

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

COUNTY: KEWAUNEE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 28 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: KEWAUNEE

Facility Information

Facility Name: NEW HOPE AFH (0011884)
Address: 520 SOUTH STREET, ALGOMA, WI 54201
License Status: REGULAR
Licensed/Certified/Registered 11/08/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100547 **End Date:** 11/08/2007 **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: KEWAUNEE

Facility Information

Facility Name: GO FLY A KITE AFH (0008714)
Address: N7993 MAPLE RD, CASCO, WI 54205
License Status: REGULAR
Licensed/Certified/Registered 05/18/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104019 **End Date:** 04/06/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097619 **End Date:** 08/14/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007338 Served 08/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	04/02/2009	Yes

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

Facility Information

Facility Name: FRIENDSHIP MANOR INC HOUSE II (0009056)
Address: N1142 IRISH RD, DENMARK, WI 54208
License Status: REGULAR
Licensed/Certified/Registered 07/05/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103088 **End Date:** 12/08/2008 **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
Adult Family Home
COUNTY: KEWAUNEE

Facility Information

Facility Name: FRIENDSHIP MANOR INC (0008725)
Address: N1148 IRISH RD, DENMARK, WI 54208
License Status: REGULAR
Licensed/Certified/Registered 07/07/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103091 **End Date:** 12/08/2008 **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
Adult Family Home
COUNTY: KEWAUNEE

Facility Information

Facility Name: EMPOWERMENT OPTIONS KILBOURN ST (0010608)
Address: 1404 KILBOURN ST, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 05/21/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102948 **End Date:** 11/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098020 **End Date:** 10/05/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007377 Served 10/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/19/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/19/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/19/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	11/19/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/19/2008	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	11/19/2008	Yes
88.10(3)(e)	SELF-DIRECTION	11/19/2008	Yes

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

Enforcement History (EMPOWERMENT OPTIONS KILBOURN ST)

Date: 10/30/2006 SOD #10007377 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: KEWAUNEE

Facility Information

Facility Name: FOURTH STREET ADULT FAMILY HOME (0012807)

Address: 1403 FOURTH ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 05/01/2009

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

Survey History

Survey ID: 0103934 **End Date:** 04/30/2009 **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
Adult Family Home
COUNTY: KEWAUNEE

Facility Information

Facility Name: MEADOW PARK HOMES LLC (0008983)
Address: N5559 MEADOW RD, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 05/22/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099671 **End Date:** 07/03/2007 **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: KEWAUNEE

Facility Information

Facility Name: ROCKLEDGE AFH (0010470)
Address: 201 RONALD ST, LUXEMBURG, WI 54217
License Status: REGULAR
Licensed/Certified/Registered 01/14/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102859 **End Date:** 10/31/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098011 **End Date:** 10/12/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007376 Served 11/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(g)	CLOTHING AND POSSESSIONS	10/31/2008	Yes

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

Enforcement History (ROCKLEDGE AFH)

Date: 10/30/2006 SOD #10007376 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: KEWAUNEE

Facility Information

Facility Name: BAY ROAD PLACE (0008556)

Address: 500 E BAY RD, ALGOMA, WI 54201

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

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

Survey History

Survey ID: 0101866 **End Date:** 05/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #220H12 Served 06/11/2008

<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	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(2)(d)	COMMUNITY ACTIVITIES	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	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: KEWAUNEE

Enforcement History (BAY ROAD PLACE)

Date: 06/10/2008 **SOD #**220H12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(7)(b)

FORFEITURE---84.14(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: KEWAUNEE

Facility Information

Facility Name: EMERALD SHORES ASSISTED LIVING LLC (0011751)

Address: 1100 BAUMEISTER DR, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007

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

Survey History

Survey ID: 0101603 **End Date:** 04/17/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RSY911 Served 05/05/2008

<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: 0098588 **End Date:** 01/18/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Enforcement History (EMERALD SHORES ASSISTED LIVING LLC)

Date: 05/01/2008 **SOD #RSY911** **Appealed: No**

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: KEWAUNEE

Complaint History (EMERALD SHORES ASSISTED LIVING LLC)

Date Complaint Received: 04/01/2008

Date Investigation Completed: 04/17/2008

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: KEWAUNEE

Facility Information

Facility Name: LINDEN MANOR (410404)

Address: 1204 FOURTH ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 01/01/1996

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

Survey History

Survey ID: 0102760 **End Date:** 10/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YP1I12 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(c)	CLASS A NONAMBULATORY (ANA)	04/01/2009	
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	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: KEWAUNEE

Complaint History (LINDEN MANOR)

Date Complaint Received: 09/25/2008

Date Investigation Completed: 10/03/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
10/22/08

Date Complaint Received: 08/19/2008

Date Investigation Completed: 10/03/2008

Subject Area(s)
LICENSED CAPACITY /CLASS OF LICENSE
MEDICATIONS
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
10/22/08

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: KEWAUNEE

Facility Information

Facility Name: SILVER LEAF MANOR (410310)

Address: 1310 LINCOLN ST, KEWAUNEE, WI 54216

License Status: REGULAR

Licensed/Certified/Registered 11/01/1995

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: KEWAUNEE

Facility Information

Facility Name: FRED & MAMIES HOME INC (0010798)

Address: 143 SCHOOL CREEK TRAIL, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 09/15/2005

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

Survey History

Survey ID: 0101440 **End Date:** 03/28/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099149 **End Date:** 04/11/2007 **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: KEWAUNEE

Complaint History (FRED & MAMIES HOME INC)

Date Complaint Received: 02/16/2007

Date Investigation Completed: 04/11/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE
RESTRAINTS
PHYSICAL PLANTS & SAFETY HAZARDS

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: KEWAUNEE

Facility Information

Facility Name: OAK CREEK ASSISTED LIVING (0011413)

Address: 409 THIRD ST, LUXEMBURG, WI 54217

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0104069 **End Date:** 05/06/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D7L611 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(b)	SUPERVISION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

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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: KEWAUNEE

Survey ID: 0103411 **End Date: 01/30/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8VOX12 Served 02/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	

Survey ID: 0102979 **End Date: 11/19/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8VOX11 Served 12/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(9)	CLEANLINESS OF ROOMS	01/15/2009	Yes

Survey ID: 0100136 **End Date: 09/11/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098460 **End Date: 12/11/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007422 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	09/11/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/11/2007	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	09/11/2007	Yes
83.33(3)(e)2.b	INJECTIONS	09/11/2007	Yes

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: KEWAUNEE

Survey ID: 0097271 End Date: 07/01/2006 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: KEWAUNEE

Enforcement History (OAK CREEK ASSISTED LIVING)

Date: 06/01/2009 **SOD #D7L611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(c)

Date: 02/12/2009 **SOD #8VOX12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(2)(c)

Date: 01/17/2007 **SOD #10007422** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.13(4)(a)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)1
FORFEITURE---83.33(3)(e)2.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: KEWAUNEE

Complaint History (OAK CREEK ASSISTED LIVING)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 05/06/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

05/06/09
05/06/09

Date Complaint Received: 01/12/2009

Date Investigation Completed: 01/30/2009

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

8VOX12

Date Complaint Received: 04/02/2007

Date Investigation Completed: 09/11/2007

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

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: KEWAUNEE

Facility Information

Facility Name: PINE TREE CBRF (0012647)

Address: 324 ROBIN LN, LUXEMBURG, WI 54217

License Status: PROBATIONARY

Licensed/Certified/Registered 12/01/2008

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

Survey History

Survey ID: 0103016 **End Date:** 12/01/2008 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: KEWAUNEE

Facility Information

Facility Name: PARADISE ESTATES LLC (0012735)
Address: 625 4TH ST, KEWAUNEE, WI 54216
License Status: REGULAR
Licensed/Certified/Registered 02/11/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103454 **End Date:** 02/11/2009 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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