

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Manitowoc County.

The report is a PDF (Adobe Acrobat) document and includes a total of 52 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: MANITOWOC

Facility Information

Facility Name: CARE PARTNERS KIEL (0009053)

Address: 65 RIVERVIEW RD, KIEL, WI 53042

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

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

Survey History

Survey ID: 0100031 **End Date:** 08/09/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IBCY13 Served 08/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	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: MANITOWOC

Facility Information

Facility Name: CARE PARTNERS MANITOWOC (0009054)

Address: 1858 MIRRO DR, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 08/01/2001

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

Survey History

Survey ID: 0103232 **End Date:** 01/05/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098672 **End Date:** 02/06/2007 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007439 Served 02/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/29/2008	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	12/29/2008	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: MANITOWOC

Enforcement History (CARE PARTNERS MANITOWOC)

Date: 02/12/2007 **SOD #**10007439 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.19(3)(c)

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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: MANITOWOC

Complaint History (CARE PARTNERS MANITOWOC)

Date Complaint Received: 12/01/2006

Date Investigation Completed: 02/06/2007

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

NOT RECORDED

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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: MANITOWOC

Facility Information

Facility Name: FIELDCREST MANOR (410217)

Address: 1510 S 30TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 11/01/1990

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

Survey History

Survey ID: 0103557 **End Date:** 02/17/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VGWQ11 Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	

Survey ID: 0098947 **End Date:** 03/09/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Enforcement History (FIELDCREST MANOR)

Date: 03/12/2009 SOD #VGWQ11 Appealed: No

Sanctions

FORFEITURE---83.21(4)(w)

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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: MANITOWOC

Complaint History (FIELDCREST MANOR)

Date Complaint Received: 12/22/2008

Date Investigation Completed: 02/17/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
VGWQ11
VGWQ11

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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: MANITOWOC

Facility Information

Facility Name: HANNAH HOME (0009173)

Address: 4025 DELTA ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0099598 **End Date:** 06/25/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098893 **End Date:** 02/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007455 Served 03/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	06/25/2007	Yes
83.33(3)(e)2.b	INJECTIONS	06/25/2007	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: MANITOWOC

Facility Information

Facility Name: HARBOR HOUSE (0009391)

Address: 3720 MENASHA AVE, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

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

Survey History

Survey ID: 0101548 **End Date:** 04/10/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7KHF11 Served 04/25/2008

Deficiencies Cited
50.03(5g)(c)1.c

Subject Area
FORFEITURE PAYMENTS

Compliance
Verified
04/28/2008

Corrected
Yes

Survey ID: 0101322 **End Date:** 03/06/2008 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100310 **End Date:** 09/26/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DZUM11 Served 10/18/2007

Deficiencies Cited
83.33(2)(a)

Subject Area
SUPERVISION

Compliance
Verified
03/06/2008

Corrected
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: MANITOWOC

Survey ID: 0099945 End Date: 07/30/2007 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: MANITOWOC

Enforcement History (HARBOR HOUSE)

Date: 04/23/2008 **SOD #7KHF11** **Appealed: No**

Sanctions

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

Date: 10/15/2007 **SOD #DZUM11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.22(2)(a)

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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: MANITOWOC

Complaint History (HARBOR HOUSE)

Date Complaint Received: 09/13/2007

Date Investigation Completed: 09/26/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

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: MANITOWOC

Facility Information

Facility Name: HARMONY OF MANITOWOC WEST (0008712)

Address: 2115 CAPPAERT RD, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0102580 **End Date:** 09/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100169 **End Date:** 09/20/2007 **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: MANITOWOC

Complaint History (HARMONY OF MANITOWOC WEST)

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/18/2008

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL HARBOR HOME (0009742)
Address: 713 S 16TH 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: 0102455 **End Date:** 08/28/2008 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: HIL LIGHTHOUSE (0009804)

Address: 1301 N 24TH 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: 0100421 **End Date:** 10/10/2007 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099811 **End Date:** 07/05/2007 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL NEWPORT HOME (0009730)
Address: 3609 HECKER RD, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102798 **End Date:** 10/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KZM512 Served 10/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

Survey ID: 0097576 **End Date:** 08/01/2006 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097477 **End Date:** 07/27/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007330 Served 08/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/17/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: HIL WISCONSIN HOME (0009731)
Address: 1348-1350 S 39TH 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: 0102444 **End Date:** 08/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #51XW11 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	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: MANITOWOC

Facility Information

Facility Name: KINDREDHEARTS MANITOWOC (0009723)

Address: 5005 VISTA RD, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

Survey ID: 0101147 **End Date:** 02/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4WD511 Served 02/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(3)(b)1	MORE THAN \$200 DEPOSITED IN SAVINGS	04/01/2009	
83.18(4)	RETENTION	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION	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: MANITOWOC

Enforcement History (KINDREDHEARTS MANITOWOC)

Date: 02/21/2008 **SOD #**4WD511 **Appealed:** No

Sanctions

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

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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: MANITOWOC

Facility Information

Facility Name: LAUREL GROVE ASSISTED LIVING CENTER (0009274)

Address: 1308 S 22ND 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: 0103640 **End Date:** 03/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098629 **End Date:** 01/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007432 Served 02/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	03/04/2009	Yes

Survey ID: 0097611 **End Date:** 08/15/2006 **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: MANITOWOC

Enforcement History (LAUREL GROVE ASSISTED LIVING CENTER)

Date: 02/06/2007 **SOD #**10007432 **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 AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: MARCO SERVICES INC (410023)
Address: 1114 S 11TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101396 **End Date:** 03/20/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G7Y714 Served 04/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

Survey ID: 0097825 **End Date:** 09/20/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007361 Served 10/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	03/05/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/05/2008	No
83.41(5)(d)2	HOT WATER TEMPERATURES	03/05/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 AA (AMBULATORY)
COUNTY: MANITOWOC

Enforcement History (MARCO SERVICES INC)

Date: 10/04/2006 SOD #10007361 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(3)(b)
FORFEITURE---83.41(5)(d)2
FORFEITURE---83.42(3)(f)

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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: MANITOWOC

Facility Information

Facility Name: OAKWOOD HOME (0010180)
Address: 1220 S 8TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102981 **End Date:** 10/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XBIS11 Served 12/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	04/01/2009	

Survey ID: 0098055 **End Date:** 10/16/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097653 **End Date:** 08/15/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007349 Served 09/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	10/10/2006	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: MANITOWOC

Enforcement History (OAKWOOD HOME)

Date: 09/01/2006 SOD #10007349 Appealed: No

Sanctions

FORFEITURE---83.33(3)(e)6

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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: MANITOWOC

Complaint History (OAKWOOD HOME)

Date Complaint Received: 09/08/2006

Date Investigation Completed: 10/16/2006

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE

NOT SUBSTANTIATED

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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: MANITOWOC

Facility Information

Facility Name: PINES GROUP HOME (410025)
Address: 716 S 24TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 03/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098810 **End Date:** 02/16/2007 **Type:** STANDARD **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: MANITOWOC

Facility Information

Facility Name: POINT CREEK HOME (410554)
Address: 1722 NEW YORK AVE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 07/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103988 **End Date:** 04/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098938 **End Date:** 02/21/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007458 Served 04/05/2007

<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)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.14(8)	DOCUMENTATION	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	
83.43(6)(a)	EQUIPMENT IMPAIRED HEARING OR VISION	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: MANITOWOC

Enforcement History (POINT CREEK HOME)

Date: 03/23/2007 SOD #10007458 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.14(3)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.14(8)
FORFEITURE---83.21(4)(h)
FORFEITURE---83.43(6)(a)

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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: MANITOWOC

Facility Information

Facility Name: RAINBOW HOUSE (0011339)

Address: 3100 SOUTHBROOK CT, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 06/01/2007

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

Survey History

Survey ID: 0103689 **End Date:** 03/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3BZT11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(4)(b)2.c	BASEMENT SMOKE DETECTOR	04/01/2009	

Survey ID: 0098984 **End Date:** 03/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098363 **End Date:** 11/03/2006 **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 AA (AMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: REIFS HARMONY HOUSE II (0010073)
Address: 2303 MARSHALL ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 12/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103330 **End Date:** 01/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099163 **End Date:** 03/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007471 Served 05/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/22/2009	Yes
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	01/22/2009	Yes
83.42(3)(a)	EMERGENCY PLAN	01/22/2009	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	01/22/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	01/22/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	01/22/2009	Yes
83.43(4)(a)	LOCATION OF DETECTORS	01/22/2009	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: MANITOWOC

Enforcement History (REIFS HARMONY HOUSE II)

Date: 04/26/2007 SOD #10007471 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(b)1
FORFEITURE---83.43(3)(b)2
FORFEITURE---83.43(4)(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: MANITOWOC

Facility Information

Facility Name: REIFS HARMONY HOUSE INC (0009600)
Address: 1605 CLARK ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103329 **End Date:** 01/22/2009 **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 AA (AMBULATORY)
COUNTY: MANITOWOC

Survey ID: 0099250 End Date: 03/29/2007 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J1VU12 Served 05/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/14/2009	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	01/14/2009	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	01/14/2009	Yes
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	01/14/2009	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	01/14/2009	Yes
83.42(12)	MAINTENANCE OF EXITS	01/14/2009	Yes
83.42(3)(a)	EMERGENCY PLAN	01/14/2009	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	01/14/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	01/14/2009	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	01/14/2009	Yes
83.43(4)(a)	LOCATION OF DETECTORS	01/14/2009	Yes
83.43(4)(b)1.b	HALLWAY SIDE OF ENCLOSED STAIRWAY	01/14/2009	Yes
83.51(3)(a)	AREA OF REFUGE: DOORS	01/14/2009	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: MANITOWOC

Enforcement History (REIFS HARMONY HOUSE INC)

Date: 05/10/2007 SOD #J1VU12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(4)(b)
FORFEITURE---83.42(12)
FORFEITURE---83.43(3)(b)2
FORFEITURE---83.43(3)(b)1
FORFEITURE---83.43(4)(a)

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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: MANITOWOC

Facility Information

Facility Name: SAVAGES PARK PLACE LLC (410400)

Address: 622 N 7TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 02/01/1996

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

Survey History

Survey ID: 0101422 **End Date:** 03/11/2008 **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: MANITOWOC

Facility Information

Facility Name: VILLA THE (0012792)

Address: 1600 S 18TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/15/2009

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

Survey History

Survey ID: 0104060 **End Date:** 05/15/2009 **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: MANITOWOC

Facility Information

Facility Name: WALNUT GROVE MANITOWOC II (0012639)

Address: 1480 NORTH 7TH ST, MANITOWOC, WI 54220

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0102943 **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 AS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Facility Information

Facility Name: WHITETAIL ESTATES II (0008690)

Address: 910 RIVER BLUFF DR, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 07/28/1999

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

Survey History

Survey ID: 0102366 **End Date:** 08/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZGE314 Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0097860 **End Date:** 09/13/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007363 Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	08/04/2008	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	08/04/2008	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: MANITOWOC

Enforcement History (WHITETAIL ESTATES II)

Date: 10/10/2006 **SOD #**10007363 **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 AS (SEMIAMBULATORY)

COUNTY: MANITOWOC

Complaint History (WHITETAIL ESTATES II)

Date Complaint Received: 08/23/2006

Date Investigation Completed: 09/14/2006

Subject Area(s)

Result

SOD #

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE

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
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: MANITOWOC

Facility Information

Facility Name: WHITETAIL ESTATES INC (410485)
Address: 4705 W WHITETAIL CT, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 10/01/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102440 **End Date:** 08/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9K9B14 Served 09/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	

Survey ID: 0097854 **End Date:** 09/14/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007362 Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	08/04/2008	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	08/04/2008	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	08/04/2008	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: MANITOWOC

Enforcement History (WHITETAIL ESTATES INC)

Date: 09/08/2008 **SOD #9K9B14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(c)

FORFEITURE---83.33(2)(c)

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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: MANITOWOC

Complaint History (WHITETAIL ESTATES INC)

Date Complaint Received: 08/23/2006

Date Investigation Completed: 09/14/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10/10/06
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10/10/06
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
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: MANITOWOC

Facility Information

Facility Name: HARMONY OF TWO RIVERS (0008713)

Address: 4606 MISHICOT RD, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0100621 **End Date:** 11/21/2007 **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: MANITOWOC

Facility Information

Facility Name: PARKWAY GROUP HOME (410024)
Address: 1110 VICTORY ST, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 05/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100561 **End Date:** 10/25/2007 **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: MANITOWOC

Facility Information

Facility Name: TLC HOMES (0010467)

Address: 2214 11TH ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 12/27/2004

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

Survey History

Survey ID: 0104007 **End Date:** 05/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103967 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099384 **End Date:** 05/11/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KP4F11 Served 06/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	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: MANITOWOC

Enforcement History (TLC HOMES)

Date: 05/30/2007 **SOD #KP4F11** **Appealed: No**

Sanctions

FORFEITURE---83.33(3)(a)2

FORFEITURE---83.43(7)(b)

FORFEITURE---84.43(3)(b)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: MANITOWOC

Complaint History (TLC HOMES)

Date Complaint Received: 03/13/2009

Date Investigation Completed: 05/06/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: MANITOWOC

Facility Information

Facility Name: WISTERIA HAUS (410398)

Address: 2741 45TH ST, TWO RIVERS, WI 54241

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

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

Survey History

Survey ID: 0098812 **End Date:** 02/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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