

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

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Outagamie County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 11 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: OUTAGAMIE

**Facility Information**

**Facility Name:** KAYLEE LANE ADULT FAMILY HOME (0012481)  
**Address:** 1619 KAYLEE LANE, APPLETON, WI 54913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/04/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104196      **End Date:** 06/05/2009      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0102438      **End Date:** 09/03/2008      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 2 of 11 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  
Adult Family Home  
COUNTY: OUTAGAMIE

**Complaint History (KAYLEE LANE ADULT FAMILY HOME)**

**Date Complaint Received: 06/24/2009**

**Date Investigation Completed: 07/15/2009**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/29/2009**

**Date Investigation Completed: 06/05/2009**

Subject Area(s)

ABUSE  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** LOPPNOW ADULT FAMILY HOME (0009927)  
**Address:** 2426 N APPLETON ST, APPLETON, WI 54911  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/23/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100645    **End Date:** 11/14/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IIDO11    Served 12/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

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

**Facility Information**

**Facility Name:** TAMARACK (0011798)  
**Address:** 1612 WEST PACKARD STREET, APPLETON, WI 54914  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/06/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103189    **End Date:** 12/22/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #8ET511    Served 01/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0098630    **End Date:** 02/05/2007    **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: OUTAGAMIE

**Facility Information**

**Facility Name:** WESTWOOD (0011226)  
**Address:** 1101 E GLENDALE AVE, APPLETON, WI 54911  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/28/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100650      **End Date:** 11/14/2007      **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  
Adult Family Home  
COUNTY: OUTAGAMIE

**Facility Information**

**Facility Name:** HICKORY ROAD ADULT FAMILY HOME (0011612)  
**Address:** N8065 HICKORY ROAD, BEAR CREEK, WI 549229717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/13/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101876      **End Date:** 06/02/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097739      **End Date:** 09/13/2006      **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: OUTAGAMIE

**Facility Information**

**Facility Name:** ERV COURT ADULT FAMILY HOME (0012302)  
**Address:** W131 ERV COURT, KAUKAUNA, WI 54130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/05/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101233      **End Date:** 03/03/2008      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: OUTAGAMIE

**Facility Information**

**Facility Name:** LSS CILANTRO LANE (0011720)  
**Address:** 4301 CILANTRO LN, KAUKAUNA, WI 54130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/27/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102779    **End Date:** 10/08/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4YCP11    Served 10/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		

**Survey ID:** 0098423    **End Date:** 12/28/2006    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: OUTAGAMIE

**Facility Information**

**Facility Name:** WEGNER ADULT FAMILY HOME (0012867)  
**Address:** 1214 SUNSET DR, KIMBERLY, WI 541361236  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/26/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104302    **End Date:** 06/26/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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Adult Family Home  
COUNTY: OUTAGAMIE

**Facility Information**

**Facility Name:** HOME AGAIN (0010117)  
**Address:** 602 E BEACON AVE, NEW LONDON, WI 54961  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101454    **End Date:** 04/08/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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