

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

COUNTY: GREEN LAKE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 25 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: GREEN LAKE

Facility Information

Facility Name: EVERGREEN HOME OF BERLIN (0012780)
Address: 508 E MARQUETTE ST, BERLIN, WI 54923
License Status: REGULAR
Licensed/Certified/Registered 04/21/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103883 **End Date:** 04/20/2009 **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 CNA (NONAMBULATORY)

COUNTY: GREEN LAKE

Facility Information

Facility Name: BROWN WILCOX RETIREMENT HOME (410143)

Address: 347 E HURON ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 02/01/1980

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

Survey History

Survey ID: 0104131 **End Date:** 05/13/2009 **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: GREEN LAKE

Facility Information

Facility Name: CCLS MOUND STREET (0011136)

Address: 284 MOUND ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006

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

Survey History

Survey ID: 0103893 **End Date:** 04/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WIO411 Served 05/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

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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: GREEN LAKE

Facility Information

Facility Name: CUMBERLAND HOUSE GROUP HOME (0008558)
Address: 343 E CUMBERLAND ST, BERLIN, WI 54923
License Status: REGULAR
Licensed/Certified/Registered 07/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100040 **End Date:** 08/16/2007 **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: GREEN LAKE

Facility Information

Facility Name: PATRIOT PLACE CBRF (0012720)

Address: 609 BROADWAY, BERLIN, WI 54923

License Status: PROBATIONARY

Licensed/Certified/Registered 02/27/2009

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

Survey History

Survey ID: 0103540 **End Date:** 02/27/2009 **Type:** INITIAL **Purpose:** SURVEY

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: GREEN LAKE

Facility Information

Facility Name: KINDREDHEARTS GREEN LAKE (0011582)

Address: 860 SUNNYSIDE RD, GREEN LAKE, WI 54941

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0102511 **End Date:** 08/28/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1SVN12 Served 09/20/2008

<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	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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: GREEN LAKE

Survey ID: 0101021 End Date: 01/14/2008 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1SVN11 Served 02/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	08/05/2008	No
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/05/2008	Yes

Survey ID: 0100836 End Date: 11/27/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UHRB11 Served 01/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	08/05/2008	No
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/05/2008	Yes

Survey ID: 0097677 End Date: 09/01/2006 Type: INITIAL Purpose: CHOW--LICENSURE

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: GREEN LAKE

Enforcement History (KINDREDHEARTS GREEN LAKE)

Date: 09/18/2008 **SOD #1SVN12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a) 2nd cite
FORFEITURE---83.33(4)(h)_

Date: 02/05/2008 **SOD #1SVN11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.32(2)(a)5

Date: 01/09/2008 **SOD #UHRB11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)
FORFEITURE---83.32(2)(a)5

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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: GREEN LAKE

Complaint History (KINDREDHEARTS GREEN LAKE)

Date Complaint Received: 09/11/2007

Date Investigation Completed: 11/27/2007

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

01/09/08

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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: GREEN LAKE

Facility Information

Facility Name: BARRETT HOUSE INC (410302)

Address: 185 E JOHN ST, MARKESAN, WI 53946

License Status: REGULAR

Licensed/Certified/Registered 09/01/1993

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

Survey History

Survey ID: 0100856 **End Date:** 01/08/2008 **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 CNA (NONAMBULATORY)

COUNTY: GREEN LAKE

Facility Information

Facility Name: MARTHAS INC (410197)

Address: 404 W WATER ST, PRINCETON, WI 54968

License Status: REGULAR

Licensed/Certified/Registered 03/01/1990

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

Survey History

Survey ID: 0100477 **End Date:** 10/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YKGQ11 Served 11/07/2007

<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	
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	04/01/2009	

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

Facility Information

Facility Name: AMERICAN HOUSE OF BERLIN (0010330)
Address: 123 S PEARL ST, BERLIN, WI 54923
License Status: REGULAR
Licensed/Certified/Registered 04/28/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103526 **End Date:** 02/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101660 **End Date:** 04/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BN4211 Served 05/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	02/23/2009	Yes
89.29(2)(b)2	ADMISSION & RETENTION OF TENANTS	02/23/2009	Yes

Survey ID: 0099876 **End Date:** 07/23/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098346 **End Date:** 11/20/2006 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Survey ID: 0097501 End Date: 07/20/2006 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Enforcement History (AMERICAN HOUSE OF BERLIN)

Date: 05/07/2008 SOD #BN4211 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---89.23(4)(d)1

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

Complaint History (AMERICAN HOUSE OF BERLIN)

Date Complaint Received: 01/14/2009

Date Investigation Completed: 02/23/3009

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/07/2008

Date Investigation Completed: 04/22/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

BN4211
BN4211

Date Complaint Received: 11/20/2006

Date Investigation Completed: 11/21/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ABUSE

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/05/2006

Date Investigation Completed: 07/20/2006

Subject Area(s)

Result

SOD #

ABUSE
ADMINISTRATION
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: GREEN LAKE

Facility Information

Facility Name: PATRIOT PLACE RCAC (0012637)
Address: 609 BROADWAY, BERLIN, WI 54923
License Status: REGULAR
Licensed/Certified/Registered 01/02/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104011 **End Date:** 04/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103224 **End Date:** 01/02/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Complaint History (PATRIOT PLACE RCAC)

Date Complaint Received: 04/09/2009

Date Investigation Completed: 04/30/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 02/26/2009

Date Investigation Completed: 04/30/2009

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Facility Information

Facility Name: KINDREDHEARTS GREEN LAKE (0011583)
Address: 850 SUNNYSIDE RD, GREEN LAKE, WI 54941
License Status: REGULAR
Licensed/Certified/Registered 09/01/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104142 **End Date:** 05/26/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102788 **End Date:** 10/21/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102545 **End Date:** 08/27/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FM8Z11 Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		
89.27(2)(a)3	SERVICE AGREEMENT		

Survey ID: 0100753 **End Date:** 11/27/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Survey ID: 0097681 End Date: 09/01/2006 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 (CERTIFIED)
COUNTY: GREEN LAKE

Enforcement History (KINDREDHEARTS GREEN LAKE)

Date: 09/24/2008 SOD #FM8Z11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.27(2)(a)3

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

Complaint History (KINDREDHEARTS GREEN LAKE)

Date Complaint Received: 04/08/2009

Date Investigation Completed: 05/26/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/21/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/29/2008

Date Investigation Completed: 10/21/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Date Complaint Received: 07/09/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Date Investigation Completed: 08/27/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	09/24/08

Date Complaint Received: 06/10/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Date Investigation Completed: 08/27/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	09/24/08

Date Complaint Received: 09/11/2007

Subject Area(s)
SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/27/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
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: GREEN LAKE

Facility Information

Facility Name: NORTH TERRACE ASSISTED LIVING (0012685)
Address: 1130 N MARGARET ST, MARKESAN, WI 53946
License Status: REGULAR
Licensed/Certified/Registered 01/26/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103340 **End Date:** 01/26/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: GREEN LAKE

Facility Information

Facility Name: SAMUELS GROVE (0010350)
Address: 183 E JOHN ST, MARKESAN, WI 53946
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103400 **End Date:** 02/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9FT511 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(b)2	SERVICES		

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