

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 25 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: KIND HEARTS INC (0010833)
Address: 36 VAN ALTENA AVE, CEDAR GROVE, WI 53013
License Status: REGULAR
Licensed/Certified/Registered 05/04/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102014 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100901 **End Date:** 12/21/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NDR411 Served 01/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	06/18/2008	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	06/18/2008	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	06/18/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/18/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	06/18/2008	Yes
88.10(3)(q)	MEDICATIONS	06/18/2008	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	06/18/2008	Yes
88.11(2)	NOTIFY APPROPRIATE PERSONS OF INCIDENT	06/18/2008	Yes

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

Enforcement History (KIND HEARTS INC)

Date: 01/22/2008 SOD #NDR411 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Complaint History (KIND HEARTS INC)

Date Complaint Received: 02/08/2008

Date Investigation Completed: 06/18/2008

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/09/2007

Date Investigation Completed: 12/21/2007

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: CHOUINARD ADULT FAMILY HOME (490106)
Address: N8713 LITTLE ELKHART LAKE RD, ELKHART LAKE, WI 53020
License Status: REGULAR
Licensed/Certified/Registered 02/13/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100070 **End Date:** 08/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HJ9U11 Served 09/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

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

Enforcement History (CHOUINARD ADULT FAMILY HOME)

Date: 09/06/2007 SOD #HJ9U11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: OUR HOME NORTHSIDE (0010823)
Address: 406 N 13TH ST, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 06/16/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099943 **End Date:** 07/26/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O1NZ11 Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS		

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

Facility Information

Facility Name: OUR HOME PARKSIDE (0008735)
Address: 1145 PARK AVE PO BOX 700065, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 10/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102405 **End Date:** 08/26/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097663 **End Date:** 08/14/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007353 Served 09/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/19/2008	Yes
88.04(2)(h)	COMPLY WITH OSHA	08/19/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	08/19/2008	Yes

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

Enforcement History (OUR HOME PARKSIDE)

Date: 09/07/2006 SOD #10007353 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: TLC HOMES INC MINNESOTA AVE (0011919)
Address: 831 MINNESOTA AVE, OOSTBURG, WI 53070
License Status: REGULAR
Licensed/Certified/Registered 04/30/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099169 **End Date:** 04/17/2007 **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
Adult Family Home
COUNTY: SHEBOYGAN

Facility Information

Facility Name: TLC HOMES - PLAZA LN (0010890)
Address: 356 PLAZA LANE, PLYMOUTH, WI 53073
License Status: REGULAR
Licensed/Certified/Registered 05/10/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100166 **End Date:** 09/19/2007 **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: SHEBOYGAN

Facility Information

Facility Name: ELLA KLEMME HOME (0008724)
Address: 2013 N 38 ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 07/07/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103008 **End Date:** 12/02/2008 **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
Adult Family Home
COUNTY: SHEBOYGAN

Facility Information

Facility Name: HIL PACIFIC HOME (0009789)
Address: 1510 GREENFIELD AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098066 **End Date:** 10/25/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007379 Served 11/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/06/2009	Yes

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

Facility Information

Facility Name: HIL WOODLAND (0009743)
Address: 4170 S 15TH ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102233 **End Date:** 07/23/2008 **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
Adult Family Home
COUNTY: SHEBOYGAN

Facility Information

Facility Name: TLC HOMES HAWTHORN RD (0011945)
Address: 6400 HAWTHORN RD, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 06/01/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099462 **End Date:** 05/25/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: TLC HOMES NORTH 29TH (0011503)
Address: 1227 NORTH 29TH ST, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 07/11/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102089 **End Date:** 06/30/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097329 **End Date:** 07/11/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Complaint History (TLC HOMES NORTH 29TH)

Date Complaint Received: 04/04/2008

Date Investigation Completed: 06/30/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: TLC MANOR PARKWAY (0009644)
Address: 1729 MANOR PKWY, SHEBOYGAN, WI 530821407
License Status: REGULAR
Licensed/Certified/Registered 06/27/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100100 **End Date:** 08/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JNRD11 Served 09/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		

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

Facility Information

Facility Name: TLC SOUTH 17TH PLACE (490105)
Address: 3907 S 17TH PL, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 02/13/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100143 **End Date:** 09/12/2007 **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
Adult Family Home
COUNTY: SHEBOYGAN

Facility Information

Facility Name: TLC SOUTH 25TH STREET (0008575)
Address: 2503 LEON CT BOX 1407, SHEBOYGAN, WI 530821407
License Status: REGULAR
Licensed/Certified/Registered 07/06/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0098981 **End Date:** 03/29/2007 **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: SHEBOYGAN

Facility Information

Facility Name: UNION HOUSE (490073)
Address: 1411 UNION AVE, SHEBOYGAN, WI 53081
License Status: REGULAR
Licensed/Certified/Registered 08/01/1990
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103002 **End Date:** 11/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XKWL11 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Survey ID: 0098170 **End Date:** 11/20/2006 **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: SHEBOYGAN

Facility Information

Facility Name: HIL STONE CREEK (0011594)
Address: 563 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 08/28/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102457 **End Date:** 08/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097734 **End Date:** 08/28/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HIL WALDEN (0011593)

Address: 553 WILD GOOSE LANE, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 08/28/2006

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

Survey History

Survey ID: 0102460 **End Date:** 08/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097733 **End Date:** 08/28/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: TLC HOMES FALLS (0011410)
Address: 743 OLD COUNTY RD PP, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 04/27/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103256 **End Date:** 01/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102400 **End Date:** 08/25/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HCTG11 Served 09/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/29/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/29/2008	Yes
88.06(3)(f)	REVIEW OF ISP	12/29/2008	Yes

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

Complaint History (TLC HOMES FALLS)

Date Complaint Received: 11/20/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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