

**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 is a PDF (Adobe Acrobat) document and includes a total of 23 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: FOND DU LAC

### Facility Information

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010148)

**Address:** 107 UPLAND DR, BRANDON, WI 53919

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2004

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

### Survey History

**Survey ID:** 0102915      **End Date:** 11/05/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0097628      **End Date:** 08/22/2006      **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: FOND DU LAC

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN GROUP HOME (0010692)

**Address:** 109 UPLAND DR, BRANDON, WI 53919

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/2004

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

**Survey History**

**Survey ID:** 0103065    **End Date:** 12/01/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H3WF12    Served 03/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	

**Survey ID:** 0100247    **End Date:** 09/12/2007    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H3WF11    Served 10/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(d)1	DEPARTMENT REVIEW OF DISCHARGE/TRANSFER	11/05/2008	Yes

**Survey ID:** 0098898    **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 CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

#### Enforcement History (BETHESDA LUTHERAN GROUP HOME)

**Date:** 12/15/2008

**SOD #**H3WF12

**Appealed:** Yes

**Decision:** STIPULATION

Sanctions

FORFEITURE---83.21(4)(p)

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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 (BETHESDA LUTHERAN GROUP HOME)

**Date Complaint Received: 07/24/2008**

**Date Investigation Completed: 11/05/2008**

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

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:** MARVINS MANOR (0012002)

**Address:** 603 E CLARK ST, BRANDON, WI 53919

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2008

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

#### Survey History

**Survey ID:** 0100860    **End Date:** 12/17/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RVZD11    Served 01/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	

**Survey ID:** 0099747    **End Date:** 07/10/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**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:** IVY MANOR OF CAMPBELLSPORT (0011093)

**Address:** 280 N BAUMANN ST, CAMPBELLSPORT, WI 53010

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2006

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

#### Survey History

**Survey ID:** 0099956    **End Date:** 07/24/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #35PF12    Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	09/09/2008	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 (IVY MANOR OF CAMPBELLSPORT)

**Date:** 08/21/2007

**SOD #**35PF12

**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:** EDEN HOUSE (0010661)

**Address:** W4716 HWY B, EDEN, WI 53019

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/28/2004

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

#### Survey History

**Survey ID:** 0104031    **End Date:** 04/30/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099345    **End Date:** 05/09/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FS9B11    Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	04/27/2009	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	04/27/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/27/2009	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: FOND DU LAC

#### Enforcement History (EDEN HOUSE)

**Date: 05/23/2007**      **SOD #FS9B11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(bb)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(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: FOND DU LAC

### Facility Information

**Facility Name:** TOUCHSTONE LIVING CENTER LLC (0011312)

**Address:** 300 WINNEBAGO ST, N FOND DU LAC, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2006

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

### Survey History

**Survey ID:** 0101822    **End Date:** 05/22/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099413    **End Date:** 05/29/2007    **Type:** OTHER    **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 (TOUCHSTONE LIVING CENTER LLC)

**Date Complaint Received: 03/13/2007**

**Date Investigation Completed: 05/29/2007**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
ADMISSION, TRANSFER & DISCHARGE  
STAFF ADEQUACY

Result

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: FOND DU LAC

### Facility Information

**Facility Name:** AMERICAN HOUSE OF RIPON (0009555)

**Address:** 230 WATSON ST, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

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

### Survey History

**Survey ID:** 0099810      **End Date:** 07/19/2007      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097450      **End Date:** 07/17/2006      **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: FOND DU LAC

### Facility Information

**Facility Name:** BARRETT HOUSE INC (0012443)

**Address:** 632 HILLTOP, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/12/2008

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

### Survey History

**Survey ID:** 0102308      **End Date:** 08/12/2008      **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: FOND DU LAC

**Facility Information**

**Facility Name:** DIVERSE OPTIONS INC MARYRIDGE GROUP HOME (410011)

**Address:** 536 MAYPARTY DR, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1978

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

**Survey History**

**Survey ID:** 0099544      **End Date:** 06/06/2007      **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: FOND DU LAC

#### Facility Information

**Facility Name:** MICHALENES (410411)

**Address:** 530 N UNION ST, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1996

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

#### Survey History

**Survey ID:** 0103804    **End Date:** 03/30/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0V1D13    Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	04/01/2009	

**Survey ID:** 0099528    **End Date:** 06/07/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0V1D12    Served 06/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	02/24/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	02/24/2009	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: FOND DU LAC

#### Enforcement History (MICHALENES)

**Date: 04/09/2009**      **SOD #0V1D13**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(p)

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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 (MICHALENES)

**Date Complaint Received: 02/18/2009**

**Date Investigation Completed: 03/30/2009**

Subject Area(s)

SUPERVISION  
ADMINISTRATION

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

04/09/09  
04/09/09

**Date Complaint Received: 02/04/2009**

**Date Investigation Completed: 03/30/2009**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

04/09/09  
04/09/09

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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:** WOLVERTON GLEN ASSISTED LIVING (0012057)

**Address:** 50 WOLVERTON AVE, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2008

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

#### Survey History

**Survey ID:** 0100778    **End Date:** 12/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Statement of Deficiency:** #BFEJ11    Served 12/29/2007

<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	

**Survey ID:** 0099875    **End Date:** 07/31/2007    **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:** TOWER VIEW VILLA CORP (0009774)

**Address:** 401 N GRANT ST, ROSENDALE, WI 54974

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2003

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

### Survey History

**Survey ID:** 0098120    **End Date:** 11/02/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097876    **End Date:** 10/05/2006    **Type:** OTHER    **Purpose:** DESK REVIEW

**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:** FRIENDSHIP HAVEN (410296)

**Address:** 10 PLUIM DR, WAUPUN, WI 53963

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1993

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

#### Survey History

**Survey ID:** 0101397    **End Date:** 03/06/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Survey ID:** 0100399    **End Date:** 10/10/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X4DZ14    Served 10/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	03/05/2008	No
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	03/05/2008	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 (FRIENDSHIP HAVEN)

**Date:** 04/01/2008      **SOD #**X4DZ15      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: FOND DU LAC

#### Complaint History (FRIENDSHIP HAVEN)

**Date Complaint Received: 10/30/2007**

**Date Investigation Completed: 03/06/2008**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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