

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 16 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: MANITOWOC

Facility Information

Facility Name: HIL NORTH WIND (0011347)
Address: 2410 KNUELL STREET, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 02/28/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101552 **End Date:** 04/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SSH11 Served 04/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

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

Facility Information

Facility Name: HIL SIERRA HOME (0009688)
Address: 2019 KELLNER ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100249 **End Date:** 09/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
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: MANITOWOC

Complaint History (HIL SIERRA HOME)

Date Complaint Received: 03/23/2007

Date Investigation Completed: 09/11/2007

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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

Facility Information

Facility Name: HIL SOUTH WIND (0011348)
Address: 2408 KNUELL STREET, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 02/28/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101632 **End Date:** 04/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B70C11 Served 05/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

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

Facility Information

Facility Name: HIL YORKTOWN HOME (0009732)
Address: 2136 S 13TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100960 **End Date:** 01/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J9OC11 Served 02/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(j)	BEDROOM REQUIREMENTS		

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

Facility Information

Facility Name: TLC HOMES EXPO DRIVE (0011183)
Address: 5053 EXPO DRIVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 11/22/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100776 **End Date:** 12/20/2007 **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
Adult Family Home
COUNTY: MANITOWOC

Facility Information

Facility Name: TLC KIMBERLY CIRCLE (0009127)
Address: 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 10/03/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103888 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097598 **End Date:** 08/17/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007337 Served 08/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	04/01/2009	Yes

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

Complaint History (TLC KIMBERLY CIRCLE)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 04/01/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: WILLOWS (THE) (0010925)
Address: 1526 S 37TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 06/03/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104073 **End Date:** 05/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HR5Z11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(j)	TREATMENT CHOICE		

Survey ID: 0102558 **End Date:** 09/17/2008 **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
Adult Family Home
COUNTY: MANITOWOC

Survey ID: 0101250 End Date: 02/28/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #759Z13 Served 03/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	09/17/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/17/2008	Yes
88.09(2)(b)	LICENSEE RECORD	09/17/2008	No

Survey ID: 0100324 End Date: 09/27/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #759Z12 Served 10/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	02/20/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	02/20/2008	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	02/20/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	02/20/2008	Yes
88.09(2)(b)	LICENSEE RECORD	02/20/2008	No

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

Survey ID: 0099405 End Date: 05/23/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #759Z11 Served 06/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	09/27/2007	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	09/27/2007	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/27/2007	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	09/27/2007	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	09/27/2007	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	09/27/2007	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	09/27/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/27/2007	No

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

Enforcement History (WILLOWS (THE))

Date: 06/01/2009 **SOD #HR5Z11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

Date: 03/07/2008 **SOD #759Z13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

Date: 10/16/2007 **SOD #759Z12** **Appealed: No**

Sanctions

NO NEW ADMISSIONS

Date: 06/01/2007 **SOD #759Z11** **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: MANITOWOC

Complaint History (WILLOWS (THE))

Date Complaint Received: 06/14/2007

Date Investigation Completed: 09/27/2007

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

10/15/07

Date Complaint Received: 04/20/2007

Date Investigation Completed: 05/23/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

06/01/07

MEDICATIONS

SUBSTANTIATED

06/01/07

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

06/01/07

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

Facility Information

Facility Name: BLOCH ADULT FAMILY HOME (0011527)
Address: 1622 23RD STREET, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 07/27/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102571 **End Date:** 08/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H0LL11 Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(2)(d)	BEDROOM ON FIRST FLOOR		
88.06(3)(d)1	DESCRIPTION OF SERVICES		

Survey ID: 0097462 **End Date:** 07/27/2006 **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: MANITOWOC

Facility Information

Facility Name: PETRZELKA FAMILY HOME (0010838)
Address: 12112 MELNIK RD, WHITELAW, WI 54247
License Status: REGULAR
Licensed/Certified/Registered 04/05/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100168 **End Date:** 09/14/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JWYQ11 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

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