

**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 includes only facilities located within the City of Sheboygan. 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 54 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:** COUNTRYSIDE MANOR WEST (0011501)

**Address:** 4228 KADLEC DRIVE, SHEBOYGAN, WI 53083

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/20/2006

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

**Survey History**

**Survey ID:** 0103734    **End Date:** 03/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1B9W11    Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

**Survey ID:** 0103089    **End Date:** 11/26/2008    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102893    **End Date:** 10/16/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102797    **End Date:** 10/01/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 2 of 54 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: SHEBOYGAN

**Survey ID: 0102465    End Date: 08/12/2008    Type: STANDARD    Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Survey ID: 0099329    End Date: 05/03/2007    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Z7ME11    Served 05/24/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	08/12/2008	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: SHEBOYGAN

#### Enforcement History (COUNTRYSIDE MANOR WEST)

**Date: 04/02/2009**      **SOD #1B9W11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)1

FORFEITURE---83.33(2)(a)

**Date: 05/22/2007**      **SOD #Z7ME11**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(h)

FORFEITURE---83.21(4)(r)

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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: SHEBOYGAN

#### Complaint History (COUNTRYSIDE MANOR WEST)

**Date Complaint Received: 12/17/2008**

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

Subject Area(s)

RESIDENT RIGHTS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

1B9W11

**Date Complaint Received: 10/17/2008**

**Date Investigation Completed: 11/26/2008**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/01/2008**

**Date Investigation Completed: 10/16/2008**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/22/2008**

**Date Investigation Completed: 10/01/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/30/2007**

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

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS  
STAFF ADEQUACY

Result

SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

Z7ME11  
Z7ME11

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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: SHEBOYGAN

#### Facility Information

**Facility Name:** COUNTRYSIDE MANOR (0011462)

**Address:** 4221 KADLEC DRIVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/05/2006

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

#### Survey History

**Survey ID:** 0103659    **End Date:** 03/18/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102867    **End Date:** 10/30/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VZ6Y11    Served 11/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	02/23/2009	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	02/23/2009	Yes

**Survey ID:** 0099325    **End Date:** 05/03/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U8LM11    Served 05/24/2007

<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: SHEBOYGAN

**Enforcement History (COUNTRYSIDE MANOR)**

**Date: 05/21/2007      SOD #U8LM11      Appealed: Yes      Decision: STIPULATION**

Sanctions

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: SHEBOYGAN

#### Complaint History (COUNTRYSIDE MANOR)

**Date Complaint Received: 02/18/2009**

**Date Investigation Completed: 03/18/2009**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 05/03/2007**

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

Subject Area(s)

Result

SOD #

QUALITY OF LIFE

SUBSTANTIATED

U8LM11

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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: SHEBOYGAN

**Facility Information**

**Facility Name:** GENESIS SHEBOYGAN RESIDENTIAL CENTER (410465)

**Address:** 503 WISCONSIN AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1990

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

**Survey History**

**Survey ID:** 0098709      **End Date:** 02/13/2007      **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: SHEBOYGAN

**Facility Information**

**Facility Name:** HARBOR HEIGHTS OF SHEBOYGAN II (410479)

**Address:** 505 S WATER ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1997

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

**Survey History**

**Survey ID:** 0103369    **End Date:** 01/23/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MLIG13    Served 02/10/2009

<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	

**Survey ID:** 0102247    **End Date:** 07/24/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MLIG12    Served 08/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/23/2009	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: SHEBOYGAN

**Survey ID: 0101281    End Date: 02/26/2008    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #MLIG11    Served 03/14/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	06/04/2008	Yes
83.14(1)	TRAINING	03/06/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	03/06/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/06/2008	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/30/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/04/2008	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	07/24/2008	No
83.41(10)(d)	FURNITURE IN GOOD REPAIR	07/11/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	04/09/2008	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/09/2008	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/09/2008	Yes

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**Survey ID: 0100431    End Date: 10/11/2007    Type: OTHER    Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Survey ID: 0099304    End Date: 04/26/2007    Type: OTHER    Purpose: COMPLAINT/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: SHEBOYGAN

**Survey ID: 0097545    End Date: 07/27/2006    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007332    Served 08/11/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/26/2007	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	04/26/2007	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/26/2007	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/26/2007	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: SHEBOYGAN

#### Enforcement History (HARBOR HEIGHTS OF SHEBOYGAN II)

**Date: 02/09/2009**      **SOD #MLIG13**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.15(1)(a)

**Date: 08/07/2008**      **SOD #MLIG12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.33(4)

**Date: 03/13/2008**      **SOD #MLIG11**      **Appealed: No**

Sanctions

FORFEITURE---83.11(3) 2nd cite  
FORFEITURE---83.14(1)  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.33(4)  
FORFEITURE---83.43(3)(b)2

**Date: 08/09/2006**      **SOD #10007332**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.32(2)(a)5 2nd cite  
FORFEITURE---83.33(3)(e)5 2nd cite

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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: SHEBOYGAN

#### Complaint History (HARBOR HEIGHTS OF SHEBOYGAN II)

**Date Complaint Received: 12/10/2008**

**Date Investigation Completed: 01/23/2009**

Subject Area(s)

ADMINISTRATION  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

MLIG13

**Date Complaint Received: 04/29/2008**

**Date Investigation Completed: 07/23/2008**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/10/2008**

**Date Investigation Completed: 07/23/2008**

Subject Area(s)

ABUSE  
MEDICATIONS

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

MLIG12

**Date Complaint Received: 02/07/2008**

**Date Investigation Completed: 02/26/2008**

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

MLIG11

**Date Complaint Received: 01/17/2008**

**Date Investigation Completed: 02/26/2008**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMINISTRATION  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

MLIG11

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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: SHEBOYGAN

**Date Complaint Received: 09/05/2007**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 10/11/2007**

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

**Date Complaint Received: 02/22/2007**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

**Date Investigation Completed: 04/26/2007**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

#### Facility Information

**Facility Name:** HARBOR HOUSE SHEBOYGAN II (0011435)

**Address:** 2611 INDIANA AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

#### Survey History

**Survey ID:** 0103237    **End Date:** 01/08/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102377    **End Date:** 08/23/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QEXT12    Served 09/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/08/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/08/2009	Yes

**Survey ID:** 0098623    **End Date:** 01/18/2007    **Type:** OTHER    **Purpose:** COMPLAINT/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: SHEBOYGAN

**Survey ID: 0098329    End Date: 11/14/2006    Type: INITIAL    Purpose: SURVEY/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007410    Served 12/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/23/2008	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	07/23/2008	Yes

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**Survey ID: 0097685    End Date: 08/28/2006    Type: OTHER    Purpose: DESK REVIEW**

**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: SHEBOYGAN

#### Enforcement History (HARBOR HOUSE SHEBOYGAN II)

**Date: 08/28/2008**      **SOD #QEXT12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.33(4)

**Date: 12/20/2006**      **SOD #10007410**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(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: SHEBOYGAN

#### Complaint History (HARBOR HOUSE SHEBOYGAN II)

**Date Complaint Received: 01/03/2007**

**Date Investigation Completed: 01/18/2007**

Subject Area(s)  
STAFF ADEQUACY

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: SHEBOYGAN

#### Facility Information

**Facility Name:** HARBOR HOUSE SHEBOYGAN (0011434)

**Address:** 2629 INDIANA AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

#### Survey History

**Survey ID:** 0103257    **End Date:** 01/21/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102996    **End Date:** 11/24/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XSLP15    Served 12/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	01/21/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	01/21/2009	Yes
83.21(4)(o)	MEDICATIONS	01/21/2009	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: SHEBOYGAN

**Survey ID: 0102368**    **End Date: 07/31/2008**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XSLP14    Served 09/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	10/31/2008	Yes
83.21(4)(o)	MEDICATIONS	10/31/2008	No
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/31/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	10/31/2008	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	10/31/2008	Yes

**Survey ID: 0101934**    **End Date: 05/22/2008**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XSLP13    Served 06/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	07/03/2008	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	07/03/2008	No

**Survey ID: 0101667**    **End Date: 04/18/2008**    **Type: OTHER**    **Purpose: OTHER**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KPDX11    Served 05/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(b)	FIT AND QUALIFIED	07/23/2008	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

**Survey ID: 0101550**    **End Date: 03/28/2008**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XSLP12    Served 04/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)(a)	RIGHTS OF RESIDENTS-LEGAL RIGHTS	05/21/2008	Yes
83.21(4)(h)	PRIVACY	05/21/2008	Yes
83.21(5)(b)	ASSISTANCE AND REFERRAL	05/21/2008	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	05/21/2008	No
83.33(4)(a)	PERSONAL CARE	05/21/2008	Yes
83.35(7)(a)1	CLEAN AND SAFE WORK HABITS	05/21/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	05/21/2008	Yes

**Survey ID: 0098625**    **End Date: 01/18/2007**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0098323**    **End Date: 11/14/2006**    **Type: INITIAL**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007409    Served 12/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	11/23/2007	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	03/20/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	03/20/2008	No

**Survey ID: 0097683**    **End Date: 08/28/2006**    **Type: OTHER**    **Purpose: DESK REVIEW**

**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: SHEBOYGAN

#### Enforcement History (HARBOR HOUSE SHEBOYGAN)

**Date: 12/02/2008**      **SOD #XSLP15**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
FORFEITURE---83.19(1)(d)  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.21(4)(o)

**Date: 08/28/2008**      **SOD #XSLP14**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(4)

**Date: 06/23/2008**      **SOD #XSLP13**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
FORFEITURE---83.33(4)

**Date: 05/07/2008**      **SOD #KPDX11**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

NO NEW ADMISSIONS

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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: SHEBOYGAN

**Date: 04/24/2008**      **SOD #XSLP12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.21(1)(a)

FORFEITURE---83.21(4)(h)

FORFEITURE---83.21(5)(b)

FORFEITURE---83.33(4)

FORFEITURE---83.33(4)(a)

FORFEITURE---83.41(10)(b)

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**Date: 12/19/2006**      **SOD #10007409**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(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: SHEBOYGAN

#### Complaint History (HARBOR HOUSE SHEBOYGAN)

**Date Complaint Received: 11/05/2008**

**Date Investigation Completed: 11/17/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XSLP15

**Date Complaint Received: 05/20/2008**

**Date Investigation Completed: 07/30/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XSLP14

**Date Complaint Received: 04/02/2008**

**Date Investigation Completed: 07/30/2008**

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

XSLP14

**Date Complaint Received: 02/26/2008**

**Date Investigation Completed: 03/28/2008**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

SUBSTANTIATED

XSLP12

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

XSLP12

**Date Complaint Received: 01/02/2007**

**Date Investigation Completed: 01/18/2007**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

QUALITY OF LIFE

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: SHEBOYGAN

#### Facility Information

**Facility Name:** HARMONY OF SHEBOYGAN EAST (0008709)

**Address:** 3315 SUPERIOR AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2000

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

#### Survey History

**Survey ID:** 0102753    **End Date:** 09/18/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102461    **End Date:** 08/25/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101823    **End Date:** 05/01/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GZKS12    Served 06/04/2008

<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: SHEBOYGAN

**Survey ID: 0101025    End Date: 01/25/2008    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #GZKS11    Served 02/07/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/28/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/28/2008	No
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/28/2008	Yes

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**Survey ID: 0098165    End Date: 11/20/2006    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: SHEBOYGAN

#### Enforcement History (HARMONY OF SHEBOYGAN EAST)

**Date: 06/03/2008**      **SOD #GZKS12**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING

**Date: 02/06/2008**      **SOD #GZKS11**      **Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.32(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: SHEBOYGAN

#### Complaint History (HARMONY OF SHEBOYGAN EAST)

**Date Complaint Received: 09/04/2008**

**Date Investigation Completed: 09/18/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 05/27/2008**

**Date Investigation Completed: 08/25/2008**

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

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

**Date Investigation Completed: 01/25/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	GZKS11
PROGRAM SERVICES	SUBSTANTIATED	GZKS11
QUALITY OF LIFE	SUBSTANTIATED	GZKS11

**Date Complaint Received: 06/22/2007**

**Date Investigation Completed: 01/25/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	GZKS11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	GZKS11
STAFF ADEQUACY	SUBSTANTIATED	GZKS11

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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: SHEBOYGAN

#### Facility Information

**Facility Name:** HARMONY OF SHEBOYGAN WEST (0008711)

**Address:** 3319 SUPERIOR AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2000

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

#### Survey History

**Survey ID:** 0104287    **End Date:** 05/29/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O3OW11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

**Survey ID:** 0102501    **End Date:** 09/11/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0GOU12    Served 09/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	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: SHEBOYGAN

**Survey ID: 0100027    End Date: 08/15/2007    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #0GOU11    Served 08/28/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	08/25/2008	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: SHEBOYGAN

#### Enforcement History (HARMONY OF SHEBOYGAN WEST)

**Date: 06/30/2009**      **SOD #03OW11**      **Appealed: Yes**      **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING  
FORFEITURE---83.35(c)(1)

**Date: 09/17/2008**      **SOD #0GOU12**      **Appealed: No**

Sanctions

FORFEITURE---83.33(2)(a)

**Date: 08/27/2007**      **SOD #0GOU11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
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: SHEBOYGAN

#### Complaint History (HARMONY OF SHEBOYGAN WEST)

**Date Complaint Received: 04/08/2009**

**Date Investigation Completed: 05/29/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

O3OW11

**Date Complaint Received: 08/25/2008**

**Date Investigation Completed: 09/03/2008**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 08/07/2008**

**Date Investigation Completed: 09/03/2008**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 08/13/2007**

**Date Investigation Completed: 08/15/2007**

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

0GOU11

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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: SHEBOYGAN

#### Facility Information

**Facility Name:** HIL KAUFMANN HOME (0009736)

**Address:** 2307 N 30TH ST, SHEBOYGAN, WI 53083

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0102871    **End Date:** 10/20/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #B3PH11    Served 11/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	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: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL NEW HORIZONS (0010603)

**Address:** 1411 N 26TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/14/2004

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

**Survey History**

**Survey ID:** 0098633    **End Date:** 01/17/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007433    Served 02/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		

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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: SHEBOYGAN

**Facility Information**

**Facility Name:** HIL PRAIRIE VIEW (0009737)  
**Address:** 4545 PRAIRIE VIEW RD, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102236    **End Date:** 07/24/2008    **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 CS (SEMIAMBULATORY)

COUNTY: SHEBOYGAN

### Facility Information

**Facility Name:** HIL SOUTHMOOR CBRF (0010219)

**Address:** 2833 S 12TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/15/2003

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

### Survey History

**Survey ID:** 0102083      **End Date:** 06/25/2008      **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 AS (SEMIAMBULATORY)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** HOMETOWN RETIREMENT SHEBOYGAN HOME (410464)

**Address:** 920 N 26TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/1988

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

**Survey History**

**Survey ID:** 0103004    **End Date:** 11/26/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P6KN13    Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	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: SHEBOYGAN

**Survey ID: 0098319**      **End Date: 12/06/2006**      **Type: STANDARD**      **Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007407**    Served 12/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	11/24/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	11/24/2008	No
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/24/2008	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	11/24/2008	Yes
83.35(7)(b)3	FOOD PREPARATION AND SOILED LINENS	11/24/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	11/24/2008	Yes
83.41(4)(e)	WOOD BURNING STOVE REQUIREMENTS	11/24/2008	Yes
83.42(12)	MAINTENANCE OF EXITS	11/24/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	11/24/2008	No

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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: SHEBOYGAN

#### Enforcement History (HOMETOWN RETIREMENT SHEBOYGAN HOME)

**Date: 12/03/2008**      **SOD #P6KN13**      **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.42(2)(a)

**Date: 12/19/2006**      **SOD #10007407**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d) 2nd cite

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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: SHEBOYGAN

**Facility Information**

**Facility Name:** LSS TURNING POINT FACILITY (0012142)  
**Address:** 1202 N 31ST ST, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/25/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101206      **End Date:** 02/25/2008      **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: SHEBOYGAN

**Facility Information**

**Facility Name:** OUR PLACE (410471)  
**Address:** 1117 CLARA AVE, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/1982  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101533    **End Date:** 04/16/2008    **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 AA (AMBULATORY)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** REBOS MANOR (410473)  
**Address:** 908 JEFFERSON AVE, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/1980  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102730    **End Date:** 10/02/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BL2I12    Served 10/21/2008

<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:** 0097660    **End Date:** 08/08/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007351    Served 09/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/02/2008	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	10/02/2008	Yes
83.21(4)(g)	FAIR TREATMENT	10/02/2008	Yes
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	10/02/2008	Yes
83.51(1)(g)	FLOORS WALLS CEILINGS IN GOOD REPAIR	10/02/2008	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: SHEBOYGAN

**Enforcement History (REBOS MANOR)**

**Date: 09/06/2006      SOD #10007351      Appealed: No**

Sanctions

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

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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: SHEBOYGAN

**Facility Information**

**Facility Name:** SHEBOYGAN CO HALFWAY HOUSE (410480)  
**Address:** 503 ONTARIO AVE, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1979  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102975    **End Date:** 11/18/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099307    **End Date:** 05/01/2007    **Type:** STANDARD    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #22R313    Served 05/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	11/05/2008	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: SHEBOYGAN

**Survey ID: 0098116    End Date: 10/11/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007388    Served 11/10/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	05/01/2007	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/01/2007	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	05/01/2007	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/01/2007	Yes
83.16(4)(a)	ABILITY TO PAY	05/01/2007	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	05/01/2007	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/01/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	05/01/2007	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	05/01/2007	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	05/01/2007	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	05/01/2007	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	05/01/2007	Yes
83.41(9)	CLEANLINESS OF ROOMS	05/01/2007	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	05/01/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	05/01/2007	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	05/01/2007	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: SHEBOYGAN

**Enforcement History (SHEBOYGAN CO HALFWAY HOUSE)**

**Date: 11/09/2006      SOD #10007388      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.32(2)(c)  
FORFEITURE---83.32(2)(d)  
FORFEITURE---83.33(3)(a)2  
FORFEITURE---83.33(3)(b)(2)(b)  
FORFEITURE---83.43(3)  
FORFEITURE---83.43(3)(b)(1)

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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: SHEBOYGAN

### Facility Information

**Facility Name:** SHEBOYGAN SENIOR COMMUNITY INC (410474)

**Address:** 930 N 6TH ST, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1979

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

### Survey History

**Survey ID:** 0104213      **End Date:** 06/15/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100094      **End Date:** 08/28/2007      **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 CNA (NONAMBULATORY)

COUNTY: SHEBOYGAN

#### Complaint History (SHEBOYGAN SENIOR COMMUNITY INC)

**Date Complaint Received: 02/05/2009**

**Date Investigation Completed: 06/15/2009**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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: SHEBOYGAN

**Facility Information**

**Facility Name:** TLC NORTH 33RD PLACE (0009340)

**Address:** 1536 N 33RD PLACE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2001

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

**Survey History**

**Survey ID:** 0102940    **End Date:** 11/10/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098219    **End Date:** 11/02/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007396    Served 12/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	11/06/2008	Yes
83.21(4)(h)	PRIVACY	11/06/2008	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	11/06/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/06/2008	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: SHEBOYGAN

### Enforcement History (TLC NORTH 33RD PLACE)

**Date: 11/29/2006**      **SOD #10007396**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(h)

FORFEITURE---83.21(4)m

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: SHEBOYGAN

#### Complaint History (TLC NORTH 33RD PLACE)

**Date Complaint Received: 08/25/2006**

**Date Investigation Completed: 11/06/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	11/29/06
ABUSE	SUBSTANTIATED	11/29/06

**Date Complaint Received: 08/21/2006**

**Date Investigation Completed: 11/06/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	11/29/06
ABUSE	SUBSTANTIATED	11/29/06
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	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: SHEBOYGAN

**Facility Information**

**Facility Name:** WILLOWGLEN ACADEMY WILSON (0009016)  
**Address:** 3603 S BUSINESS DR, SHEBOYGAN, WI 53081  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101517    **End Date:** 04/15/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101545    **End Date:** 03/24/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RNX613    Served 04/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	10/07/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	10/07/2008	Yes

**Survey ID:** 0100195    **End Date:** 09/10/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RNX612    Served 10/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	03/24/2008	Yes
83.35(12)	PEST CONTROL	03/24/2008	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: SHEBOYGAN

**Enforcement History (WILLOWGLEN ACADEMY WILSON)**

**Date: 04/23/2008      SOD #RNX613      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 09/28/2007      SOD #RNX612      Appealed: No**

Sanctions

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

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