

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

COUNTY: OCONTO

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 27 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 Day Care Facility
COUNTY: OCONTO

Facility Information

Facility Name: CARING TREE ADULT CENTER (THE) (0009917)
Address: 512 CALDWELL AVENUE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 12/26/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101092 **End Date:** 01/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097802 **End Date:** 08/24/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009594 Served 10/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
III.b.(5)	SAFETY-EMERGENCIES PLAN	01/09/2008	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	01/09/2008	Yes
III.d.(5)	BUILDING-FURNITURE & EQUIPMENT	01/09/2008	Yes

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

Facility Information

Facility Name: BEYOND ABILITIES COUNTY J SOUTH (0012313)
Address: 3296 COUNTY ROAD J, ABRAMS, WI 541019637
License Status: REGULAR
Licensed/Certified/Registered 04/22/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101539 **End Date:** 04/17/2008 **Type:** INITIAL **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: OCONTO

Facility Information

Facility Name: ZIESMER ADULT FAMILY HOME (0012037)
Address: 6785 ELLMAN LANE, OCONTO, WI 541539770
License Status: REGULAR
Licensed/Certified/Registered 12/13/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100711 **End Date:** 08/13/2007 **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: OCONTO

Facility Information

Facility Name: BEYOND ABILITIES LLC (0011217)
Address: 7393 KONIZER ROAD, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 02/16/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100554 **End Date:** 10/18/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P15611 Served 11/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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

Enforcement History (BEYOND ABILITIES LLC)

Date: 11/12/2007 SOD #P15611 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: PARK AVENUE HOUSE (0012434)
Address: 277-279 PARK AVENUE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 10/01/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102637 **End Date:** 09/16/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OCONTO

Facility Information

Facility Name: BAYSHORE PINES OCONTO NORTH (0009726)

Address: 427 PECOR STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0103496 **End Date:** 02/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7U8111 Served 02/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	04/01/2009	

Survey ID: 0102177 **End Date:** 06/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0G4311 Served 08/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	02/16/2009	Yes
83.33(2)(h)1	MEDICAL SERVICES	02/16/2009	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: OCONTO

Survey ID: 0101887 **End Date: 05/16/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KNJM11 Served 06/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	02/16/2009	Yes

Survey ID: 0099167 **End Date: 04/03/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10012961 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	05/13/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	05/13/2008	Yes

Survey ID: 0098511 **End Date: 11/22/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009645 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	03/29/2007	No
83.32(2)(d)	REVIEW OF PROGRESS	03/29/2007	No
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	03/29/2007	Yes
83.43(5)(a)5	ENCLOSED LAUNDRY ROOM	03/29/2007	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: OCONTO

Survey ID: 0097884 End Date: 09/18/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009599 Served 10/12/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	03/29/2007	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: OCONTO

Enforcement History (BAYSHORE PINES OCONTO NORTH)

Date: 06/10/2008 **SOD #KNJM11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

Date: 04/18/2007 **SOD #10012961** **Appealed: No**

Sanctions

FORFEITURE---83.07(10)(a)1

FORFEITURE---83.32(2)(d)

Date: 01/16/2007 **SOD #10009645** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.07(10)(a)1

FORFEITURE---83.42(3)(f)

Date: 10/11/2006 **SOD #10009599** **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: OCONTO

Complaint History (BAYSHORE PINES OCONTO NORTH)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 02/16/2009

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/15/2008

Date Investigation Completed: 06/17/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

0G4311

Date Complaint Received: 11/10/2006

Date Investigation Completed: 03/28/2007

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

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: OCONTO

Facility Information

Facility Name: BAYSHORE PINES OCONTO (410561)

Address: 425 PECOR STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/1999

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

Survey History

Survey ID: 0103495 **End Date:** 02/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #19VU11 Served 02/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	04/01/2009	
83.33(2)(g)2	ANNUAL FOLLOW-UP EXAMINATION	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0103106 **End Date:** 12/08/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OH5K11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	02/16/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	02/16/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	02/16/2009	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: OCONTO

Survey ID: 0100553 **End Date: 10/22/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KLMG11 Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/08/2008	Yes
83.14(1)	TRAINING	12/08/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/08/2008	Yes

Survey ID: 0099122 **End Date: 03/30/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097885 **End Date: 09/18/2006** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009600 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	03/30/2007	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: OCONTO

Enforcement History (BAYSHORE PINES OCONTO)

Date: 12/17/2008 **SOD #OH5K11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(c)

FORFEITURE---83.15(1)(c)1

Date: 11/12/2007 **SOD #KLMG11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)

FORFEITURE---83.14(1)(d)

Date: 10/11/2006 **SOD #10009600** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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 CNA (NONAMBULATORY)

COUNTY: OCONTO

Complaint History (BAYSHORE PINES OCONTO)

Date Complaint Received: 02/05/2009

Date Investigation Completed: 02/16/2009

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/10/2006

Date Investigation Completed: 03/30/2007

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

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: OCONTO

Facility Information

Facility Name: COUNTRY HOUSE (0009298)

Address: 229 VAN DYKE STREET, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0102390 **End Date:** 08/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #61GZ11 Served 09/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(t)	INCOMPETENCY	04/01/2009	

Survey ID: 0101978 **End Date:** 05/21/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7MDM11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	08/18/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	08/18/2008	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	08/18/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	08/18/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OCONTO

Survey ID: 0101514 **End Date: 04/17/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100457 **End Date: 10/23/2007** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099121 **End Date: 03/28/2007** **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: OCONTO

Enforcement History (COUNTRY HOUSE)

Date: 06/24/2008 **SOD #**7MDM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.33(3)(c)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: OCONTO

Complaint History (COUNTRY HOUSE)

Date Complaint Received: 07/18/2008

Date Investigation Completed: 08/18/2008

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2008

Date Investigation Completed: 05/14/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
7MDM11

Date Complaint Received: 03/24/2008

Date Investigation Completed: 05/14/2008

Subject Area(s)
SUPERVISION
MEDICATIONS
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
7MDM11

Date Complaint Received: 03/11/2008

Date Investigation Completed: 04/17/2008

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/01/2006

Date Investigation Completed: 03/27/2007

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

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: OCONTO

Facility Information

Facility Name: CREATIVE WAYS CARE HOUSE (0010024)
Address: 1017 GALE STREET, OCONTO, WI 54153
License Status: REGULAR
Licensed/Certified/Registered 07/01/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103523 **End Date:** 02/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSMB14 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.35(6)(a)	FOOD PREPARATION	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	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 AA (AMBULATORY)
COUNTY: OCONTO

Survey ID: 0101658 End Date: 04/17/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZSMB13 Served 05/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	02/05/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	02/05/2009	No
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	02/05/2009	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	02/05/2009	Yes

Survey ID: 0098493 End Date: 11/21/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009638 Served 01/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/17/2008	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/17/2008	No
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/17/2008	No

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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: OCONTO

Enforcement History (CREATIVE WAYS CARE HOUSE)

Date: 03/04/2009 **SOD #ZSMB14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.16(1)
FORFEITURE---83.42(12)

Date: 05/01/2008 **SOD #ZSMB13** **Appealed: No**

Sanctions

FORFEITURE---83.14(7)(b)
FORFEITURE---83.16(1)
FORFEITURE---83.33(3)(c)1

Date: 01/16/2007 **SOD #10009638** **Appealed: No**

Sanctions

FORFEITURE---83.14(8)
FORFEITURE---83.16(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: OCONTO

Complaint History (CREATIVE WAYS CARE HOUSE)

Date Complaint Received: 02/02/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZSMB14
ZSMB14

Date Complaint Received: 07/31/2006

Date Investigation Completed: 11/21/2006

Subject Area(s)

SUPERVISION
ABUSE

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 ANA (NONAMBULATORY)

COUNTY: OCONTO

Facility Information

Facility Name: SUPERIOR HOUSE (0009945)

Address: 1204 SUPERIOR AVENUE, OCONTO, WI 54153

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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

Survey History

Survey ID: 0100299 **End Date:** 09/20/2007 **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 CNA (NONAMBULATORY)

COUNTY: OCONTO

Facility Information

Facility Name: KING STREET HOUSE (0009946)

Address: 106 KING STREET, OCONTO FALLS, WI 54154

License Status: REGULAR

Licensed/Certified/Registered 08/01/2003

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

Survey History

Survey ID: 0100381 **End Date:** 09/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H8SP11 Served 10/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

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

Facility Information

Facility Name: MEADOWLANDS (0010343)
Address: 751 EAST HIGHLAND DRIVE, OCONTO FALLS, WI 54154
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099191 **End Date:** 04/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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