

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

COUNTY: MARINETTE

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 36 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: MARINETTE

**Facility Information**

**Facility Name:** NORTH COUNTRY VIEW EAST (0009901)  
**Address:** W16446 SUGAR BUSH DRIVE, ARMSTRONG CREEK, WI 54103  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/26/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100109    **End Date:** 08/15/2007    **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: MARINETTE

**Facility Information**

**Facility Name:** HARTLEY HOUSE (0011530)  
**Address:** W10541 ARMY LANE, ATHELSTANE, WI 54104  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/02/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101477    **End Date:** 02/22/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6VPS11    Served 04/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.033	LICENSURE OF CERTAIN ADULT FAMILY HOMES		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

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

**Facility Information**

**Facility Name:** ROST-HUEBNER HOUSE II (0012600)  
**Address:** N6728 LEFTFOOT LAKE ROAD, CRIVITZ, WI 54114  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/05/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104086    **End Date:** 04/29/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #47VII1    Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.06(2)(a)2	HEALTH EXAM NOT REQUIRED SHORT RESPITE		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0103170    **End Date:** 11/20/2008    **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: MARINETTE

**Complaint History (ROST-HUEBNER HOUSE II)**

**Date Complaint Received: 04/16/2009**

**Date Investigation Completed: 04/30/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	06/02/09
PROGRAM SERVICES	SUBSTANTIATED	06/02/09

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

**Facility Information**

**Facility Name:** ROST-HUEBNER HOUSE (0011638)  
**Address:** N6726 LEFTFOOT LAKE ROAD, CRIVITZ, WI 54114  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/28/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104079    **End Date:** 04/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PK7I11    Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.07(2)(b)5	MONITORING HEALTH		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0101758    **End Date:** 05/05/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KXH711    Served 05/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

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

**Survey ID: 0098238**      **End Date: 11/06/2006**      **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: MARINETTE

**Enforcement History (ROST-HUEBNER HOUSE)**

**Date: 06/02/2009      SOD #PK7I11      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  
Adult Family Home  
COUNTY: MARINETTE

**Complaint History (ROST-HUEBNER HOUSE)**

**Date Complaint Received: 04/16/2009**

**Date Investigation Completed: 04/30/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
06/02/09

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

**Facility Information**

**Facility Name:** REM RUSSELL (0011395)  
**Address:** 413 WEST RUSSELL STREET, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/22/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101129    **End Date:** 01/29/2008    **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  
Adult Family Home  
COUNTY: MARINETTE

**Facility Information**

**Facility Name:** R & K ADULT FAMILY HOME (0010179)  
**Address:** W5355 CHURCH LANE, PESHTIGO, WI 54157  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/24/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0099803    **End Date:** 07/13/2007    **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: MARINETTE

**Facility Information**

**Facility Name:** REM WISCONSIN II INC DOLAN AVENUE (0011287)

**Address:** 180 DOLAN AVENUE, PESHTIGO, WI 54157

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/18/2006

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

**Survey History**

**Survey ID:** 0100509    **End Date:** 10/23/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CQ1T11    Served 11/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

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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: MARINETTE

#### Facility Information

**Facility Name:** NEWCARE RESIDENCE (410517)

**Address:** 903 MAIN STREET, CRIVITZ, WI 54114

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1998

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

#### Survey History

**Survey ID:** 0101569    **End Date:** 03/19/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JOV611    Served 04/25/2008

<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	

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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: MARINETTE

#### Enforcement History (NEWCARE RESIDENCE)

**Date:** 04/23/2008      **SOD #:** JOV611      **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(d)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MARINETTE

### Facility Information

**Facility Name:** ANTHONY HOUSE (0010562)

**Address:** 900 WELLS STREET, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2004

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

### Survey History

**Survey ID:** 0101721      **End Date:** 05/13/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097808      **End Date:** 09/13/2006      **Type:** STANDARD      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARINETTE

#### Facility Information

**Facility Name:** AUGUSTANA MANOR (0010404)

**Address:** 831 PINE BEACH ROAD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/24/2004

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

#### Survey History

**Survey ID:** 0100759    **End Date:** 11/01/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S31F12    Served 12/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

**Survey ID:** 0099857    **End Date:** 07/12/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S31F11    Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	11/01/2007	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	11/01/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/01/2007	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	11/01/2007	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	11/01/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/01/2007	No

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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: MARINETTE

#### Enforcement History (AUGUSTANA MANOR)

**Date: 12/14/2007**      **SOD #S31F12**      **Appealed: No**

Sanctions

FORFEITURE---83.32(2)(a)

**Date: 07/25/2007**      **SOD #S31F11**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.14(3)

FORFEITURE---83.32(2)(a)

**Date: 07/18/2006**      **SOD #10009569**      **Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.32(3)

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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: MARINETTE

#### Complaint History (AUGUSTANA MANOR)

**Date Complaint Received: 09/19/2007**

**Date Investigation Completed: 10/29/2007**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: MARINETTE

#### Facility Information

**Facility Name:** BAYSHORE PINES SOUTH (410560)

**Address:** 3206 WOODLAND RD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1999

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

#### Survey History

**Survey ID:** 0101886    **End Date:** 05/15/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0FZJ11    Served 06/12/2008

<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	

**Survey ID:** 0098340    **End Date:** 11/21/2006    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009624    Served 12/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	05/15/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/15/2008	Yes
83.21(4)(o)	MEDICATIONS	05/15/2008	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	05/15/2008	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	05/15/2008	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	05/15/2008	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: MARINETTE

#### Enforcement History (BAYSHORE PINES SOUTH)

**Date: 06/10/2008**      **SOD #0FZJ11**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

**Date: 12/21/2006**      **SOD #10009624**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.14(7)(b)

FORFEITURE---83.42(2)(b)

**Date: 08/09/2006**      **SOD #10009584**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(d)

FORFEITURE---83.19(3)(c)

FORFEITURE---83.19(3)(d)

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(4)

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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: MARINETTE

#### Facility Information

**Facility Name:** BAYSHORE PINES (410511)

**Address:** 875 UNIVERSITY DRIVE, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1998

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

#### Survey History

**Survey ID:** 0104428    **End Date:** 06/24/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099853    **End Date:** 07/11/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FWG311    Served 07/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)6	CHRONIC PERSONAL NEEDS	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.35(5)(a)	FOOD STORAGE	04/01/2009	
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	04/01/2009	

**Survey ID:** 0097819    **End Date:** 09/27/2006    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARINETTE

### Enforcement History (BAYSHORE PINES)

**Date:** 07/25/2007      **SOD #FWG311**      **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 AA (AMBULATORY)  
COUNTY: MARINETTE

**Facility Information**

**Facility Name:** EDGEWOOD MANOR (410026)  
**Address:** 1101 NORTHLAND TERRACE LANE, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1987  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103772    **End Date:** 03/13/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZPGR11    Served 04/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

**Survey ID:** 0102175    **End Date:** 06/27/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NJMG11    Served 07/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	03/13/2009	Yes
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	03/13/2009	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	03/13/2009	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: MARINETTE

**Survey ID: 0101486    End Date: 02/22/2008    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #R21011    Served 04/10/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	06/18/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	06/18/2008	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: MARINETTE

**Enforcement History (EDGEWOOD MANOR)**

**Date: 04/07/2009**      **SOD #ZPGR11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.32(2)(d)  
FORFEITURE---83.42(3)(e)

**Date: 07/17/2008**      **SOD #NJMG11**      **Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.21(4)(l)

**Date: 08/02/2006**      **SOD #10009581**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.32(2)(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: MARINETTE

**Complaint History (EDGEWOOD MANOR)**

**Date Complaint Received: 10/21/2008**

**Date Investigation Completed: 03/13/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZPGR11

**Date Complaint Received: 05/16/2008**

**Date Investigation Completed: 06/18/2008**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

NJMG11

ADMISSION, TRANSFER & DISCHARGE

SUBSTANTIATED

NOT RECORDED

ADMINISTRATION

SUBSTANTIATED

NOT RECORDED

**Date Complaint Received: 05/13/2008**

**Date Investigation Completed: 06/18/2008**

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: MARINETTE

#### Facility Information

**Facility Name:** LUTHER MANOR (0008721)

**Address:** 831 PINE BEACH ROAD, MARINETTE, WI 54143

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2000

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

#### Survey History

**Survey ID:** 0101722    **End Date:** 05/13/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098512    **End Date:** 11/24/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009646    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	05/08/2008	Yes
83.13(7)(a)7	JOB DESCRIPTION	05/08/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/08/2008	Yes
83.14(3)(a)	NOT SUPERVISED BY RN OR PHARMACIST	05/08/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/08/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	05/08/2008	Yes
83.21(4)(o)	MEDICATIONS	05/08/2008	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	05/08/2008	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	05/08/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	05/08/2008	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: MARINETTE

#### Enforcement History (LUTHER MANOR)

**Date: 01/16/2007**      **SOD #10009646**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(3)(a)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(3)(a)1

FORFEITURE---83.33(3)(c)3

**Date: 08/14/2006**      **SOD #10009587**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.18(1)(d)2

FORFEITURE---83.21(4)(o)

FORFEITURE---83.32(3)

FORFEITURE---83.33(3)(b)2d

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 CNA (NONAMBULATORY)

COUNTY: MARINETTE

**Facility Information**

**Facility Name:** LANDMARK (THE) (0009531)

**Address:** 310 OCONTO AVENUE, PESHTIGO, WI 54157

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2002

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

**Survey History**

**Survey ID:** 0103634    **End Date:** 03/12/2009    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #S7FK11    Served 03/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

**Survey ID:** 0102530    **End Date:** 09/17/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NCN811    Served 09/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	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: MARINETTE

**Survey ID: 0101172**    **End Date: 01/11/2008**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PO0Q12    Served 02/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	09/17/2008	Yes

**Survey ID: 0097820**    **End Date: 09/27/2006**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009596    Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	02/03/2008	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: MARINETTE

#### Enforcement History (LANDMARK (THE))

**Date: 02/14/2008**      **SOD #PO0Q12**      **Appealed: No**

Sanctions

FORFEITURE---83.19(3)(f)

**Date: 08/15/2006**      **SOD #10009590**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(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: MARINETTE

#### Complaint History (LANDMARK (THE))

**Date Complaint Received: 11/12/2007**

**Date Investigation Completed: 01/03/2008**

Subject Area(s)  
SUPERVISION

Result  
SUBSTANTIATED

SOD #  
PO0Q12

**Date Complaint Received: 07/19/2006**

**Date Investigation Completed: 09/27/2006**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
10009596

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

**Facility Information**

**Facility Name:** RENAISSANCE (THE) (0010371)  
**Address:** 2909 SHORE DRIVE, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101056      **End Date:** 01/08/2008      **Type:** STANDARD      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MARINETTE

**Complaint History (RENAISSANCE (THE))**

**Date Complaint Received: 11/15/2007**

**Date Investigation Completed: 01/04/2008**

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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MARINETTE

**Facility Information**

**Facility Name:** WASHINGTON SQUARE (0012362)  
**Address:** 2502 TAYLOR STREET, MARINETTE, WI 54143  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/13/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102079    **End Date:** 06/19/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101699    **End Date:** 05/07/2008    **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 (REGISTERED)  
COUNTY: MARINETTE

**Complaint History (WASHINGTON SQUARE)**

**Date Complaint Received: 05/19/2008**

**Date Investigation Completed: 06/19/2008**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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