

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 is a PDF (Adobe Acrobat) document and includes a total of 46 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 CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING 1 LLC (0011772)

Address: 1550 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104466 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10IN11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

Survey ID: 0100440 **End Date:** 10/17/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Survey ID: 0099608 **End Date: 06/16/2007** **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

Complaint History (ANGELS TOUCH ASSISTED LIVING 1 LLC)

Date Complaint Received: 06/10/2009

Date Investigation Completed: 06/23/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	1OIN11
ABUSE	SUBSTANTIATED	1OIN11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 05/19/2009

Date Investigation Completed: 06/23/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	1OIN11

Date Complaint Received: 10/02/2007

Date Investigation Completed: 10/17/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF ADEQUACY	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: ANGELS TOUCH ASSISTED LIVING 2 LLC (0011774)

Address: 1500 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0101873 **End Date:** 05/28/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101944 **End Date:** 05/13/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H44Z11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)	GENERAL SERVICES	04/01/2009	

Survey ID: 0099610 **End Date:** 06/23/2007 **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

Enforcement History (ANGELS TOUCH ASSISTED LIVING 2 LLC)

Date: 06/25/2008 **SOD #**H44Z11 **Appealed:** No

Sanctions

FORFEITURE---83.33(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

Complaint History (ANGELS TOUCH ASSISTED LIVING 2 LLC)

Date Complaint Received: 05/14/2008

Date Investigation Completed: 05/28/2008

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING 3 LLC (0011773)

Address: 1525 ARCADIAN LN, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104519 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YV0111

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0099609 **End Date:** 06/14/2007 **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

Complaint History (ANGELS TOUCH ASSISTED LIVING 3 LLC)

Date Complaint Received: 05/20/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)

RESIDENT RIGHTS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/18/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)

SUPERVISION
ABUSE
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YV0111

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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: ANGELS TOUCH ASSISTED LIVING LLC (0011771)

Address: 394 ANGELS TOUCH CT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 06/13/2007

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

Survey History

Survey ID: 0099531 **End Date:** 06/13/2007 **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 CNA (NONAMBULATORY)

COUNTY: BROWN

Facility Information

Facility Name: ANGELS TOUCH ASSISTED LIVING LLC (0012845)

Address: 400 ANGELS TOUCH CT, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 06/11/2009

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

Survey History

Survey ID: 0104168 **End Date:** 06/11/2009 **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: BIRCH CREEK BY HILLCREST (0009591)

Address: 525 N 10TH ST, DE PERE, WI 54115

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0104281 **End Date:** 06/02/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VPS11 Served 07/01/2009

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified

Corrected

Survey ID: 0103972 **End Date:** 04/27/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TIKK11 Served 05/14/2009

Deficiencies Cited
146.40(4r)(am)1

Subject Area
ENTITY REPORTING REQUIREMENTS

Compliance
Verified

Corrected

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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: 0100902 End Date: 12/28/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HUCJ13 Served 01/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/22/2009	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

Enforcement History (BIRCH CREEK BY HILLCREST)

Date: 06/30/2009 **SOD #9VPS11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.38(1)(b)

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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 (BIRCH CREEK BY HILLCREST)

Date Complaint Received: 02/10/2009

Date Investigation Completed: 04/23/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED
TIKK11

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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 GRANT ST (410174)
Address: 1527 GRANT ST, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 04/09/1989
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103470 **End Date:** 01/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102942 **End Date:** 11/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098549 **End Date:** 01/16/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007425 Served 01/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	11/11/2008	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

Survey ID: 0098303 End Date: 11/13/2006 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007402 Served 12/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	01/16/2007	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	01/16/2007	Yes
83.51(1)(g)	FLOORS WALLS CEILINGS IN GOOD REPAIR	01/16/2007	Yes
83.53(1)(c)	EXIT DOORS, STAIRWAYS OR FIRE ESCAPES	01/16/2007	Yes
83.55(1)(a)	ELECTRICAL SERVICE AND FIXTURES	01/16/2007	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

Complaint History (OAKS FAM CARE CTR GRANT ST)

Date Complaint Received: 10/16/2006

Date Investigation Completed: 01/16/2007

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

NOT RECORDED

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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 DENMARK (0008758)

Address: 346 SCANDINAVIAN CT, DENMARK, WI 54208

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0103948 **End Date:** 04/20/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098110 **End Date:** 10/18/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007384 Served 11/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/15/2009	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

Enforcement History (HARMONY OF DENMARK)

Date: 11/08/2006 SOD #10007384 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(a)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 (HARMONY OF DENMARK)

Date Complaint Received: 09/05/2006

Date Investigation Completed: 10/18/2006

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007384
10007384

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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: ANNAS HEALTHCARE INC 1 (410494)

Address: 5449 CTH K, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 02/01/1998

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

Survey History

Survey ID: 0100973 **End Date:** 01/16/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T5T212 Served 02/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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

Survey ID: 0100019 **End Date: 08/03/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T5T211 Served 08/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	01/16/2008	Yes
83.12(5)(b)1	REVIEW RESIDENT ASSESSMENT AND ISP	01/16/2008	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	01/16/2008	Yes
83.21(4)(g)	FAIR TREATMENT	01/16/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/16/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	01/16/2008	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/16/2008	Yes
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	01/16/2008	Yes

Survey ID: 0097934 **End Date: 09/26/2006** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (ANNAS HEALTHCARE INC 1)

Date: 08/27/2007 **SOD #T5T211** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(5)(b091)

FORFEITURE---83.29(3)(e)

FORFEITURE---83.33(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

Complaint History (ANNAS HEALTHCARE INC 1)

Date Complaint Received: 08/13/2007

Date Investigation Completed: 01/16/2008

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/31/2006

Date Investigation Completed: 09/26/2006

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY
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: ANNAS HEALTHCARE INC 2 (0009766)

Address: 5449 CTY K, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0101352 **End Date:** 03/13/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101065 **End Date:** 01/22/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GHF912 Served 02/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/13/2008	Yes
83.32(1)(a)	ASSESSMENT AND ISP	03/13/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	03/13/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/13/2008	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: 0100069 **End Date: 08/15/2007** **Type: STANDARD** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GHF911 Served 09/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/22/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	01/22/2008	No

Survey ID: 0097936 **End Date: 09/26/2006** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Enforcement History (ANNAS HEALTHCARE INC 2)

Date: 02/13/2008 **SOD #GHF912** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.32(1)(a)
FORFEITURE---83.32(2)(a)1

Date: 09/05/2007 **SOD #GHF911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)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 (ANNAS HEALTHCARE INC 2)

Date Complaint Received: 06/26/2007

Date Investigation Completed: 08/15/2007

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

GHF911

Date Complaint Received: 07/31/2006

Date Investigation Completed: 09/26/2006

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: ANNAS HEALTHCARE INC 3 (410271)

Address: 5453 CTY K, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 11/01/1992

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

Survey History

Survey ID: 0100907 **End Date:** 01/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097627 **End Date:** 08/21/2006 **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

Facility Information

Facility Name: HIL MAPLE CREST (0011664)

Address: 825 GOLDEN EAGLE CT, PULASKI, WI 54162

License Status: REGULAR

Licensed/Certified/Registered 10/02/2006

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

Survey History

Survey ID: 0097801 **End Date:** 10/02/2006 **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: WOODHAVEN MANOR (0008722)

Address: 260 N ST AUGUSTINE ST, PULASKI, WI 54162

License Status: REGULAR

Licensed/Certified/Registered 12/01/1999

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

Survey History

Survey ID: 0103375 **End Date:** 02/02/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098618 **End Date:** 01/16/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007429 Served 02/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	01/22/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/28/2009	Yes
83.21(4)(r)	TREATMENT CHOICE	01/28/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/22/2009	Yes
83.32(2)(a)1	PHYSICAL HEALTH	01/28/2009	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

Enforcement History (WOODHAVEN MANOR)

Date: 02/05/2007 SOD #10007429 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(2)2(a)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 (WOODHAVEN MANOR)

Date Complaint Received: 11/21/2006

Date Investigation Completed: 01/16/2007

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

02/05/07

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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: LONGVIEW TERRACE I (410524)

Address: 3136 LONGVIEW LN, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

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

Survey History

Survey ID: 0103583 **End Date:** 02/02/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #245911 Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

Survey ID: 0101953 **End Date:** 06/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6COF15 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	12/10/2008	Yes
83.21(4)(g)	FAIR TREATMENT	12/10/2008	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	12/10/2008	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: 0100822 End Date: 12/03/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6COF14 Served 01/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	05/22/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	05/22/2008	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	05/22/2008	No
83.33(2)(d)	COMMUNITY ACTIVITIES	05/22/2008	Yes

Survey ID: 0099028 End Date: 03/12/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007465 Served 04/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	11/21/2007	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

Survey ID: 0098305 End Date: 12/08/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007403 Served 12/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/21/2007	Yes
83.11(3)(a)	RESPONSIBILITIES	11/21/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/21/2007	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	11/21/2007	Yes
83.21(4)(i)1	CONFIDENTIALITY	11/21/2007	Yes
83.33(2)(a)	SUPERVISION	11/21/2007	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	11/21/2007	Yes
83.35(7)(b)3	FOOD PREPARATION AND SOILED LINENS	11/21/2007	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	11/21/2007	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	11/21/2007	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 (LONGVIEW TERRACE I)

Date: 03/16/2009 **SOD #245911** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.13(2)(a)
FORFEITURE---83.33(3)(e)2b

Date: 10/09/2008 **SOD #6COF15** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(2)(c) 2nd cite

Date: 04/10/2007 **SOD #10007465** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 01/08/2007 **SOD #6COF14** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.12(5)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(2)(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

Date: 12/18/2006

SOD #10007403

Appealed: Yes

Decision: DISMISSED

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(a)2nd cite
FORFEITURE---83.14(1)(d)
FORFEITURE---83.19(1)(d)3rd cite
FORFEITURE---83.21(4)(i)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(3)(3)5
FORFEITURE---83.43(7)(b)

Date: 09/07/2006

SOD #10007259

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.41(10)(a)
FORFEITURE---accruing forfeiture

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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 (LONGVIEW TERRACE I)

Date Complaint Received: 01/08/2009

Date Investigation Completed: 02/02/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

245911
245911

Date Complaint Received: 10/19/2007

Date Investigation Completed: 12/03/2007

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

01/08/08
01/08/08

Date Complaint Received: 02/27/2007

Date Investigation Completed: 03/12/2007

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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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: LONGVIEW TERRACE II (0008920)

Address: 3136 LONGVIEW LN BLDG B, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

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

Survey History

Survey ID: 0103517 **End Date:** 02/13/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103518 **End Date:** 02/13/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SF3C13 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.21(4)(r)	TREATMENT CHOICE	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	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

Survey ID: 0101864 **End Date: 05/30/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PJXG11 Served 06/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	02/28/2009	Yes

Survey ID: 0100821 **End Date: 12/03/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SF3C12 Served 01/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	01/28/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	01/28/2009	No
83.33(2)(d)	COMMUNITY ACTIVITIES	01/28/2009	Yes

Survey ID: 0099194 **End Date: 03/21/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SF3C11 Served 05/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	11/26/2007	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

Survey ID: 0098322 End Date: 12/04/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007404 Served 12/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	11/21/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/21/2007	Yes
83.16(1)	ADMISSIONS AGREEMENT	11/21/2007	Yes
83.16(4)(a)	ABILITY TO PAY	11/21/2007	Yes
83.18(1)(a)	RESIDENT RECORDS-GENERAL REQUIREMENTS	11/21/2007	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	11/21/2007	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	11/21/2007	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 (LONGVIEW TERRACE II)

Date: 03/05/2009 **SOD #SF3C13** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---13.05(3)(a)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.33(2)(c)

Date: 06/10/2008 **SOD #PJXG11** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---Final accrued forf

Date: 01/08/2008 **SOD #SF3C12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(2)(d) 2nd cite

Date: 12/19/2006 **SOD #10007404** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)
FORFEITURE---83.18(1)(a)
FORFEITURE---83.21(4)(u)

This is Page 44 of 46 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BROWN

Complaint History (LONGVIEW TERRACE II)

Date Complaint Received: 10/19/2007

Date Investigation Completed: 12/11/2007

Subject Area(s)

Result

SOD #

ABUSE
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

01/08/08
01/08/08

Date Complaint Received: 02/27/2007

Date Investigation Completed: 03/14/2007

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

10007465

Date Complaint Received: 01/29/2007

Date Investigation Completed: 03/21/2007

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: ENNIS HOUSE (0012292)

Address: 510 MEADOW LN, WRIGHTSTOWN, WI 54180

License Status: REGULAR

Licensed/Certified/Registered 02/27/2008

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

Survey History

Survey ID: 0101211 **End Date:** 02/27/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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