

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 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: GRAND HORIZONS WEST (0012699)

Address: 140 S MAYFLOWER DRIVE, GRAND CHUTE, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009

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

Survey History

Survey ID: 0103319 **End Date:** 01/22/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 27 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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: SYLVAN CROSSINGS OF APPLETON (0012215)

Address: 333 MISTY LANE, GRAND CHUTE, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0103080 **End Date:** 11/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BF2811 Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	

Survey ID: 0101107 **End Date:** 01/15/2008 **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: OUTAGAMIE

Complaint History (SYLVAN CROSSINGS OF APPLETON)

Date Complaint Received: 11/18/2008

Date Investigation Completed: 11/24/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

BF2811

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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: GREENVILLE MANOR (0009092)

Address: W7098 BUTTERCUP CT, GREENVILLE, WI 54942

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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

Survey History

Survey ID: 0101387 **End Date:** 03/07/2008 **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 CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: LIVING TREE ESTATES LLC (0010721)

Address: N1916 GREENVILLE DRIVE, GREENVILLE, WI 54942

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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

Survey History

Survey ID: 0100110 **End Date:** 08/20/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: AQUA VIEW (410266)
Address: BOX 400 W9449 GIVENS RD, HORTONVILLE, WI 54944
License Status: REGULAR
Licensed/Certified/Registered 07/01/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100294 **End Date:** 09/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: DELLVIEW (410293)

Address: N2784 HWY 15, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 03/01/1993

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

Survey History

Survey ID: 0101089 **End Date:** 12/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: FIELDSTONE HOUSE (0009276)
Address: 495 W NYE ST, HORTONVILLE, WI 54944
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100785 **End Date:** 12/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SYLVAN VIEW (410275)
Address: W9405 GIVENS RD, HORTONVILLE, WI 54944
License Status: REGULAR
Licensed/Certified/Registered 08/01/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101329 **End Date:** 02/22/2008 **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 CS (SEMIAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: AGAPE 3 12TH ST (410039)

Address: 412 E 12TH ST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 11/01/1987

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

Survey History

Survey ID: 0101433 **End Date:** 03/27/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099133 **End Date:** 04/10/2007 **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 7 FIELDCREST (410189)

Address: 3003 FIELDCREST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 11/20/1989

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

Survey History

Survey ID: 0100378 **End Date:** 10/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1DZ611 Served 10/24/2007

<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	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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

Facility Information

Facility Name: AMERICAN GRAND ASSISTED LIVING SUITES (0012817)

Address: 795 TARRAGON DR, KAUKAUNA, WI 54130

License Status: PROBATIONARY

Licensed/Certified/Registered 06/23/2009

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

Survey History

Survey ID: 0104228 **End Date:** 06/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: KINDREDHEARTS KAUKAUNA (0009721)

Address: 548 FRANCES ST, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0100887 **End Date:** 11/30/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L14G11 Served 01/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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 (KINDREDHEARTS KAUKAUNA)

Date: 01/11/2008 SOD #L14G11 Appealed: Yes Decision: STIPULATION

Sanctions

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: ST PAUL MANOR (410229)

Address: 509 W WISCONSIN AVE, KAUKAUNA, WI 54130

License Status: REGULAR

Licensed/Certified/Registered 01/01/1991

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

Survey History

Survey ID: 0101850 **End Date:** 05/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098177 **End Date:** 11/15/2006 **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: GRAND HORIZONS KIMBERLY (0012550)

Address: 820 SCHELFOUT LANE, KIMBERLY, WI 54136

License Status: REGULAR

Licensed/Certified/Registered 10/16/2008

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

Survey History

Survey ID: 0102705 **End Date:** 10/13/2008 **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: KIMBERLY PLACE (0010891)
Address: 314 W KIMBERLY AVE, KIMBERLY, WI 54136
License Status: REGULAR
Licensed/Certified/Registered 04/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103498 **End Date:** 02/24/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099136 **End Date:** 04/11/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OUTAGAMIE

Facility Information

Facility Name: CARE PARTNERS LITTLE CHUTE (0009052)

Address: 425 MOASIS DR, LITTLE CHUTE, WI 54140

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0104160 **End Date:** 05/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101836 **End Date:** 05/13/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJ8U11 Served 06/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0099134 **End Date:** 04/10/2007 **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: 0098218 End Date: 11/08/2006 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007395 Served 12/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/10/2007	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 (CARE PARTNERS LITTLE CHUTE)

Date: 11/29/2006 **SOD #**10007395 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)

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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 (CARE PARTNERS LITTLE CHUTE)

Date Complaint Received: 03/09/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 01/17/2007

Date Investigation Completed: 04/10/2007

Subject Area(s)

Result

SOD #

RESTRAINTS

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 10/26/2006

Date Investigation Completed: 11/08/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10007395

ABUSE

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

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 SEYMOUR (0010192)

Address: 621 W FACTORY ST, SEYMOUR, WI 54165

License Status: REGULAR

Licensed/Certified/Registered 10/03/2003

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

Survey History

Survey ID: 0104150 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2HIK11 Served 06/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		

Survey ID: 0103577 **End Date:** 03/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GXJX11 Served 03/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	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

Survey ID: 0103389 **End Date: 01/12/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H1KV11 Served 02/06/2009

<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)(t)	INCOMPETENCY	04/01/2009	

Survey ID: 0103072 **End Date: 11/11/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T77011 Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	03/10/2009	Yes
83.33(2)(h)1	MEDICAL SERVICES	03/10/2009	Yes

Survey ID: 0102529 **End Date: 09/18/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102207 **End Date: 07/14/2008** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099699 **End Date: 05/29/2007** **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

Enforcement History (COUNTRY TERRACE SEYMOUR)

Date: 03/16/2009 **SOD #GXJX11** **Appealed: No**

Sanctions

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

Date: 02/04/2009 **SOD #I1KV11** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.14(1)(a)
FORFEITURE---83.19(3)(e)
FORFEITURE---83.21(4)(t)

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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 SEYMOUR)

Date Complaint Received: 05/06/2009

Date Investigation Completed: 05/14/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	2HIK11
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	2HIK11
PROGRAM SERVICES	SUBSTANTIATED	2HIK11

Date Complaint Received: 02/23/2009

Date Investigation Completed: 03/10/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	GXJX11

Date Complaint Received: 12/26/2008

Date Investigation Completed: 01/05/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	NOT RECORDED
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 11/25/2008

Date Investigation Completed: 01/05/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	11KV11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/29/2008

Date Investigation Completed: 11/11/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	T77011
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

Date Complaint Received: 09/11/2008

Date Investigation Completed: 09/18/2008

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/28/2008

Date Investigation Completed: 07/14/2008

Subject Area(s)
ABUSE
MEDICATIONS
QUALITY OF LIFE

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/10/2007

Date Investigation Completed: 05/29/2007

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

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