

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

Notes

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

The report includes only facilities located within the City of Fond du Lac. 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 41 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: FOND DU LAC

Facility Information

Facility Name: ARC MARIA LANE (0009338)
Address: 51 MARIA LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/24/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103765 **End Date:** 03/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097664 **End Date:** 08/10/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007354 Served 09/12/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	03/10/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	03/10/2009	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	03/10/2009	Yes

This is Page 2 of 41 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: FOND DU LAC

Enforcement History (ARC MARIA LANE)

Date: 09/07/2006 SOD #10007354 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: ARC MARR (0009339)
Address: 620 S MARR ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104035 **End Date:** 04/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098778 **End Date:** 02/21/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007448 Served 03/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	04/13/2009	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	04/13/2009	Yes

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

Enforcement History (ARC MARR)

Date: 02/27/2007 SOD #10007448 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: ARC MARSHALL AVENUE HOME (0008807)
Address: 598 MARSHALL AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100140 **End Date:** 08/31/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097457 **End Date:** 07/07/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007329 Served 08/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(e)1	REFER RESIDENT BELIEVED INCOMPETENT	08/28/2007	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/28/2007	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	08/28/2007	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	08/28/2007	Yes

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

Enforcement History (ARC MARSHALL AVENUE HOME)

Date: 08/01/2006 SOD #10007329 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: ARC POPLAR ADULT FAMILY HOME (490066)
Address: 373 POPLAR ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 04/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099484 **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
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC SEYMOUR ADULT FAMILY HOME (0009470)
Address: 400 S SEYMOUR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099721 **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
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: BANK STREET HOME (0010685)
Address: 413 E BANK ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098694 **End Date:** 01/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007440 Served 02/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

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

Facility Information

Facility Name: BERGER PARKWAY HOME (0010686)
Address: 23 N BERGER PARKWAY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103178 **End Date:** 12/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M94T11 Served 01/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION		

Survey ID: 0100167 **End Date:** 09/15/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098642 **End Date:** 01/30/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098134 **End Date:** 11/06/2006 **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
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (BERGER PARKWAY HOME)

Date Complaint Received: 08/16/2007

Date Investigation Completed: 09/15/2007

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 01/02/2007

Date Investigation Completed: 01/25/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

This is Page 12 of 41 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: FOND DU LAC

Facility Information

Facility Name: BERGER PLACE (490125)
Address: 34 S BERGER PKWY, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 04/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098641 **End Date:** 01/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CARPENTER HOME (0012228)
Address: 56 CARPENTER ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/13/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100752 **End Date:** 12/13/2007 **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
Adult Family Home
COUNTY: FOND DU LAC

Facility Information

Facility Name: CLARITY CARE GOODRICH HOUSE (0010628)
Address: 300 LINDEN ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103181 **End Date:** 12/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097807 **End Date:** 10/02/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CLARITY CARE MIHILL HOUSE (490010)
Address: 975-977 MIHILL AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/01/1991
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104105 **End Date:** 04/28/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099372 **End Date:** 05/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GYT311 Served 05/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	04/28/2009	Yes

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

Enforcement History (CLARITY CARE MIHILL HOUSE)

Date: 05/29/2007 SOD #GYT311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: FAIR HAVEN (0010722)
Address: 364 E 13TH ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098948 **End Date:** 03/19/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HICKORY HOME (0011416)
Address: 507 S HICKORY ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 05/01/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102391 **End Date:** 08/21/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1PWY12 Served 08/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

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

Survey ID: 0102002 End Date: 06/10/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1PWY11 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/21/2008	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	08/21/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	08/21/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/21/2008	Yes
88.04(2)(h)	COMPLY WITH OSHA	08/21/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/21/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	08/21/2008	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	08/21/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	08/21/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/21/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	08/21/2008	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	08/21/2008	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	08/21/2008	Yes

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

Enforcement History (HICKORY HOME)

Date: 07/01/2008 SOD #1PWY11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

This is Page 21 of 41 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: FOND DU LAC

Facility Information

Facility Name: HINRICHS ADULT FAMILY HOME (0012321)
Address: 549 T BIRD DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 03/31/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101390 **End Date:** 03/31/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HUNTER GROVE ADULT FAMILY HOME (0009960)
Address: 1595 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 02/18/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101017 **End Date:** 02/04/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: LKI COBBLESTONE ADULT FAMILY HOME (0010139)

Address: W7003 COBBLESTONE DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 09/02/2003

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

Survey History

Survey ID: 0102758 **End Date:** 10/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: LKI HUNTERS LEDGEVIEW (0011102)
Address: 1508 HUNTERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 10/11/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101788 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099734 **End Date:** 06/28/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M56W13 Served 07/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/16/2009	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	07/16/2009	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	07/16/2009	Yes

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

Survey ID: 0098451 End Date: 12/13/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007420 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	06/25/2007	Yes
88.09(1)(d)11	RESIDENT FUNDS	06/25/2007	Yes

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

Enforcement History (LKI HUNTERS LEDGEVIEW)

Date: 01/18/2007 SOD #10007420 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/13/2006 SOD #10007322 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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

Complaint History (LKI HUNTERS LEDGEVIEW)

Date Complaint Received: 07/12/2006

Date Investigation Completed: 12/13/2006

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
10007420

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

Facility Information

Facility Name: LKI HUNTERS MEADOW ADULT FAMILY HOME (0011505)

Address: 1432 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/21/2006

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

Survey History

Survey ID: 0102456 **End Date:** 08/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101889 **End Date:** 06/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (LKI HUNTERS MEADOW ADULT FAMILY HOME)

Date Complaint Received: 07/21/2008

Date Investigation Completed: 08/26/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: LKI HUNTERS TREELINE ADULT FAMILY HOME (0011103)

Address: 1360 HUNTERS AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/11/2005

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

Survey History

Survey ID: 0102179 **End Date:** 07/17/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BKKR11 Served 07/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.10(3)(m)	FREEDOM FROM ABUSE		

Survey ID: 0101196 **End Date:** 02/26/2008 **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
Adult Family Home
COUNTY: FOND DU LAC

Enforcement History (LKI HUNTERS TREELINE ADULT FAMILY HOME)

Date: 07/29/2008 SOD #BKKR11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING

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

Facility Information

Facility Name: LKI WHIPPOORWILL ADULT FAMILY HOME (0010968)

Address: 683 PRAIRIE RD, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/13/2005

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

Survey History

Survey ID: 0102847 **End Date:** 10/28/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101705 **End Date:** 05/07/2008 **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
Adult Family Home
COUNTY: FOND DU LAC

Complaint History (LKI WHIPPOORWILL ADULT FAMILY HOME)

Date Complaint Received: 07/28/2008

Date Investigation Completed: 10/28/2008

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/06/2008

Date Investigation Completed: 10/28/2008

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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

Facility Information

Facility Name: MARTIN HOUSE (490070)
Address: 909 MARTIN AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098550 **End Date:** 01/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PARK HAVEN (490067)
Address: 151 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 03/28/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098547 **End Date:** 01/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: PETERS AVE (0009771)
Address: 55 N PETERS AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered: 11/12/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103714 **End Date:** 03/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2E2M12 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0098280 **End Date:** 11/16/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007399 Served 12/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	03/10/2009	Yes
88.10(3)(q)	MEDICATIONS	03/10/2009	Yes

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

Facility Information

Facility Name: REM WISCONSIN ARVEY LANE (0011144)
Address: 123 ARVEY LANE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 10/28/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101789 **End Date:** 05/14/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: REM WISCONSIN MUSTANG LANE (0012638)
Address: 718 MUSTANG LN, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/16/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103141 **End Date:** 12/16/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: TIMRECKS CERTIFIED ADULT FAMILY CARE (0011229)

Address: 29 W BANK ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 08/09/2006

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

Survey History

Survey ID: 0101870 **End Date:** 06/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TO8M11 Served 06/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		

Survey ID: 0097565 **End Date:** 08/09/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (TIMRECKS CERTIFIED ADULT FAMILY CARE)

Date: 07/10/2006

Appealed: No

Sanctions

NO NEW ADMISSIONS

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