

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

COUNTY: WAUPACA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 53 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: WAUPACA

Facility Information

Facility Name: LSS NEW LONDON DAY SERVICES WASHINGTON CENTER (0010736)

Address: 500 WEST WASHINGTON ST, NEW LONDON, WI 54961

License Status: REGULAR

Licensed/Certified/Registered 01/05/2005

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

Survey History

Survey ID: 0102503 **End Date:** 09/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097926 **End Date:** 10/09/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: PARK LANE (0011238)
Address: 207 PARK LANE, CLINTONVILLE, WI 549299727
License Status: REGULAR
Licensed/Certified/Registered 01/03/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101128 **End Date:** 01/31/2008 **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
Adult Family Home
COUNTY: WAUPACA

Facility Information

Facility Name: ELLEFSON STREET LLC (0010116)
Address: 410 ELLEFSON STREET, IOLA, WI 54945
License Status: REGULAR
Licensed/Certified/Registered 03/09/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101173 **End Date:** 01/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KH9N12 Served 02/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
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		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Enforcement History (ELLEFSON STREET LLC)

Date: 02/14/2008 SOD #KH9N12 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: WAUPACA

Facility Information

Facility Name: CLARITY CARE PINE STREET (0010521)
Address: 359 PINE STREET, MANAWA, WI 54949
License Status: REGULAR
Licensed/Certified/Registered 03/12/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100652 **End Date:** 11/15/2007 **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: WAUPACA

Facility Information

Facility Name: GUARDIAN ANGEL II FOSTER CARE (0010908)
Address: 1416 WERNER-ALLEN ROAD, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 05/19/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099141 **End Date:** 04/06/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
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: WAUPACA

Complaint History (GUARDIAN ANGEL II FOSTER CARE)

Date Complaint Received: 03/14/2007

Date Investigation Completed: 04/06/2007

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: WAUPACA

Facility Information

Facility Name: GUARDIAN ANGEL (0009243)
Address: N3535 BEAN CITY ROAD, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 02/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102041 **End Date:** 06/16/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Survey ID: 0097829 **End Date:** 09/28/2006 **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: WAUPACA

Enforcement History (GUARDIAN ANGEL)

Date: 07/01/2008 SOD #2AUI11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: PARTRIDGE (0011239)
Address: 530 PARTRIDGE DRIVE, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 12/17/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103009 **End Date:** 11/06/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100543 **End Date:** 09/27/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NJUD11 Served 11/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/06/2008	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	11/06/2008	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	11/06/2008	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	11/06/2008	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/06/2008	Yes
88.10(3)(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
Adult Family Home
COUNTY: WAUPACA

Enforcement History (PARTRIDGE)

Date: 11/08/2007 SOD #NJUD11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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

Complaint History (PARTRIDGE)

Date Complaint Received: 09/30/2008

Date Investigation Completed: 11/06/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/19/2007

Date Investigation Completed: 09/27/2007

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
NJUD11
NJUD11

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

Facility Information

Facility Name: PHEASANT (0011240)
Address: 531 PHEASANT DRIVE, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 12/17/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100153 **End Date:** 09/06/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G91Z11 Served 09/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS		

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

Enforcement History (PHEASANT)

Date: 09/17/2007 SOD #G91Z11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: AIKIDO COMPANY-STEFFA HOUSE (THE) (0010186)
Address: E1330 CTY HWY Q, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered: 10/13/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102322 **End Date:** 07/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TYFF11 Served 08/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0098264 **End Date:** 10/24/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009621 Served 12/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	07/28/2008	Yes

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

Complaint History (AIKIDO COMPANY-STEFFA HOUSE (THE))

Date Complaint Received: 07/20/2006

Date Investigation Completed: 10/24/2006

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES #67 (0009844)
Address: N2311 ASHLEY COURT, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered 10/21/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101744 **End Date:** 05/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097904 **End Date:** 10/04/2006 **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
Adult Family Home
COUNTY: WAUPACA

Complaint History (AURORA RES ALTERNATIVES #67)

Date Complaint Received: 07/24/2006

Date Investigation Completed: 10/04/2006

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #118 (0010753)

Address: N2349 ASHLEY COURT, WAUPACA, WI 54981

License Status: REGULAR

Licensed/Certified/Registered 12/13/2004

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

Survey History

Survey ID: 0102055 **End Date:** 06/24/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098166 **End Date:** 10/13/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009618 Served 11/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/24/2008	Yes

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

Facility Information

Facility Name: CLARITY CARE HARTMAN PLACE (490129)
Address: E397 GOLKE ROAD, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered 07/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101330 **End Date:** 03/03/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097840 **End Date:** 09/28/2006 **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: WAUPACA

Facility Information

Facility Name: GATEWAY HOUSE (0011190)
Address: E5402 COUNTY HWY AA, WEYAUWEGA, WI 54983
License Status: REGULAR
Licensed/Certified/Registered 01/19/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101512 **End Date:** 04/07/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5HKG11 Served 04/21/2008

<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		

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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: WAUPACA

Facility Information

Facility Name: KINDREDHEARTS CLINTONVILLE (0009720)

Address: 76 GREEN TREE ROAD, CLINTONVILLE, WI 54929

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0099804 **End Date:** 07/09/2007 **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: WAUPACA

Facility Information

Facility Name: PARK PLACE (410150)

Address: 75 NORTH PARK STREET, CLINTONVILLE, WI 54929

License Status: REGULAR

Licensed/Certified/Registered 01/01/1981

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

Survey History

Survey ID: 0100555 **End Date:** 11/05/2007 **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 AA (AMBULATORY)
COUNTY: WAUPACA

Facility Information

Facility Name: BEACON HOUSE (410055)
Address: 307 WEST COOK STREET, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 09/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100760 **End Date:** 11/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #43N311 Served 12/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	

Survey ID: 0098047 **End Date:** 10/10/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009613 Served 11/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	11/16/2007	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: WAUPACA

Enforcement History (BEACON HOUSE)

Date: 12/14/2007 **SOD #43N311** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(2)

Date: 10/31/2006 **SOD #10009613** **Appealed: No**

Sanctions

PROVIDE TRAINING

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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: WAUPACA

Complaint History (BEACON HOUSE)

Date Complaint Received: 07/31/2006

Date Investigation Completed: 10/10/2006

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUPACA

Facility Information

Facility Name: KINDREDHEARTS NEW LONDON (0009724)

Address: 1706 TAUBEL ROAD, NEW LONDON, WI 54961

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0102121 **End Date:** 07/10/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100788 **End Date:** 12/18/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8K5E11 Served 12/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/10/2008	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: WAUPACA

Enforcement History (KINDREDHEARTS NEW LONDON)

Date: 08/01/2006 **SOD #10009579** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(3)(b)

FORFEITURE---83.33(2)(g)3

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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: WAUPACA

Complaint History (KINDREDHEARTS NEW LONDON)

Date Complaint Received: 06/23/2008

Date Investigation Completed: 07/10/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUPACA

Facility Information

Facility Name: RAWHIDE ABC HOME (0009096)
Address: E7475 RAWHIDE ROAD, NEW LONDON, WI 54961
License Status: REGULAR
Licensed/Certified/Registered 12/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101455 **End Date:** 04/04/2008 **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 CNA (NONAMBULATORY)

COUNTY: WAUPACA

Facility Information

Facility Name: TRINITY TERRACE (410429)

Address: 1835 DIVISION STREET, NEW LONDON, WI 54961

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996

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

Survey History

Survey ID: 0101324 **End Date:** 03/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097691 **End Date:** 09/08/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUPACA

Facility Information

Facility Name: CRYSTAL HOUSE (0011443)

Address: 1403 CHURCHILL STREET, WAUPACA, WI 549810439

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0103551 **End Date:** 03/03/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GOW111 Served 03/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	

Survey ID: 0101176 **End Date:** 01/14/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7T8G12 Served 02/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)	CRIMINAL RECORDS CHECK	03/03/2009	Yes
83.21(4)(h)	PRIVACY	03/03/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/03/2009	Yes
83.33(2)(a)	SUPERVISION	03/03/2009	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: WAUPACA

Survey ID: 0098514 End Date: 12/06/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009649 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	01/03/2008	No
83.33(2)(a)	SUPERVISION	01/03/2008	No
83.33(3)(e)2.b	INJECTIONS	01/03/2008	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: WAUPACA

Enforcement History (CRYSTAL HOUSE)

Date: 02/19/2008 **SOD #7T8G12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(6)(a)

FORFEITURE---83.21(4)(h)

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

Date: 01/16/2007 **SOD #10009649** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(3)(e)2.b

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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: WAUPACA

Complaint History (CRYSTAL HOUSE)

Date Complaint Received: 02/11/2009

Date Investigation Completed: 03/03/2009

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

GOW111

Date Complaint Received: 11/05/2007

Date Investigation Completed: 01/03/2008

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

7T8G12
7T8G12

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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: WAUPACA

Facility Information

Facility Name: GARDEN PARK HOUSE (410133)

Address: 109 WEST LAKE STREET, WAUPACA, WI 54981

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

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

Survey History

Survey ID: 0101775 **End Date:** 04/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #72OG13 Served 05/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	

Survey ID: 0097372 **End Date:** 07/05/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009573 Served 07/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/24/2008	No
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/24/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/24/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUPACA

Enforcement History (GARDEN PARK HOUSE)

Date: 05/22/2008 **SOD #72OG13** **Appealed: No**

Sanctions

FORFEITURE---83.14(7)_(b)

Date: 07/19/2006 **SOD #10009573** **Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.14(7)(b)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.32(3)

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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: WAUPACA

Facility Information

Facility Name: HAROLD HOUSE (0010984)

Address: 712 HOLBECK STREET, WAUPACA, WI 54981

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

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

Survey History

Survey ID: 0103282 **End Date:** 01/22/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103175 **End Date:** 12/17/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GCG111 Served 12/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)(c)1.c	FORFEITURE PAYMENTS	01/27/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	01/27/2009	Yes

Survey ID: 0102906 **End Date:** 10/27/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QO6V11 Served 10/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)(c)1.c	FORFEITURE PAYMENTS	01/20/2009	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: WAUPACA

Survey ID: 0102410 **End Date: 08/13/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S7EM11 Served 09/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	

Survey ID: 0102245 **End Date: 07/28/2008** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1KID12 Served 08/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

Survey ID: 0098529 **End Date: 12/14/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009654 Served 01/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	07/28/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	07/28/2008	No
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	07/28/2008	Yes
83.42(8)(b)	FIRE EXTINGUISHER	07/28/2008	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	07/28/2008	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: WAUPACA

Enforcement History (HAROLD HOUSE)

Date: 12/18/2008 **SOD #GCG111** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION

Date: 10/27/2008 **SOD #QO6V11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---Accrue 27 days
FORFEITURE---Continued Accruing

Date: 09/03/2008 **SOD #S7EM11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(3)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(p)

Date: 08/05/2008 **SOD #1KID12** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.14(1)(d)
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: WAUPACA

Complaint History (HAROLD HOUSE)

Date Complaint Received: 07/17/2008

Date Investigation Completed: 08/05/2008

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

NOT RECORDED
NOT RECORDED

Date Complaint Received: 09/19/2006

Date Investigation Completed: 12/21/2006

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUPACA

Facility Information

Facility Name: WAUPACA ELDER CARE HOME (410401)

Address: 510 RIVER STREET, WAUPACA, WI 54981

License Status: REGULAR

Licensed/Certified/Registered 05/01/1996

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

Survey History

Survey ID: 0101568 **End Date:** 03/11/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NTP713 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)1	CRIMINAL RECORDS CHECK	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	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: WAUPACA

Enforcement History (WAUPACA ELDER CARE HOME)

Date: 04/23/2008 **SOD #NTP713** **Appealed: No**

Sanctions

FORFEITURE---83.14(7)(b)

Date: 07/18/2006 **SOD #10009567** **Appealed: No**

Sanctions

PROVIDE TRAINING

FORFEITURE---83.14(7)(b)

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: WAUPACA

Facility Information

Facility Name: WHISTLING PINES INC (0012366)

Address: 121 CTY HWY QQ, WAUPACA, WI 54981

License Status: REGULAR

Licensed/Certified/Registered 04/14/2008

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

Survey History

Survey ID: 0103105 **End Date:** 12/03/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86WY11 Served 12/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	

Survey ID: 0101706 **End Date:** 04/23/2008 **Type:** STANDARD **Purpose:** COMPLAINT

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: WAUPACA

Enforcement History (WHISTLING PINES INC)

Date: 12/17/2008 **SOD #**86WY11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---8319(3)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUPACA

Complaint History (WHISTLING PINES INC)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 07/13/2009

Subject Area(s)

ABUSE
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CS (SEMIAMBULATORY)

COUNTY: WAUPACA

Facility Information

Facility Name: STRONG HAVEN (0009441)

Address: N3501 HWY 110, WEYAUWEGA, WI 54983

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

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

Survey History

Survey ID: 0101323 **End Date:** 03/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097841 **End Date:** 09/15/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUPACA

Facility Information

Facility Name: ANGELUS RETIREMENT COMMUNITY OF CLINTONVILLE (0012239)

Address: 38 N MAIN STREET, CLINTONVILLE, WI 54929

License Status: REGULAR

Licensed/Certified/Registered 01/07/2008

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

Survey History

Survey ID: 0101055 **End Date:** 01/10/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OF5611 Served 02/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUPACA

Facility Information

Facility Name: LIVING OAKS (0011839)
Address: 505 WEST IOLA STREET, IOLA, WI 54945
License Status: REGULAR
Licensed/Certified/Registered 09/19/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100158 **End Date:** 09/06/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUPACA

Facility Information

Facility Name: CHATHAM APARTMENTS AT THE WASHINGTON CENTER (0011417)

Address: 500 W WASHINGTON ST, NEW LONDON, WI 54961

License Status: REGULAR

Licensed/Certified/Registered 03/22/2006

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

Survey History

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUPACA

Facility Information

Facility Name: BETHANY PINES (0010360)
Address: 50 SHADOW WOODS LANE, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered 02/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUPACA

Facility Information

Facility Name: PARK VISTA WAUPACA (0012130)
Address: 950 HIGHWAY QQ, WAUPACA, WI 54981
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103512 **End Date:** 03/04/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100213 **End Date:** 10/01/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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