

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 33 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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: ARC FOND DU LAC (410551)
Address: 27 E THIRD ST 208, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103950 **End Date:** 04/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JC7T11 Served 05/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		

Survey ID: 0099231 **End Date:** 05/02/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S19P11 Served 05/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)	LICENSING, POWERS AND DUTIES	07/13/2007	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: FOND DU LAC

Survey ID: 0098638 End Date: 01/04/2007 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007437 Served 02/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Enforcement History (ARC FOND DU LAC)

Date: 05/07/2009 **SOD #JC7T11** **Appealed: No**

Sanctions

FORFEITURE---83.41(3)(b)

Date: 05/07/2007 **SOD #S19P11** **Appealed: No**

Sanctions

FORFEITURE---50.03(5g)(c).1.C

Date: 02/06/2007 **SOD #10007437** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(3)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.43(3)(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: FOND DU LAC

Facility Information

Facility Name: ARC PARK AVE GROUP HOME (410005)
Address: 100 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 12/01/1986
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102097 **End Date:** 07/01/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V2M813 Served 07/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(g)2.c	CLOSET SPACE	04/01/2009	
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	
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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: BEACON HOUSE (410343)
Address: 166 S PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1994
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099200 **End Date:** 03/21/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: 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: FOND DU LAC

Enforcement History (BEACON HOUSE)

Date: 05/02/2007 **SOD #MOH111** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

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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: FOND DU LAC

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (0010691)

Address: 37 & 43 21ST ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 11/15/2004

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

Survey History

Survey ID: 0104043 **End Date:** 04/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098897 **End Date:** 02/22/2007 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: BLANDINE HOUSE INC (410007)
Address: 25 N PARK AVE, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 06/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101110 **End Date:** 02/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1X1W13 Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	04/01/2009	
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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Enforcement History (BLANDINE HOUSE INC)

Date: 02/19/2008 SOD #1X1W13 Appealed: No

Sanctions

FORFEITURE---83.13(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: FOND DU LAC

Facility Information

Facility Name: DEERVIEW MEADOWS OF FOND DU LAC I (0010855)

Address: 496 WISCONSIN CT, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 02/05/2005

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

Survey History

Survey ID: 0102098 **End Date:** 07/03/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C1JP11 Served 07/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(a)	PARTIES TO BE NOTIFIED	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0099998 **End Date:** 08/21/2007 **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: FOND DU LAC

Complaint History (DEERVIEW MEADOWS OF FOND DU LAC I)

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/03/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

C1JP11

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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: FOND DU LAC

Facility Information

Facility Name: DEERVIEW MEADOWS OF FOND DU LAC II (0010856)

Address: 498 WISCONSIN CT, FOND DU LAC, WI 54937

License Status: REGULAR

Licensed/Certified/Registered 02/05/2005

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

Survey History

Survey ID: 0102153 **End Date:** 07/03/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S47U12 Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(b)	TRANSFER OR DISCHARGE	04/01/2009	

Survey ID: 0099999 **End Date:** 08/21/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S47U11 Served 08/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	06/12/2008	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: FOND DU LAC

Enforcement History (DEERVIEW MEADOWS OF FOND DU LAC II)

Date: 07/28/2008 **SOD #**S47U12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.19(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: FOND DU LAC

Complaint History (DEERVIEW MEADOWS OF FOND DU LAC II)

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/03/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

S47U12

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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: FOND DU LAC

Facility Information

Facility Name: FRANKLIN HOUSE (410009)

Address: 349 W 11TH ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/09/1984

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

Survey History

Survey ID: 0101875 **End Date:** 06/04/2008 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: FOND DU LAC

Enforcement History (FRANKLIN HOUSE)

Date: 07/06/2006

SOD #10007319

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(h)

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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: FOND DU LAC

Facility Information

Facility Name: KINDREDHEARTS FOND DU LAC (0011452)

Address: 566 SHERWOOD AVE, 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: 0102620 **End Date:** 09/29/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098122 **End Date:** 11/02/2006 **Type:** STANDARD **Purpose:** 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: FOND DU LAC

Complaint History (KINDREDHEARTS FOND DU LAC)

Date Complaint Received: 08/24/2006

Date Investigation Completed: 11/02/2006

Subject Area(s)

ABUSE
PROGRAM 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: FOND DU LAC

Facility Information

Facility Name: LAKE VIEW ASSISTED LIVING (0011385)

Address: 545 LUCO ROAD, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0102925 **End Date:** 10/30/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H2UK12 Served 11/20/2008

<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	

Survey ID: 0097992 **End Date:** 10/09/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007375 Served 10/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	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: FOND DU LAC

Enforcement History (LAKE VIEW ASSISTED LIVING)

Date: 11/18/2008 **SOD #**H2UK12 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)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: FOND DU LAC

Complaint History (LAKE VIEW ASSISTED LIVING)

Date Complaint Received: 10/22/2008

Date Investigation Completed: 10/30/2008

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
11/18/08

Date Complaint Received: 07/24/2008

Date Investigation Completed: 10/30/2008

Subject Area(s)
ADMINISTRATION

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: FOND DU LAC

Facility Information

Facility Name: LIBERTY HOUSE (410513)

Address: 701 S MAIN ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

Survey ID: 0100407 **End Date:** 10/16/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099823 **End Date:** 07/12/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9WEX13 Served 07/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	10/16/2007	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Complaint History (LIBERTY HOUSE)

Date Complaint Received: 10/11/2007

Date Investigation Completed: 10/16/2007

Subject Area(s)

Result

SOD #

ABUSE

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: FOND DU LAC

Facility Information

Facility Name: LINCOLN HOUSE (410289)

Address: 342 FOREST AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/30/1991

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

Survey History

Survey ID: 0099049 **End Date:** 04/11/2007 **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 AA (AMBULATORY)
COUNTY: FOND DU LAC

Facility Information

Facility Name: ROBERT E BERRY HOUSE (410017)
Address: 178 SIXTH ST, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 11/01/1979
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102096 **End Date:** 06/26/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

Facility Information

Facility Name: STERLING HOUSE OF FOND DU LAC (410459)

Address: 1001 PRIMROSE LA, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

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

Survey History

Survey ID: 0103301 **End Date:** 01/21/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9HKK13 Served 01/29/2009

<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	

Survey ID: 0098209 **End Date:** 11/07/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007394 Served 11/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/06/2009	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: FOND DU LAC

Facility Information

Facility Name: TAKODAH HOUSE (410114)
Address: W5021 TAKODAH DR, FOND DU LAC, WI 54935
License Status: REGULAR
Licensed/Certified/Registered 01/01/1988
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099593 **End Date:** 06/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BYXY11 Served 06/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.14(1)	TRAINING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	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: FOND DU LAC

Facility Information

Facility Name: TARFA TERRACE (410094)

Address: 54 W ARNDT ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 07/01/1986

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

Survey History

Survey ID: 0103184 **End Date:** 12/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O6IB11 Served 01/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	04/01/2009	
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	04/01/2009	
83.43(4)(b)2.c	BASEMENT SMOKE DETECTOR	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: FOND DU LAC

Facility Information

Facility Name: WALNUT GROVE FOND DU LAC II (0012641)

Address: 154 S PIONEER PKWY, FOND DU LAC, WI 54935

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0102944 **End Date:** 11/19/2008 **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: FOND DU LAC

Facility Information

Facility Name: WOODLANDS OF FOND DU LAC LLC (0009427)

Address: 1446 LYNN AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

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

Survey History

Survey ID: 0099950 **End Date:** 07/25/2007 **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: FOND DU LAC

Facility Information

Facility Name: WOODLANDS SENIOR PARK (0010166)

Address: 77 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 09/17/2003

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

Survey History

Survey ID: 0101996 **End Date:** 06/12/2008 **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: FOND DU LAC

Facility Information

Facility Name: WOODLANDS SENIOR PARK (0011204)

Address: 87 WISCONSIN AMERICAN DR, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 03/07/2006

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

Survey History

Survey ID: 0101995 **End Date:** 06/12/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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