

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: MANITOWOC

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Manitowoc County.

The report is a PDF (Adobe Acrobat) document and includes a total of 6 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: MANITOWOC

Facility Information

Facility Name: LAUREL GROVE ASSISTED LIVING CENTER (0010367)

Address: 1308 S 22ND ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 04/19/1999

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 2 of 6 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: RIVER WOOD ESTATES (0011388)
Address: 950 S RAPIDS RD, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 04/01/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100135 **End Date:** 09/12/2007 **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 (REGISTERED)
COUNTY: MANITOWOC

Complaint History (RIVER WOOD ESTATES)

Date Complaint Received: 03/20/2007

Date Investigation Completed: 09/12/2007

Subject Area(s)

Result

SOD #

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS

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: MANITOWOC

Facility Information

Facility Name: SACRED HEART COURT (0010348)
Address: 1903 DIVISION ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 07/15/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099219 **End Date:** 04/16/2007 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: MANITOWOC

Facility Information

Facility Name: NORTHLAND LODGE (0011648)
Address: 2500 GARFIELD ST, TWO RIVERS, WI 54241
License Status: REGULAR
Licensed/Certified/Registered 09/12/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0097723 **End Date:** 09/12/2006 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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