

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 23 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: SHEBOYGAN

Facility Information

Facility Name: CEDAR GROVE GARDENS I (0012460)

Address: 606 VAN ALTENA AVE, CEDAR GROVE, WI 53013

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009

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

Survey History

Survey ID: 0104075 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #96YZ11 Served 06/03/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.32(2)(a) | EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE | | |
| 83.37(3)(a) | MEDICATION STORAGE: ORIGINAL CONTAINERS | | |
| 83.47(1)(c) | SAFETY REQUIREMENTS: NO SAFE EVACUATION | | |

Survey ID: 0102226 **End Date:** 07/31/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 2 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: CEDAR GROVE GARDENS II (0012461)

Address: 626 VAN ALTENA AVE, CEDAR GROVE, WI 53013

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009

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

Survey History

Survey ID: 0104110 **End Date:** 05/27/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1QC111 Served 06/10/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 83.37(3)(a) | MEDICATION STORAGE: ORIGINAL CONTAINERS | | |
| 83.58(1)(c) | SELF-CLOSING 1-3/4-INCH SOLID CORE WOOD DOOR | | |
| 83.59(4)(f) | DELAYED EGRESS: DEPARTMENT APPROVAL | | |

Survey ID: 0102227 **End Date:** 07/31/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 3 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: BEECHWOOD REST HOME CBRF (410478)

Address: N1495 W HWY A, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 07/01/1989

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

Survey History

Survey ID: 0099211 **End Date:** 04/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097607 **End Date:** 08/14/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (BEECHWOOD REST HOME CBRF)

Date Complaint Received: 03/14/2007

Date Investigation Completed: 04/11/2007

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 07/28/2006

Date Investigation Completed: 08/15/2006

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

NOT SUBSTANTIATED

This is Page 5 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES (0012262)

Address: 1900 ARBOR VIEW DR, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 04/01/2009

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

Survey History

Survey ID: 0103587 **End Date:** 02/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1D5T12 Served 03/18/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | | |
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | |

Survey ID: 0102830 **End Date:** 10/16/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1D5T11 Served 11/10/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 83.33(3)(e)2.b | INJECTIONS | 02/16/2009 | Yes |
| 83.33(3)(e)4 | UNIT DOSE OR UNIT TIME PACKETS | 02/16/2009 | Yes |

Survey ID: 0101475 **End Date:** 04/01/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 6 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (ARBOR VIEW COMMUNITIES)

Date: 11/05/2008 **SOD #**1D5T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.33(3)(e)4

FORFEITURE---83.33(3)(e)4

This is Page 7 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (ARBOR VIEW COMMUNITIES)

Date Complaint Received: 01/27/2009

Date Investigation Completed: 02/19/2009

Subject Area(s)

Result

SOD #

ABUSE
MEDICATIONS

SUBSTANTIATED
SUBSTANTIATED

1D5T12
1D5T12

Date Complaint Received: 07/07/2008

Date Investigation Completed: 10/16/2008

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 8 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: KINDREDHEARTS PLYMOUTH (0009719)

Address: 112 S RIVER BLVD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0102019 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097439 **End Date:** 07/11/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007327 Served 08/01/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 83.33(2)(h)1 | MEDICAL SERVICES | 06/18/2008 | Yes |

This is Page 9 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (KINDREDHEARTS PLYMOUTH)

Date Complaint Received: 07/05/2006

Date Investigation Completed: 07/11/2006

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 10 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: LIBBYS HOUSE EAST (0012495)

Address: 2653 VALLEY RD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 09/26/2008

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

Survey History

Survey ID: 0102621 **End Date:** 09/26/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 11 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: LIBBYS HOUSE (0012083)

Address: 2581 VALLEY RD, PLYMOUTH, WI 53073

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0101012 **End Date:** 01/23/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100152 **End Date:** 09/18/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 12 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: GABLES ON THE POND II (0009646)

Address: 305A S SPRING ST, RANDOM LAKE, WI 53075

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 13 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: GABLES ON THE POND (410556)

Address: 305 S SPRING ST, RANDOM LAKE, WI 53075

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

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

Survey History

Survey ID: 0102367 **End Date:** 07/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9ODD11 Served 08/27/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 83.21(4)(g) | FAIR TREATMENT | 04/01/2009 | |

Survey ID: 0098707 **End Date:** 02/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 14 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (GABLES ON THE POND)

Date: 08/26/2008 **SOD #9ODD11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.21(4)(g)

This is Page 15 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (GABLES ON THE POND)

Date Complaint Received: 07/16/2008

Date Investigation Completed: 08/01/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE
ADMINISTRATION

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
9ODD11

This is Page 16 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: PINE HAVEN CHRISTIAN HOME (410472)

Address: 531 GIDDINGS AVE, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987

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

Survey History

Survey ID: 0102725 **End Date:** 09/30/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101058 **End Date:** 01/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q7JI11 Served 02/15/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------------|----------------------------|------------------|
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 09/30/2008 | Yes |
| 83.33(4) | CLIENT GROUP SPECIFIC SERVICES | 09/30/2008 | Yes |
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | 09/30/2008 | Yes |
| 83.43(3)(b)1 | TESTING BY SERVICE COMPANY | 09/30/2008 | Yes |

This is Page 17 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (PINE HAVEN CHRISTIAN HOME)

Date: 02/12/2008 **SOD #**Q7JI11 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(d)

FORFEITURE---83.33(4)

This is Page 18 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (PINE HAVEN CHRISTIAN HOME)

Date Complaint Received: 09/04/2008

Date Investigation Completed: 09/30/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 19 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: WOODLAND MANOR (0009403)

Address: 851 FOND DU LAC AVE, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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

Survey History

Survey ID: 0103733 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IU8211 Served 04/07/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------|----------------------------|------------------|
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | 04/01/2009 | |

Survey ID: 0102462 **End Date:** 08/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097875 **End Date:** 10/02/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Enforcement History (WOODLAND MANOR)

Date: 04/02/2009 **SOD #IU8211** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

This is Page 21 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Complaint History (WOODLAND MANOR)

Date Complaint Received: 02/18/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

IU8211

This is Page 22 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

Facility Information

Facility Name: GABLES OF WALDO (0011321)

Address: 1102 W 1ST ST, WALDO, WI 53093

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0102746 **End Date:** 09/25/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097356 **End Date:** 07/14/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.