(4)(a)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.21(5)(a)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(h)2

Date: 08/24/2006 **SOD #10007342** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.32(2)(d)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Complaint History (BAIRD HOME)

Date Complaint Received: 08/10/2007

Date Investigation Completed: 08/27/2007

Subject Area(s)

Result

SOD #

ABUSE
ADMINISTRATION

SUBSTANTIATED
SUBSTANTIATED

QVT613
QVT613

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: BISHOPS COURT (410493)

Address: 289 E ST JOSEPH ST, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 04/01/1998

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

Survey History

Survey ID: 0102829 **End Date:** 10/21/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0FZ12 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

Survey ID: 0102232 **End Date:** 07/11/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K0FZ11 Served 08/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	10/02/2008	No

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0101229 End Date: 02/12/2008 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EVNS11 Served 04/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

Survey ID: 0097606 End Date: 08/21/2006 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097334 End Date: 07/10/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (BISHOPS COURT)

Date: 11/05/2008 SOD #K0FZ12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(3)(b)2a

Date: 03/05/2008 SOD #EVNS11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (BISHOPS COURT)

Date Complaint Received: 06/27/2008

Date Investigation Completed: 07/11/2008

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/12/2007

Date Investigation Completed: 02/12/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
EVNS11
EVNS11

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: BORNEMANN CBRF NORTH (0011045)

Address: 1866 BROOK ST, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006

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

Survey History

Survey ID: 0102195 **End Date:** 07/21/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SE4K11 Served 07/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: BORNEMANN CBRF SOUTH (0009684)

Address: 1853 MILLS ST, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003

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

Survey History

Survey ID: 0100598 **End Date:** 11/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D2K911 Served 11/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

Survey ID: 0097970 **End Date:** 09/29/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007372 Served 10/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (BORNEMANN CBRF SOUTH)

Date: 10/24/2006 **SOD #**10007372 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(g)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (BORNEMANN CBRF SOUTH)

Date Complaint Received: 09/01/2006

Date Investigation Completed: 09/26/2006

Subject Area(s)

Result

SOD #

ABUSE
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CARDINAL RIDGE RESIDENTIAL CARE (0010029)

Address: 713 CARDINAL LANE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0101035 **End Date:** 01/31/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100124 **End Date:** 08/28/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B8RN12 Served 09/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	01/31/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CARE FOR ALL AGES (0010060)

Address: 1308 S NORWOOD, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0097759 **End Date:** 09/20/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007358 Served 09/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CARRINGTON MANOR (0011878)

Address: 2626 FINGER RD, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102946 **End Date:** 11/18/2008 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102839 **End Date:** 10/22/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NHVA12 Served 11/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	

Survey ID: 0101630 **End Date:** 04/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NHVA11 Served 05/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	10/22/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0100895 **End Date: 01/09/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100130 **End Date: 08/28/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099176 **End Date: 04/24/2007** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (CARRINGTON MANOR)

Date: 11/06/2008 **SOD #NHVA12** **Appealed: No**

Sanctions

FORFEITURE---83.14(3)

Date: 05/06/2008 **SOD #NHVA11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(r)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (CARRINGTON MANOR)

Date Complaint Received: 03/27/2008

Date Investigation Completed: 04/02/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NHVA11

Date Complaint Received: 12/20/2007

Date Investigation Completed: 01/03/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/09/2007

Date Investigation Completed: 01/03/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CENTURY RIDGE I (410270)

Address: 2498 BLUESTONE PL, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 11/01/1992

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

Survey History

Survey ID: 0104077 **End Date:** 04/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102160 **End Date:** 07/10/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2C9813 Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	

Survey ID: 0099542 **End Date:** 05/25/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2C9812 Served 06/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/08/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (CENTURY RIDGE I)

Date: 06/21/2007 **SOD #**2C9812 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(d)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (CENTURY RIDGE I)

Date Complaint Received: 05/19/2008

Date Investigation Completed: 07/10/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	2C9813
PROGRAM SERVICES	SUBSTANTIATED	2C9813

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CENTURY RIDGE II (410362)

Address: 2510 BLUESTONE PL, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

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

Survey History

Survey ID: 0101790 **End Date:** 04/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098712 **End Date:** 02/15/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (CENTURY RIDGE II)

Date Complaint Received: 03/12/2008

Date Investigation Completed: 04/29/2008

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOF

Date Complaint Received: 02/12/2008

Date Investigation Completed: 04/09/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CLARITY CARE BERNARD ON HOFFMAN (0008949)

Address: 898 E HOFFMAN RD, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

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

Survey History

Survey ID: 0099488 **End Date:** 06/07/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: CLARITY CARE SHAWANO AVENUE APARTMENTS (410443)

Address: 1297 SHAWANO AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 01/29/1996

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

Survey History

Survey ID: 0100995 **End Date:** 01/22/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098587 **End Date:** 12/11/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007427 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	01/22/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (CLARITY CARE SHAWANO AVENUE APARTMENTS)

Date: 02/01/2007 **SOD #**10007427 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(1)(a)
FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (CLARITY CARE SHAWANO AVENUE APARTMENTS)

Date Complaint Received: 10/12/2006

Date Investigation Completed: 12/11/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10007427
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	10007427
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	10007427

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: COTTAGE LIVING AT MARLA VISTA GARDENS (0012183)

Address: 1016 N MILITARY AVE, GREEN BAY, WI 54303

License Status: PROBATIONARY

Licensed/Certified/Registered 11/05/2008

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

Survey History

Survey ID: 0102840 **End Date:** 11/05/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: GRANCARE GARDENS (0012738)

Address: 1551 DOUSMAN ST, GREEN BAY, WI 54303

License Status: PROBATIONARY

Licensed/Certified/Registered 05/01/2009

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

Survey History

Survey ID: 0104008 **End Date:** 05/01/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: HAMPTON MANOR (410565)

Address: 1265 ROCKWELL RD, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 05/01/1999

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

Survey History

Survey ID: 0103892 **End Date:** 04/01/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MLMD11 Served 04/30/2009

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

Survey ID: 0103707 **End Date:** 03/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T10711 Served 04/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	

Survey ID: 0098649 **End Date:** 01/31/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Complaint History (HAMPTON MANOR)

Date Complaint Received: 03/11/2009

Date Investigation Completed: 04/01/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	MLMD11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	MLMD11

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: HARBOR HOUSE (0009349)

Address: 2500 BEL MEADOW DR, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

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

Survey History

Survey ID: 0103731 **End Date:** 03/11/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7S613 Served 04/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	

Survey ID: 0103260 **End Date:** 01/14/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7S612 Served 01/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	03/08/2009	Yes
83.33(2)(a)	SUPERVISION	03/08/2009	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	03/08/2009	Yes
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	03/08/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0102954 End Date: 11/11/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T7S611 Served 11/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	01/07/2009	Yes
83.21(4)(h)	PRIVACY	01/07/2009	Yes
83.33(4)(a)	PERSONAL CARE	01/07/2009	Yes
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	01/07/2009	No

Survey ID: 0102548 End Date: 09/16/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102209 End Date: 07/16/2008 Type: OTHER Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101859 End Date: 05/20/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4DC13 Served 06/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	07/16/2008	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	07/16/2008	Yes
83.33(2)(a)	SUPERVISION	07/16/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0101668 **End Date: 04/15/2008** **Type: OTHER** **Purpose: OTHER**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MDRZ11 Served 05/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(b)	FIT AND QUALIFIED	07/17/2008	Yes

Survey ID: 0100678 **End Date: 11/07/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4DC12 Served 12/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	05/20/2008	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	05/20/2008	No
83.21(4)(o)	MEDICATIONS	05/20/2008	Yes
83.33(2)(a)	SUPERVISION	05/20/2008	No
83.33(3)(b)2	PRESCRIPTION & OVER-THE-COUNTER MEDS	04/01/2009	
83.35(7)(b)3	FOOD PREPARATION AND SOILED LINENS	05/20/2008	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	05/20/2008	Yes
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	05/20/2008	Yes
83.55(4)(e)	SAFETY	05/20/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0099245 End Date: 04/16/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4DC11 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/31/2007	No
83.19(3)(d)	WHEREABOUTS UNKNOWN	05/14/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/01/2007	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	10/31/2007	Yes
83.32(2)(a)1	PHYSICAL HEALTH	09/01/2007	Yes
83.33(2)(a)	SUPERVISION	10/31/2007	No
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	10/31/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	10/31/2007	Yes
83.55(4)(e)	SAFETY	10/31/2007	No

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (HARBOR HOUSE)

Date: 04/02/2009 **SOD #T7S613** **Appealed: No**

Sanctions

FORFEITURE---83.32(2)(a)

Date: 01/22/2009 **SOD #T7S612** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.19(1)(d)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.34(2)(b)
FORFEITURE---83.41(3)(c)

Date: 11/25/2008 **SOD #T7S611** **Appealed: No**

Sanctions

FORFEITURE---83.16(1)(h)1
FORFEITURE---83.33(4)(a)

Date: 06/06/2008 **SOD #P4DC12** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.33(2)(a)

Date: 05/07/2008 **SOD #MDRZ11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

NO NEW ADMISSIONS

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Date: 12/06/2007

Appealed: No

Sanctions

FORFEITURE---83.12(5)(a) 2nd cite
FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(2)(a) 2nd cite
FORFEITURE---83.33(3)(b)2
FORFEITURE---83.55(4)(e) 2nd cite

Date: 05/09/2007

SOD #P4DC11

Appealed: No

Sanctions

FORFEITURE---83.12(5)(a)
FORFEITURE---83.19(3)(d)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(u)
FORFEITURE---83.32(2)(a)(1)
FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (HARBOR HOUSE)

Date Complaint Received: 12/16/2008

Date Investigation Completed: 01/14/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

T7S612

Date Complaint Received: 10/30/2008

Date Investigation Completed: 11/11/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

T7S611

Date Complaint Received: 10/08/2008

Date Investigation Completed: 11/11/2008

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

T7S611

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

T7S611

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/16/2008

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/03/2008

Date Investigation Completed: 07/16/2008

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Date Complaint Received: 10/18/2007

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE
QUALITY OF LIFE

Date Investigation Completed: 11/07/2007

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

Date Complaint Received: 03/09/2007

Subject Area(s)
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS

Date Investigation Completed: 04/02/2007

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

Date Complaint Received: 02/09/2007

Subject Area(s)
ADMINISTRATION
QUALITY OF LIFE

Date Investigation Completed: 04/16/2007

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

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: HARMONY OF GREEN BAY (0008950)

Address: 1450 S MILITARY AVE, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 08/01/2000

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

Survey History

Survey ID: 0101919 **End Date:** 06/11/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5ON915 Served 06/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

Survey ID: 0100838 **End Date:** 12/12/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5ON914 Served 01/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	06/05/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0099798 End Date: 07/12/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5ON913 Served 07/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	09/01/2007	Yes
83.21(4)(o)	MEDICATIONS	09/01/2007	Yes
83.21(4)(w)	SAFE ENVIRONMENT	09/01/2007	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (HARMONY OF GREEN BAY)

Date: 01/10/2008 **SOD #5ON914** **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(a)

Date: 07/23/2007 **SOD #5ON913** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (HARMONY OF GREEN BAY)

Date Complaint Received: 03/23/2009

Date Investigation Completed: 07/09/2009

Subject Area(s)

RESIDENT RIGHTS
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2008

Date Investigation Completed: 06/11/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

5ON915

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: HIL BITTERWOOD (0009689)

Address: 3279 BITTERS CT, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103947 **End Date:** 04/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102417 **End Date:** 08/21/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (HIL BITTERWOOD)

Date Complaint Received: 02/04/2009

Date Investigation Completed: 04/02/2009

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: HIL ROCKWOOD HEIGHTS (0009812)

Address: 2744 ROCKWOOD HEIGHTS, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0102449 **End Date:** 08/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UGTD12 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(3)(d)	CLEARED PATHWAY AWAY FROM FACILITY	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: KINDREDHEARTS GREEN BAY (0010818)

Address: 655 WOODSIDE RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 01/01/2005

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

Survey History

Survey ID: 0103235 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102363 **End Date:** 07/18/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101831 **End Date:** 04/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MESM13 Served 06/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	07/17/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0098739 End Date: 01/31/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007444 Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/16/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/16/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (KINDREDHEARTS GREEN BAY)

Date: 06/04/2008 **SOD #MESM13** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.15(1)(c)1

Date: 02/21/2007 **SOD #10007444** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (KINDREDHEARTS GREEN BAY)

Date Complaint Received: 03/11/2008

Date Investigation Completed: 04/29/2008

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

06/04/08

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: KINDREDHEARTS GREEN BAY (0010819)

Address: 653 WOODSIDE RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 01/01/2005

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

Survey History

Survey ID: 0103227 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102364 **End Date:** 07/18/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101835 **End Date:** 04/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KF5U12 Served 06/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/17/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	07/17/2008	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	07/17/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	07/17/2008	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	07/17/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0098738 End Date: 01/31/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007443 Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/18/2007	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/24/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (KINDREDHEARTS GREEN BAY)

Date: 06/04/2008 **SOD #KF5U12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.13(2)(a)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.19(1)(d) 2nd cite

Date: 02/21/2007 **SOD #10007443** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(b)2

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: LIBAL STREET HOME (0011145)

Address: 3500 LIBAL ST, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 12/16/2005

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

Survey History

Survey ID: 0101867 **End Date:** 06/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EOJ011 Served 06/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.51(3)(c)	EXPOSED POLYURETHANE PROHIBITED	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: LSS DIVERSION FACILITY (410427)

Address: 521 S ADAMS ST, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

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

Survey History

Survey ID: 0101071 **End Date:** 02/04/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8H7O12 Served 02/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	04/01/2009	

Survey ID: 0098121 **End Date:** 10/31/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007390 Served 11/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	02/04/2008	No
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/04/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Enforcement History (LSS DIVERSION FACILITY)

Date: 02/15/2008 **SOD #8H7012** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.33(3)(e)4

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: LSS DURHAM ROAD (0010102)

Address: 2671-73 DURHAM RD, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0102563 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NM1G12 Served 09/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	04/01/2009	

Survey ID: 0100741 **End Date:** 10/26/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NM1G11 Served 12/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/15/2008	No
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	08/15/2008	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	08/15/2008	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	08/15/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0097791 **End Date: 09/26/2006** **Type: OTHER** **Purpose: OTHER**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (LSS DURHAMROAD)

Date: 09/26/2008 **SOD #NM1G12** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(d)

Date: 12/17/2007 **SOD #NM1G11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (LSS DURHAM ROAD)

Date Complaint Received: 03/06/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: LSS NORTH VIEW HOUSE (410213)
Address: 2517-19 N VIEW CT, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 04/08/1990
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101027 **End Date:** 01/30/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HP5212 Served 02/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	

Survey ID: 0098109 **End Date:** 10/11/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007387 Served 11/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	01/29/2008	No
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	01/29/2008	Yes
83.35(4)(a)	FOOD SUPPLY	01/29/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Enforcement History (LSS NORTH VIEW HOUSE)

Date: 02/06/2008 SOD #HP5212 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(u)

Date: 11/08/2006 SOD #10007387 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.35(4)(a)

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: LSS PREBLE HOUSE (410202)
Address: 830-832 EDGEWOOD DR, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 03/07/1990
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103046 **End Date:** 12/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099733 **End Date:** 07/02/2007 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Complaint History (LSS PREBLE HOUSE)

Date Complaint Received: 11/11/2008

Date Investigation Completed: 12/03/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: MARLA VISTA (0011875)

Address: 1006 N MILITARY AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102213 **End Date:** 07/28/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101803 **End Date:** 04/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XBJR11 Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	07/28/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	07/28/2008	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	07/28/2008	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	07/28/2008	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	07/28/2008	Yes

Survey ID: 0101473 **End Date:** 04/01/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0101413 **End Date: 03/17/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONG612 Served 04/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/28/2008	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	07/28/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	07/28/2008	Yes
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	07/28/2008	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	07/28/2008	Yes
83.21(4)(g)	FAIR TREATMENT	07/28/2008	Yes
83.33(3)(e)2.b	INJECTIONS	07/28/2008	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	07/28/2008	Yes

Survey ID: 0100619 **End Date: 11/16/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONG611 Served 12/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/17/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	03/17/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	03/17/2008	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	03/17/2008	Yes
83.21(4)(h)	PRIVACY	03/17/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/17/2008	Yes
83.21(4)(r)	TREATMENT CHOICE	03/17/2008	Yes
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	03/17/2008	Yes

Survey ID: 0100190 **End Date: 08/28/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0099173 End Date: 04/24/2007 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (MARLA VISTA)

Date: 05/30/2008 **SOD #XBJR11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a) 2nd cite
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(3)(e)6
FORFEITURE---83.33(3)(j)1

Date: 04/04/2008 **SOD #ONG612** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.11(3)
FORFEITURE---83.19(3)(c)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.33(3)(e)5

Date: 11/28/2007 **SOD #ONG611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(7)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(h)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(r)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (MARLA VISTA)

Date Complaint Received: 04/17/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

05/30/08

Date Complaint Received: 03/27/2008

Date Investigation Completed: 04/01/2008

Subject Area(s)

RESIDENT RIGHTS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/04/2008

Date Investigation Completed: 03/17/2008

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

04/04/08

Date Complaint Received: 01/10/2008

Date Investigation Completed: 03/17/2008

Subject Area(s)

SUPERVISION
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

04/04/08

04/04/08

Date Complaint Received: 11/14/2007

Date Investigation Completed: 11/16/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Date Complaint Received: 10/25/2007

Date Investigation Completed: 11/16/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	11/16/07
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	11/16/07
STAFF ADEQUACY	SUBSTANTIATED	11/16/07

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: MC CORMICK MEMORIAL HOME (410199)

Address: 212 IROQUOIS AVE, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 09/08/1990

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

Survey History

Survey ID: 0102559 **End Date:** 09/08/2008 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9W7Q11 Served 09/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	

Survey ID: 0101419 **End Date:** 03/11/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SXH915 Served 04/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.42(3)(a)1	PROCEDURES FOR ORDERLY EVACUATION	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.53(1)(b)	INTERNAL HORIZONTAL EXITING	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Survey ID: 0099393 End Date: 05/09/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SXH914 Served 06/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	02/28/2008	No
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	02/28/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	02/28/2008	No
83.33(2)(a)	SUPERVISION	02/28/2008	Yes
83.42(3)(a)1	PROCEDURES FOR ORDERLY EVACUATION	02/28/2008	No
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/28/2008	No
83.53(1)(b)	INTERNAL HORIZONTAL EXITING	02/28/2008	No

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Enforcement History (MC CORMICK MEMORIAL HOME)

Date: 04/04/2008 **SOD #SXH915** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.42(3)(a)1
FORFEITURE---83.42(3)(f)
FORFEITURE---83.53(1)(b)

Date: 05/31/2007 **SOD #SXH914** **Appealed: No**

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.18(1)(d)2
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.33(2)(a)
FORFEITURE---83.42(3)(a)1
FORFEITURE---83.42(3)(f)

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: OAKS FAM CARE CTR CARI HOUSE (410014)
Address: 1485 PLYMOUTH LN, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 05/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098542 **End Date:** 01/04/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: OAKS FAM CARE CTR CHRISTIANA (410158)

Address: 1643 CHRISTIANA ST, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 07/01/1986

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

Survey History

Survey ID: 0097665 **End Date:** 08/24/2006 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: OAKS FAM CARE CTR DAMIAN HOUSE (410097)

Address: 1481 PLYMOUTH LANE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 10/31/1980

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

Survey History

Survey ID: 0098540 **End Date:** 01/04/2007 **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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: OAKS FAM CARE CTR OAKLAND HOUSE (410156)
Address: 126 N OAKLAND AVE, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 01/01/1989
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101312 **End Date:** 02/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JB9M12 Served 03/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(f)	VERTICAL SMOKE SEPARATION	02/16/2009	Yes

Survey ID: 0098454 **End Date:** 12/27/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007421 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	02/27/2008	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/27/2008	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	02/27/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	02/27/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: BROWN

Enforcement History (OAKS FAM CARE CTR OAKLAND HOUSE)

Date: 01/17/2007 SOD #10007421 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)a

FORFEITURE---83.14(2)

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: BROWN

Complaint History (OAKS FAM CARE CTR OAKLAND HOUSE)

Date Complaint Received: 12/01/2006

Date Investigation Completed: 12/28/2006

Subject Area(s)
MEDICATIONS
ADMINISTRATION

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: OUR PLACE (0009922)
Address: 1501 N IRWIN ST, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 07/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104036 **End Date:** 05/13/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UYT911 Served 05/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP		

Survey ID: 0102158 **End Date:** 06/23/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H1MD14 Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	05/11/2009	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Survey ID: 0101426 End Date: 03/17/2008 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H1MD13 Served 04/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/23/2008	Yes
83.21(4)(g)	FAIR TREATMENT	06/23/2008	No

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Enforcement History (OUR PLACE)

Date: 07/24/2008 SOD #H1MD14 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(g) 2nd cite

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Complaint History (OUR PLACE)

Date Complaint Received: 05/03/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/03/2008

Date Investigation Completed: 06/23/2008

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: RIDGE POINTE CBRF (0012658)
Address: 204 S ONEIDA ST, GREEN BAY, WI 54303
License Status: REGULAR
Licensed/Certified/Registered 03/25/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103816 **End Date:** 03/25/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: SCHUMACHER HOUSE (0010929)

Address: 2831 FERNDALE DRIVE, GREEN BAY, WI 54313

License Status: REGULAR

Licensed/Certified/Registered 03/31/2005

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

Survey History

Survey ID: 0102813 **End Date:** 10/29/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BROWN

Facility Information

Facility Name: SHERWOOD PLACE (0010552)
Address: 4893 FINGER RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 06/15/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101868 **End Date:** 05/15/2008 **Type:** STANDARD **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: WEST CARE TERRACE 1721 (410536)

Address: 1721 WESTMINSTER DR, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998

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

Survey History

Survey ID: 0102324 **End Date:** 08/04/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #US8M14 Served 08/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

Survey ID: 0101282 **End Date:** 02/13/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #US8M13 Served 03/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/04/2008	Yes
83.11(1)(a)	FINANCIAL STABILITY	08/04/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	08/04/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	08/04/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0100564 **End Date: 11/15/2007** **Type: OTHER** **Purpose: OTHER**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100535 **End Date: 10/31/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #US8M12 Served 11/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(a)	FINANCIAL STABILITY	02/12/2008	No
83.32(2)(d)	REVIEW OF PROGRESS	02/12/2008	Yes

Survey ID: 0098302 **End Date: 12/06/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007401 Served 12/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	10/31/2007	Yes
83.21(4)(o)	MEDICATIONS	10/31/2007	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	10/31/2007	Yes

Survey ID: 0098124 **End Date: 11/06/2006** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (WEST CARE TERRACE 1721)

Date: 03/13/2008 **SOD #US8M13** **Appealed: Yes** **Decision: STIPULATION**

Sanctions
REVOKE LICENSE

Date: 11/12/2007 **SOD #US8M12** **Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.32(2)(d)

Date: 12/18/2006 **SOD #10007401** **Appealed: No**

Sanctions
FORFEITURE---83.11(3)(h)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(3)(i)1

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (WEST CARE TERRACE 1721)

Date Complaint Received: 07/28/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/22/2008

Date Investigation Completed: 02/13/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/19/2007

Date Investigation Completed: 10/31/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

11/12/07

Date Complaint Received: 11/17/2006

Date Investigation Completed: 12/06/2006

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

10007401

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: WOODSIDE MANOR I II III (410168)

Address: 1060 PILGRIM WAY, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 01/01/1989

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

Survey History

Survey ID: 0099842 **End Date:** 07/23/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NM9H12 Served 08/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (WOODSIDE MANOR I II III)

Date: 08/01/2007 **SOD #**NM9H12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.32(2)(a)5

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: WYNDEMERE EAST (410518)

Address: 2999 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/01/1998

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

Survey History

Survey ID: 0100751 **End Date:** 12/11/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: WYNDEMERE ESTATE (410314)

Address: 3001 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 10/01/1993

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

Survey History

Survey ID: 0100749 **End Date:** 12/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (WYNDEMERE ESTATE)

Date Complaint Received: 07/30/2007

Date Investigation Completed: 12/11/2007

Subject Area(s)
RESIDENT RIGHTS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: WYNDEMERE NORTH (410408)

Address: 2995 RIVERSIDE DR, GREEN BAY, WI 54301

License Status: REGULAR

Licensed/Certified/Registered 03/16/1996

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

Survey History

Survey ID: 0100703 **End Date:** 12/11/2007 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (WYNDEMERE NORTH)

Date Complaint Received: 07/10/2007

Date Investigation Completed: 12/11/2007

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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