

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: BROWN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 13 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Facility Information

Facility Name: RENAISSANCE - DE PERE (THE) (0010372)
Address: 250 SOUTH 9TH STREET, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 06/15/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103510 **End Date:** 02/11/2009 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 13 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Complaint History (RENAISSANCE - DE PERE (THE))

Date Complaint Received: 01/27/2009

Date Investigation Completed: 02/11/2009

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Facility Information

Facility Name: WALNUT GROVE DEPERE (0012642)
Address: 1880 SCHEURING RD, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 11/19/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103183 **End Date:** 12/19/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0NC11 Served 01/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(6)	RISK AGREEMENT		
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS		

Survey ID: 0102945 **End Date:** 11/19/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Enforcement History (WALNUT GROVE DEPERE)

Date: 01/06/2009 SOD #I0NC11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---89.28(6)
FORFEITURE---89.29(2)(b)1

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Facility Information

Facility Name: BELLEVUE (0012798)
Address: 1660 HOFFMAN RD, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 04/15/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103946 **End Date:** 04/13/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Facility Information

Facility Name: BROOKVIEW MEADOWS (0012536)
Address: 1740 CONDOR LN, GREEN BAY, WI 54313
License Status: REGULAR
Licensed/Certified/Registered 09/11/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103304 **End Date:** 01/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102489 **End Date:** 09/11/2008 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Complaint History (BROOKVIEW MEADOWS)

Date Complaint Received: 11/26/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/28/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Facility Information

Facility Name: CREEKSIDE SENIOR LIVING (0012934)
Address: 246 BERGER ST, GREEN BAY, WI 54302
License Status: REGULAR
Licensed/Certified/Registered 08/04/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Facility Information

Facility Name: MORaine RIDGE (0012945)
Address: 2929 SAINT ANTHONY DR, GREEN BAY, WI 54311
License Status: REGULAR
Licensed/Certified/Registered 08/12/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Facility Information

Facility Name: REBEKAH HAVEN (0010347)
Address: 826 GRIGNON ST, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 02/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102151 **End Date:** 07/14/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BROWN

Complaint History (REBEKAH HAVEN)

Date Complaint Received: 03/14/2008

Date Investigation Completed: 07/14/2008

Subject Area(s)
MEDICATIONS
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
Residential Care Apartment Complex (REGISTERED)
COUNTY: BROWN

Facility Information

Facility Name: WAYSIDE PARKVIEW ESTATES (0010376)
Address: 3838 CHURCH VIEW CT, GREENLEAF, WI 54126
License Status: REGULAR
Licensed/Certified/Registered 09/08/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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