

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

COUNTY: SHAWANO

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 37 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: SHAWANO

**Facility Information**

**Facility Name:** SHAWANO OLDER AMERICANS CLUB (0008554)  
**Address:** 225 SOUTH MAIN STREET, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/16/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100892      **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  
Adult Family Home  
COUNTY: SHAWANO

**Facility Information**

**Facility Name:** CENTER HOUSE (0010216)  
**Address:** 208 EAST CENTER STREET, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/29/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100293    **End Date:** 09/28/2007    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** LAFAYETTE HOUSE (0009679)  
**Address:** 714 S LAFAYETTE STREET, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/23/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101777    **End Date:** 05/13/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #357T11    Served 05/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

**Survey ID:** 0097394    **End Date:** 07/11/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Enforcement History (LAFAYETTE HOUSE)**

**Date: 05/23/2008      SOD #357T11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING

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

**Facility Information**

**Facility Name:** PARK HOUSE (0009727)  
**Address:** 1041 S PARK STREET, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/23/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101884    **End Date:** 05/13/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #27XS11    Served 06/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

**Survey ID:** 0097395    **End Date:** 07/11/2006    **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: SHAWANO

**Facility Information**

**Facility Name:** AUTUMN LANE FAMILY CARE (0011590)

**Address:** 384 LYONS ROAD, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2007

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

**Survey History**

**Survey ID:** 0104135    **End Date:** 05/26/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102905    **End Date:** 11/06/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099070    **End Date:** 03/26/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10012960    Served 04/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	09/30/2008	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: SHAWANO

#### Complaint History (AUTUMN LANE FAMILY CARE)

**Date Complaint Received: 09/23/2008**

**Date Investigation Completed: 09/20/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

#### Facility Information

**Facility Name:** BOHLMAN MANOR INC (0010931)

**Address:** 401 CENTER STREET, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2006

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

#### Survey History

**Survey ID:** 0100762    **End Date:** 10/18/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J1OX11    Served 12/17/2070

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.21(4)(r)	TREATMENT CHOICE	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	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: SHAWANO

### Enforcement History (BOHLMAN MANOR INC)

**Date:** 12/14/2007      **SOD #:** J10X11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.15(1)(a)

FORFEITURE---83.33(4)(h)

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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: SHAWANO

#### Complaint History (BOHLMAN MANOR INC)

**Date Complaint Received: 10/02/2007**

**Date Investigation Completed: 10/18/2007**

Subject Area(s)

Result

SOD #

MEDICATIONS  
ADMINISTRATION

NOT SUBSTANTIATED  
SUBSTANTIATED

J10X11

**Date Complaint Received: 08/07/2007**

**Date Investigation Completed: 10/17/2007**

Subject Area(s)

Result

SOD #

SUPERVISION

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: SHAWANO

Facility Information

Facility Name: CADY MEMORIAL HOME (410148)

Address: 380 MAPLE STREET, BIRNAMWOOD, WI 54414

License Status: REGULAR

Licensed/Certified/Registered 04/01/1980

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

Survey History

Survey ID: 0104425 End Date: 06/30/2009 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W1C911 Served 07/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.23	EMPLOYEE SUPERVISION		

Survey ID: 0103272 End Date: 01/07/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099400 End Date: 05/02/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3WT311 Served 05/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	01/07/2009	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: SHAWANO

**Survey ID: 0098813**    **End Date: 02/07/2007**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0097948**    **End Date: 09/06/2006**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009608    Served 10/23/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/07/2007	Yes
83.33(2)(a)	SUPERVISION	02/07/2007	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	02/07/2007	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: SHAWANO

### Enforcement History (CADY MEMORIAL HOME)

**Date:** 10/20/2006      **SOD #**10009608      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(p)

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: SHAWANO

#### Complaint History (CADY MEMORIAL HOME)

**Date Complaint Received: 12/30/2008**

**Date Investigation Completed: 01/07/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	NOT RECORDED
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received: 02/07/2007**

**Date Investigation Completed: 05/03/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received: 01/19/2007**

**Date Investigation Completed: 02/07/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

**Date Complaint Received: 08/31/2006**

**Date Investigation Completed: 09/06/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	10009608
ABUSE	SUBSTANTIATED	10009608

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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: SHAWANO

#### Facility Information

**Facility Name:** MEADOW VIEW CARE FACILITY (0009093)

**Address:** 400 WEST MILL STREET, BONDUEL, WI 54107

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2001

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

#### Survey History

**Survey ID:** 0100637    **End Date:** 11/13/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1ZQU11    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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: SHAWANO

#### Facility Information

**Facility Name:** ELLA BESAW CENTER (410245)

**Address:** N8697 MOH-HE-CON-NUCK ROAD, BOWLER, WI 54416

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/16/1991

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

#### Survey History

**Survey ID:** 0102178    **End Date:** 07/21/2008    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100766    **End Date:** 11/30/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #52V011    Served 12/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(2)(c)1	HANDRAILS	07/21/2008	Yes

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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: SHAWANO

**Facility Information**

**Facility Name:** MAEHNOWESEKIYAH WELLNESS CENTER (410032)

**Address:** N2150 KESAEHKAHTEK, GRESHAM, WI 54128

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1987

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

**Survey History**

**Survey ID:** 0100375    **End Date:** 10/10/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3OE611    Served 10/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)1	RESIDENT RIGHTS	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	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 AS (SEMIAMBULATORY)

COUNTY: SHAWANO

#### Enforcement History (MAEHNOWESEKIYAH WELLNESS CENTER)

**Date:** 10/19/2007      **SOD #**3OE611      **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(a)1

FORFEITURE---83.14(1)(c)

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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: SHAWANO

**Facility Information**

**Facility Name:** WOLF RIVER CBRF (0011326)

**Address:** N2222 WHITE CEDAR ROAD, NEOPIT, WI 54150

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2006

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

**Survey History**

**Survey ID:** 0103808    **End Date:** 03/16/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OSMW11 Served 04/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	
83.21(1)(a)	RIGHTS OF RESIDENTS-LEGAL RIGHTS	04/01/2009	

**Survey ID:** 0102038    **End Date:** 05/19/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #C7NR12 Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	03/16/2009	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	03/16/2009	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: SHAWANO

**Survey ID: 0097803    End Date: 08/16/2006    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10009595    Served 10/05/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	05/19/2008	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	05/19/2008	No
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	05/19/2008	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: SHAWANO

**Enforcement History (WOLF RIVER CBRF)**

**Date: 04/09/2009      SOD #OSMW11      Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.14(8)  
FORFEITURE---83.21(1)(a)

**Date: 07/01/2008      SOD #C7NR12      Appealed: No**

Sanctions

FORFEITURE---83.32(2)(d)  
FORFEITURE---83.33(3)(f)2

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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: SHAWANO

#### Complaint History (WOLF RIVER CBRF)

**Date Complaint Received: 03/12/2009**

**Date Investigation Completed: 03/16/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
04/09/09

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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: SHAWANO

**Facility Information**

**Facility Name:** DEERVIEW MEADOWS ASSISTED LIVING (0011358)

**Address:** 844 SOUTH OLSON STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2006

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

**Survey History**

**Survey ID:** 0104151    **End Date:** 05/31/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F3UP11    Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

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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: SHAWANO

**Survey ID: 0102480    End Date: 08/19/2008    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TGWE12    Served 09/16/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	

**Survey ID: 0098516    End Date: 12/20/2006    Type: OTHER    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009652    Served 01/18/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	08/19/2008	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/19/2008	No
83.32(2)(d)	REVIEW OF PROGRESS	08/19/2008	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	08/19/2008	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: SHAWANO

#### Enforcement History (DEERVIEW MEADOWS ASSISTED LIVING)

**Date: 06/11/2009**      **SOD #F3UP11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.38(1)(i)

**Date: 09/12/2008**      **SOD #TGWE12**      **Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.32(2)(a)5  
FORFEITURE---83.33(4)(h)

**Date: 01/17/2007**      **SOD #10009652**      **Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.32(2)(a)5  
FORFEITURE---83.32(2)(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: SHAWANO

#### Complaint History (DEERVIEW MEADOWS ASSISTED LIVING)

**Date Complaint Received: 04/06/2009**

**Date Investigation Completed: 04/27/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F3UP11

**Date Complaint Received: 04/01/2009**

**Date Investigation Completed: 04/27/2009**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PROGRAM SERVICES

SUBSTANTIATED  
NOT SUBSTANTIATED

F3UP11

**Date Complaint Received: 07/28/2008**

**Date Investigation Completed: 08/19/2008**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

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 CNA (NONAMBULATORY)

COUNTY: SHAWANO

**Facility Information**

**Facility Name:** KINDREDHEARTS SHAWANO (0009722)

**Address:** 1377 LINCOLN STREET, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003

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

**Survey History**

**Survey ID:** 0101516      **End Date:** 04/07/2008      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100339      **End Date:** 08/22/2007      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098763      **End Date:** 01/10/2007      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009673    Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/22/2007	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	08/22/2007	Yes

**Survey ID:** 0097692      **End Date:** 09/08/2006      **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 CNA (NONAMBULATORY)

COUNTY: SHAWANO

### Enforcement History (KINDREDHEARTS SHAWANO)

**Date: 02/19/2007**      **SOD #10009673**      **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: SHAWANO

#### Complaint History (KINDREDHEARTS SHAWANO)

**Date Complaint Received: 04/19/2007**

**Date Investigation Completed: 08/22/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	NOT RECORDED
MEDICATIONS	SUBSTANTIATED	NOT RECORDED
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received: 11/29/2006**

**Date Investigation Completed: 01/10/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009673
MEDICATIONS	SUBSTANTIATED	10009673

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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: SHAWANO

### Facility Information

**Facility Name:** PAISERS OAKHAVEN LLC BLDG II (0012435)

**Address:** 142 OAK COURT, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/17/2008

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

### Survey History

**Survey ID:** 0102116      **End Date:** 07/03/2008      **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 CS (SEMIAMBULATORY)

COUNTY: SHAWANO

#### Facility Information

**Facility Name:** PAISERS OAKHAVEN LLC (0009685)

**Address:** 132 OAK COURT, SHAWANO, WI 54166

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2003

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

#### Survey History

**Survey ID:** 0101728    **End Date:** 05/05/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LVPH11    Served 05/17/2008

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

**Survey ID:** 0097658    **End Date:** 08/22/2006    **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 CNA (NONAMBULATORY)

COUNTY: SHAWANO

### Facility Information

**Facility Name:** HOMME RESIDENTIAL WITTENBERG (410107)

**Address:** 604 SOUTH WEBB STREET, WITTENBERG, WI 54499

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1980

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

### Survey History

**Survey ID:** 0102263    **End Date:** 08/05/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101849    **End Date:** 05/20/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100653    **End Date:** 11/21/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098513    **End Date:** 01/02/2007    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097879    **End Date:** 10/04/2006    **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: SHAWANO

#### Complaint History (HOMME RESIDENTIAL WITTENBERG)

**Date Complaint Received: 07/23/2008**

**Date Investigation Completed: 08/01/2008**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/23/2007**

**Date Investigation Completed: 11/21/2007**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/14/2006**

**Date Investigation Completed: 01/02/2007**

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: SHAWANO

**Facility Information**

**Facility Name:** LSS HOMME YOUTH ACCEPTANCE (0009890)  
**Address:** W18105 HEMLOCK ROAD, WITTENBERG, WI 54499  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/16/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101325    **End Date:** 03/12/2008    **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: SHAWANO

**Facility Information**

**Facility Name:** LSS HOMME YOUTH JOURNEY SOUTH UNIT (0009415)

**Address:** W17985 HEMLOCK ROAD, WITTENBERG, WI 54499

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2002

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

**Survey History**

**Survey ID:** 0101653      **End Date:** 04/25/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097397      **End Date:** 07/12/2006      **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: SHAWANO

**Facility Information**

**Facility Name:** COTTAGES ON GOLDEN POND (THE) (0012844)  
**Address:** 103 MADISON WAY, SHAWANO, WI 54166  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/04/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104154    **End Date:** 06/02/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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