

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

Notes

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

The report includes only facilities located within the City of Appleton. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 59 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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 2 SILVER SPUR (410537)
Address: 15 SILVER SPUR, APPLETON, WI 54915
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099979 **End Date:** 08/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 59 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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: OUTAGAMIE

Facility Information

Facility Name: AGAPE 4 GREENFIELD (410044)
Address: 343 E GREENFIELD ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 02/24/1989
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101254 **End Date:** 03/04/2008 **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 CA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 6 TILLMAN ST (410130)
Address: 3013 W TILLMAN ST, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 09/30/1987
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099360 **End Date:** 05/15/2007 **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: OUTAGAMIE

Facility Information

Facility Name: AGAPE 8 CHEROKEE ST (410260)
Address: 2237 W CHEROKEE ST, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 11/01/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099361 **End Date:** 05/16/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 9 KINGFISHER (410380)

Address: N500 KINGFISHER CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

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

Survey History

Survey ID: 0101652 **End Date:** 04/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097696 **End Date:** 09/07/2006 **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: OUTAGAMIE

Facility Information

Facility Name: APPLE VALLEY (0009551)
Address: 2214 RUSSET CT, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 11/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100786 **End Date:** 12/13/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: CAROLINA MANOR (0011930)

Address: 3201 W 1ST AVENUE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0103073 **End Date:** 11/26/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD9011 Served 01/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101718 **End Date:** 05/13/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Survey ID: 0100358 End Date: 09/17/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUZL11 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	05/06/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/06/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/06/2008	Yes
83.21(4)(o)	MEDICATIONS	05/06/2008	Yes

Survey ID: 0099208 End Date: 04/30/2007 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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Enforcement History (CAROLINA MANOR)

Date: 12/15/2008 **SOD #XD9011** **Appealed: No**

Sanctions

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

Date: 10/02/2007 **SOD #OUZL11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(o)

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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: OUTAGAMIE

Complaint History (CAROLINA MANOR)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 11/26/2008

Subject Area(s)

SUPERVISION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XD9011

Date Complaint Received: 03/27/2008

Date Investigation Completed: 04/30/2008

Subject Area(s)

MEDICATIONS

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: OUTAGAMIE

Facility Information

Facility Name: CASA CLARE A DIVISION OF MOORING PROGRAM INC (0011241)

Address: 201 S GLENRIDGE CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006

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

Survey History

Survey ID: 0103377 **End Date:** 02/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100885 **End Date:** 12/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6OMC11 Served 01/12/2008

<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	
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	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: OUTAGAMIE

Enforcement History (CASA CLARE A DIVISION OF MOORING PROGRAM INC)

Date: 01/11/2007 SOD #6OMC11 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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Complaint History (CASA CLARE A DIVISION OF MOORING PROGRAM INC)

Date Complaint Received: 01/30/2009

Date Investigation Completed: 02/02/2009

Subject Area(s)

Result

SOD #

OTHER

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: OUTAGAMIE

Facility Information

Facility Name: COUNTRY TERRACE APPLETON (0009664)

Address: 749 W PARKWAY BLVD, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

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

Survey History

Survey ID: 0103504 **End Date:** 02/23/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GG6R11 Served 03/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(5)(a)5	ENCLOSED LAUNDRY ROOM	04/01/2009	

Survey ID: 0102445 **End Date:** 08/20/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101124 **End Date:** 01/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100146 **End Date:** 09/11/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Survey ID: 0098766 End Date: 02/22/2007 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: OUTAGAMIE

Complaint History (COUNTRY TERRACE APPLETON)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/23/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/07/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

RESIDENT RIGHTS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY
PROGRAM SERVICES
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2007

Date Investigation Completed: 01/15/2008

Subject Area(s)

RESIDENT RIGHTS
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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Date Complaint Received: 07/26/2007

Subject Area(s)
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Date Investigation Completed: 09/06/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 11/29/2006

Subject Area(s)
RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Date Investigation Completed: 02/20/2007

<u>Result</u>	<u>SOD #</u>
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 CA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: ELDER CARE ASSISTED LIVING INC (0012182)
Address: 2 BRIGHTON CIRCLE, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 01/30/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101097 **End Date:** 01/16/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: FOX RIVER ASSISTED LIVING MEMORY CARE COMM (0010098)

Address: 5800 PENNSYLVANIA AVE, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0102780 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EIY512 Served 10/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101990 **End Date:** 05/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EIY511 Served 07/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/09/2008	No
83.14(1)(a)	CLIENT RELATED TRAINING	09/09/2008	No
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/09/2008	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: OUTAGAMIE

Survey ID: 0101618 End Date: 04/14/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MSBK11 Served 04/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/09/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	09/09/2008	Yes
83.33(2)(a)	SUPERVISION	09/09/2008	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	09/09/2008	Yes
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	09/09/2008	Yes
83.43(5)(a)5	ENCLOSED LAUNDRY ROOM	09/09/2008	Yes

Survey ID: 0100233 End Date: 09/27/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098190 End Date: 11/03/2006 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097428 End Date: 07/11/2006 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007324 Served 07/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(8)(a)	ROOMS	09/27/2007	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: OUTAGAMIE

Enforcement History (FOX RIVER ASSISTED LIVING MEMORY CARE COMM)

Date: 10/20/2008 **SOD #EIY512** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(b)intro

FORFEITURE---83.14(1)(d)

FORFEITURE---83.33(2)(a)

Date: 06/26/2008 **SOD #EIY511** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

Date: 04/24/2008 **SOD #MSBK11** **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: OUTAGAMIE

Complaint History (FOX RIVER ASSISTED LIVING MEMORY CARE COMM)

Date Complaint Received: 08/21/2008

Date Investigation Completed: 09/09/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	EIY512
MEDICATIONS	SUBSTANTIATED	EIY512
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 04/04/2008

Date Investigation Completed: 05/09/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	EIY511
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	EIY511

Date Complaint Received: 03/19/2008

Date Investigation Completed: 04/14/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	MSBK11

Date Complaint Received: 09/17/2007

Date Investigation Completed: 09/27/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 11/03/2006

Date Investigation Completed: 11/03/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS II (0011963)

Address: 5118 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 07/03/2007

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

Survey History

Survey ID: 0104029 **End Date:** 05/11/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGGN11 Served 05/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

Survey ID: 0102358 **End Date:** 08/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZTZ11 Served 08/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/11/2009	Yes

Survey ID: 0099705 **End Date:** 06/25/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Enforcement History (GRAND HORIZONS II)

Date: 08/22/2008 **SOD #KZTZ11** **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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (GRAND HORIZONS II)

Date Complaint Received: 07/25/2008

Date Investigation Completed: 08/05/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	KZTZ11
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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS III (0012690)

Address: 5117 N CHERRYVALE AVENUE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009

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

Survey History

Survey ID: 0103433 **End Date:** 01/22/2009 **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: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS (0011338)

Address: 5102 N CHERRYVALE AVE, APPLETON, WI 54913

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0101947 **End Date:** 06/17/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097634 **End Date:** 08/17/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007345 Served 08/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	06/17/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC III (0011054)

Address: 1407 N MASON ST, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 10/27/2005

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

Survey History

Survey ID: 0104020 **End Date:** 04/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099786 **End Date:** 06/20/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC III)

Date Complaint Received: 04/02/2009

Date Investigation Completed: 04/08/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/28/2007

Date Investigation Completed: 06/20/2070

Subject Area(s)

MEDICATIONS

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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC IV (0012559)

Address: 1413 N MASON STREET, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 11/03/2008

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

Survey History

Survey ID: 0102818 **End Date:** 11/03/2008 **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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: KLISTER HOUSE (410040)
Address: 408 N LAWE ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 12/01/1984
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101399 **End Date:** 12/20/2007 **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: OUTAGAMIE

Facility Information

Facility Name: LSS CLOVERDALE GROUP HOME (410153)

Address: 1825 CLOVERDALE DR, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 05/01/1988

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

Survey History

Survey ID: 0100649 **End Date:** 11/21/2007 **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 ANA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS EASTWOOD CRISIS FACILITY (0010046)

Address: 430 S KENSINGTON DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0100783 **End Date:** 11/30/2007 **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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS EDGEWOOD GROUP HOME (0010788)
Address: 1814 - 1816 RANDALL AVE, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 03/10/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100351 **End Date:** 10/04/2007 **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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS GRANDSTONE GROUP HOME (0010462)
Address: 1308 N LEONA ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 03/11/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103291 **End Date:** 12/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PT9611 Served 01/28/2009

<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	
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	

Survey ID: 0102112 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X1QN11 Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	12/29/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	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 AA (AMBULATORY)

COUNTY: OUTAGAMIE

Survey ID: 0098189 End Date: 11/06/2006 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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Enforcement History (LSS GRANDSTONE GROUP HOME)

Date: 01/27/2009 SOD #PT9611 Appealed: No

Sanctions

FORFEITURE---83.19(3)(d)

FORFEITURE---83.19(3)(e)

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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: OUTAGAMIE

Complaint History (LSS GRANDSTONE GROUP HOME)

Date Complaint Received: 11/25/2008

Date Investigation Completed: 12/29/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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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: OUTAGAMIE

Facility Information

Facility Name: LSS GREENBRIER (410413)

Address: 1310 GREENBRIER DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

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

Survey History

Survey ID: 0099904 **End Date:** 07/19/2007 **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: OUTAGAMIE

Facility Information

Facility Name: LSS RANDYS LANE (410414)

Address: N224 RANDYS LN, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

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

Survey History

Survey ID: 0101654 **End Date:** 05/01/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097596 **End Date:** 07/24/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007336 Served 08/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/01/2008	Yes

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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: OUTAGAMIE

Enforcement History (LSS RANDYS LANE)

Date: 08/17/2006 **SOD #10007336** **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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LSS ROGERS AVENUE (0010720)

Address: 1719 ROGERS AVE, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 10/27/2004

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

Survey History

Survey ID: 0102173 **End Date:** 07/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8F6V11 Served 07/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	

Survey ID: 0098654 **End Date:** 01/31/2007 **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: OUTAGAMIE

Facility Information

Facility Name: LSS RUSSET COURT GROUP HOME (410147)

Address: 2210 RUSSET CT, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 02/01/1988

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

Survey History

Survey ID: 0101131 **End Date:** 01/09/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QD9T11 Served 02/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	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: OUTAGAMIE

Enforcement History (LSS RUSSET COURT GROUP HOME)

Date: 02/14/2008 **SOD #**QD9T11 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(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: OUTAGAMIE

Facility Information

Facility Name: MOORING PROGRAMS INC (410041)
Address: 607 W SEVENTH ST, APPLETON, WI 54911
License Status: REGULAR
Licensed/Certified/Registered 11/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100349 **End Date:** 09/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT5F11 Served 10/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	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: OUTAGAMIE

Enforcement History (MOORING PROGRAMS INC)

Date: 10/02/2007 SOD #KT5F11 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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: PNUMA 1 (410357)
Address: W7066 WINNEGAMIE DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 12/01/1994
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101088 **End Date:** 01/16/2008 **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: OUTAGAMIE

Facility Information

Facility Name: PNUMA 2 (410381)
Address: 233 S LYNNDALE DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 08/01/1995
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103190 **End Date:** 12/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D1WV11 Served 01/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	

Survey ID: 0099483 **End Date:** 05/22/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TVWK11 Served 06/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	12/23/2008	Yes
83.41(1)(d)1	2 STANDARD EXITS TO GRADE	12/23/2008	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: OUTAGAMIE

Survey ID: 0098644 End Date: 01/31/2007 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009670 Served 02/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)7	JOB DESCRIPTION	05/14/2007	Yes
83.14(8)	DOCUMENTATION	05/14/2007	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	05/14/2007	Yes
83.41(4)(a)	HEATING	05/14/2007	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: OUTAGAMIE

Enforcement History (PNUMA 2)

Date: 06/06/2007 **SOD #TVWK11** **Appealed: No**

Sanctions

FORFEITURE---83.07(8)
FORFEITURE---83.41(1)(d)1

Date: 02/06/2007 **SOD #10009670** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(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: OUTAGAMIE

Complaint History (PNUMA 2)

Date Complaint Received: 03/23/2007

Date Investigation Completed: 05/22/2007

Subject Area(s)
RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	TVWK11
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 AA (AMBULATORY)
COUNTY: OUTAGAMIE

Facility Information

Facility Name: RYAN COMMUNITY INC (410043)
Address: 1338 W PROSPECT AVE, APPLETON, WI 549145069
License Status: REGULAR
Licensed/Certified/Registered: 12/05/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103444 **End Date:** 02/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MZ6111 Served 02/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	

Survey ID: 0099290 **End Date:** 04/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZDT11 Served 05/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	02/03/2009	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	02/03/2009	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: OUTAGAMIE

Enforcement History (RYAN COMMUNITY INC)

Date: 05/10/2007 SOD #4ZDT11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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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: OUTAGAMIE

Facility Information

Facility Name: SHEELIN COTTAGE (0012288)

Address: W2613 BARNEY CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103432 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: OUTAGAMIE

Facility Information

Facility Name: SHEELIN HOUSE (0012287)

Address: W2629 BARNEY CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103431 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 AS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: TRI MANOR SOUTH (410200)

Address: 1312 S MONROE ST, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 04/01/1990

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

Survey History

Survey ID: 0101489 **End Date:** 03/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WP6U11 Served 04/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		Variance

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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: OUTAGAMIE

Facility Information

Facility Name: VILLA HOPE (410105)

Address: 613 N DIVISION ST, APPLETON, WI 54911

License Status: REGULAR

Licensed/Certified/Registered 02/23/1982

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

Survey History

Survey ID: 0100405 **End Date:** 10/05/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TUCO11 Served 10/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2009	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	04/01/2009	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	04/01/2009	
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	
83.42(3)(c)	EXIT DIAGRAM POSTED	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: OUTAGAMIE

Facility Information

Facility Name: VILLA PHOENIX (410046)
Address: 418 N LAWE ST, APPLETON, WI 54912
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099124 **End Date:** 03/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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