

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: DOOR

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Door County.

The report is a PDF (Adobe Acrobat) document and includes a total of 19 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: GREEN ACRES ADULT FAMILY HOME (0011463)
Address: 4820 STATE HWY 57, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 06/08/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102881 **End Date:** 10/27/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 19 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: HIL ORANGE GROVE (0012184)
Address: 525 N 19 ST, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 11/15/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100576 **End Date:** 11/15/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: KIMBERLEY HOUSE (490112)
Address: 33 N JOLIET AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 09/16/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101780 **End Date:** 03/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KWYS13 Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(6)(a)	HOUSEHOLD PETS		

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

Facility Information

Facility Name: TROY AND SAMANTHA HICKS (0010667)
Address: 414 S 4TH AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104212 **End Date:** 06/10/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099311 **End Date:** 05/02/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: HEARTHSIDE (410502)

Address: 10569 FIELDCREST RD, SISTER BAY, WI 54234

License Status: REGULAR

Licensed/Certified/Registered 11/01/1997

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

Survey History

Survey ID: 0103971 **End Date:** 04/27/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W5UC11 Served 05/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		

Survey ID: 0101361 **End Date:** 03/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: WOODVIEW OF SCANDIA (410210)

Address: 2311 MEADOW WOOD DR, SISTER BAY, WI 54234

License Status: REGULAR

Licensed/Certified/Registered 05/01/1990

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

Survey History

Survey ID: 0104268 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098627 **End Date:** 02/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007430 Served 02/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT 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: DOOR

Enforcement History (WOODVIEW OF SCANDIA)

Date: 02/06/2007 **SOD #10007430** **Appealed: No**

Sanctions

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

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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: DOOR

Facility Information

Facility Name: CARDINAL RIDGE RESIDENTIAL CARE (0010030)

Address: 817 CIRCLE RIDGE PLACE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0102680 **End Date:** 09/30/2008 **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 CS (SEMIAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: GATHERING OF DOOR COUNTY (THE) (0008736)

Address: 204 N DULUTH AVE, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 02/01/2001

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

Survey History

Survey ID: 0104236 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4KB911 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Survey ID: 0102124 **End Date:** 07/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT7413 Served 07/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP	04/01/2009	
83.06(6)	MINORS	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO 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 CS (SEMIAMBULATORY)

COUNTY: DOOR

Survey ID: 0099386 **End Date: 05/24/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FT7412 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	06/24/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/24/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	06/24/2008	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	06/24/2008	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	06/24/2008	Yes

Survey ID: 0098088 **End Date: 10/23/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007381 Served 11/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	05/24/2007	Yes
83.11(3)(a)	RESPONSIBILITIES	05/24/2007	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	05/24/2007	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	05/24/2007	Yes
83.17(3)(b)1	MORE THAN \$200 DEPOSITED IN SAVINGS	05/24/2007	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	05/24/2007	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	05/24/2007	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	05/24/2007	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	05/24/2007	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	05/24/2007	Yes

Survey ID: 0097300 **End Date: 07/06/2006** **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 CS (SEMIAMBULATORY)

COUNTY: DOOR

Enforcement History (GATHERING OF DOOR COUNTY (THE))

Date: 06/24/2009 **SOD #4KB911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/17/2008 **SOD #FT7413** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.06(1)(a)3

Date: 09/30/2006 **SOD #10007381** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---13.05(3)(a), 83.19(3)(c)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.17(1)

FORFEITURE---83.17(3)(a)3

FORFEITURE---83.17(3)(b)1

FORFEITURE---83.21(4)(m)

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

FORFEITURE---83.33(3)(f)2

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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: DOOR

Complaint History (GATHERING OF DOOR COUNTY (THE))

Date Complaint Received: 04/16/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

4KB911

Date Complaint Received: 03/12/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

4KB911

Date Complaint Received: 03/28/2008

Date Investigation Completed: 07/08/2008

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 10/10/2006

Date Investigation Completed: 07/06/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ABUSE
ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

11/03/06
11/03/06
11/03/06
11/03/06

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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: DOOR

Facility Information

Facility Name: HIL FLORIDA (0012185)

Address: 1921 FLORIDA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 11/15/2007

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOOR

Facility Information

Facility Name: WHISPERING HEIGHTS CBRF (410449)

Address: 1704 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 01/01/1997

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

Survey History

Survey ID: 0102611 **End Date:** 09/22/2008 **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: DOOR

Facility Information

Facility Name: WHISPERING PINES (410549)

Address: 1610 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

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

Survey History

Survey ID: 0102609 End Date: 09/22/2008 Type: ABBREVIATED Purpose: VERIFICATION VISIT

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: DOOR

Facility Information

Facility Name: WHISPERING WINDS (410510)

Address: 1632 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

Survey ID: 0102707 **End Date:** 10/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097638 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: DOOR

Facility Information

Facility Name: GOOD SAMARITAN SOCIETY-SCANDIA VILLAGE (0012463)

Address: 10554 APPLEWOOD RD, SISTER BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 08/19/2008

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

Survey History

Survey ID: 0102331 **End Date:** 07/01/2008 **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 (CERTIFIED)
COUNTY: DOOR

Facility Information

Facility Name: PINE CREST VILLAGE LLC (0010344)
Address: 1241 N 18TH AVE, STURGEON BAY, WI 54235
License Status: REGULAR
Licensed/Certified/Registered 12/10/1999
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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