

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

Notes

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

The report includes only facilities located within the City of Oshkosh. 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 57 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: WINNEBAGO

Facility Information

Facility Name: ARBORVIEW MANOR (410329)

Address: 1520 ARBORETUM DR, OSHKOSH, WI 549012790

License Status: REGULAR

Licensed/Certified/Registered 12/01/1993

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

Survey History

Survey ID: 0098906 **End Date:** 03/13/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 57 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: WINNEBAGO

Complaint History (ARBORVIEW MANOR)

Date Complaint Received: 02/01/2007

Date Investigation Completed: 03/06/2007

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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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: WINNEBAGO

Facility Information

Facility Name: BELLA VISTA MANOR (0012571)

Address: 631 HAZEL STREET, OSHKOSH, WI 54901

License Status: PROBATIONARY

Licensed/Certified/Registered 11/03/2008

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

Survey History

Survey ID: 0104250 **End Date:** 06/17/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102812 **End Date:** 10/31/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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: WINNEBAGO

Complaint History (BELLA VISTA MANOR)

Date Complaint Received: 04/24/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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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: WINNEBAGO

Facility Information

Facility Name: CENTENNIAL INN (0009443)

Address: 1628 N MAIN ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0102109 **End Date:** 06/25/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OCXC12 Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0099795 **End Date:** 07/11/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OCXC11 Served 07/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	06/25/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	06/25/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	06/25/2008	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: WINNEBAGO

Enforcement History (CENTENNIAL INN)

Date: 07/24/2008 **SOD #**OCXC12 **Appealed:** No

Sanctions

FORFEITURE---83.42(3)(f)

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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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE BOWEN STREET HOUSE (410063)
Address: 2910 BOWEN ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 12/01/1987
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099679 **End Date:** 05/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QXG911 Served 06/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS	04/01/2009	
83.53(3)(a)	BOLT LOCKS ON SLIDING PROHIBITED	04/01/2009	
83.53(3)(c)	UNOBSTRUCTED TRAVEL	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 CA (AMBULATORY)
COUNTY: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE JEFFERSON HOUSE (0011509)
Address: 1631 JEFFERSON STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 06/30/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101446 **End Date:** 03/26/2008 **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 CA (AMBULATORY)
COUNTY: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE MARICOPA GROUP HOME (410076)

Address: 1380 MARICOPA DR, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 12/01/1980

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

Survey History

Survey ID: 0101386 **End Date:** 03/07/2008 **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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE NINTH STREET HOUSE (410078)

Address: 250 W NINTH ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 11/01/1988

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

Survey History

Survey ID: 0101256 **End Date:** 03/04/2008 **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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE PACKER HEIGHTS (0009823)

Address: 560 W PACKER AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0099203 **End Date:** 04/24/2007 **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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE SOUTH PARK AVE HOUSE (410251)

Address: 1035/1037 W SOUTH PARK AVE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 06/17/1992

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

Survey History

Survey ID: 0101513 **End Date:** 04/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KJVW11 Served 04/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

Survey ID: 0097806 **End Date:** 10/02/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097538 **End Date:** 08/03/2006 **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: WINNEBAGO

Complaint History (CLARITY CARE SOUTH PARK AVE HOUSE)

Date Complaint Received: 03/17/2008

Date Investigation Completed: 04/07/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	KJVW11
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	KJVW11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	KJVW11

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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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE WISCONSIN HEIGHTS (0010727)

Address: 550 W PACKER AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 11/02/2004

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

Survey History

Survey ID: 0099399 **End Date:** 04/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QU9F11 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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 AA (AMBULATORY)
COUNTY: WINNEBAGO

Facility Information

Facility Name: CORAL HOUSE (410521)
Address: 675 PLANEVIEW DR, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 11/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101535 **End Date:** 04/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097427 **End Date:** 07/10/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007323 Served 07/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/17/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/17/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/17/2008	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: WINNEBAGO

Facility Information

Facility Name: EASTBROOKE MANOR ASSISTED LIVING & MEMORY (0012740)

Address: 3504 W 20TH AVENUE, OSHKOSH, WI 54904

License Status: PROBATIONARY

Licensed/Certified/Registered 06/17/2009

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

Survey History

Survey ID: 0104175 **End Date:** 06/17/2009 **Type:** INITIAL **Purpose:** SURVEY/COMPLAINT

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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (EASTBROOKE MANOR ASSISTED LIVING & MEMORY)

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/03/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: WINNEBAGO

Facility Information

Facility Name: ELIJAHS PLACE (410376)

Address: 1551 SOUTHLAND AVE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 06/01/1995

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

Survey History

Survey ID: 0100769 **End Date:** 12/13/2007 **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: WINNEBAGO

Facility Information

Facility Name: EVERGREEN SHAREHAVEN HOME (410286)

Address: 1095 N WESTFIELD ST, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 12/01/1992

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

Survey History

Survey ID: 0103529 **End Date:** 03/03/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0PW11 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	

Survey ID: 0101986 **End Date:** 05/28/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YCM011 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	03/03/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	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: WINNEBAGO

Survey ID: 0097980 End Date: 10/23/2006 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007374 Served 10/26/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	05/28/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	05/28/2008	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: WINNEBAGO

Enforcement History (EVERGREEN SHAREHAVEN HOME)

Date: 03/05/2009 **SOD #I0PW11** **Appealed: No**

Sanctions

FORFEITURE---83.19(3)(e)

Date: 10/25/2006 **SOD #10007374** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.41(4)(b)2

FORFEITURE---83.42(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: WINNEBAGO

Complaint History (EVERGREEN SHAREHAVEN HOME)

Date Complaint Received: 10/10/2008

Date Investigation Completed: 03/03/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: EVERGREEN TERRACE (410151)

Address: 1130 N WESTFIELD ST, OSHKOSH, WI 549031720

License Status: REGULAR

Licensed/Certified/Registered 04/01/1984

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

Survey History

Survey ID: 0101423 **End Date:** 04/04/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101344 **End Date:** 03/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100337 **End Date:** 09/28/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T06N11 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	02/21/2008	Yes

Survey ID: 0099905 **End Date:** 07/25/2007 **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: WINNEBAGO

Enforcement History (EVERGREEN TERRACE)

Date: 10/10/2007 **SOD #T06N11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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: WINNEBAGO

Complaint History (EVERGREEN TERRACE)

Date Complaint Received: 01/02/2008

Date Investigation Completed: 02/21/2008

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/20/2007

Date Investigation Completed: 09/28/2007

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

T06N11

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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: WINNEBAGO

Facility Information

Facility Name: HARBOR HOUSE OSHKOSH (0011436)

Address: 2220 BROOKVIEW CT, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0104306 **End Date:** 06/03/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XKBC11 Served 07/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		

Survey ID: 0103386 **End Date:** 01/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V3NK11 Served 02/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0102505 **End Date:** 09/10/2008 **Type:** OTHER **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: WINNEBAGO

Survey ID: 0101082 **End Date: 01/28/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098349 **End Date: 11/16/2006** **Type: OTHER** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097684 **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: WINNEBAGO

Complaint History (HARBOR HOUSE OSHKOSH)

Date Complaint Received: 05/04/2009

Date Investigation Completed: 06/03/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

07/02/09
07/02/09

Date Complaint Received: 12/23/2008

Date Investigation Completed: 01/13/2009

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

V3NK11

Date Complaint Received: 08/15/2008

Date Investigation Completed: 09/10/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: LAKESHORE MANOR (0011466)

Address: 711 BAYSHORE DRIVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 05/08/2006

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

Survey History

Survey ID: 0104050 **End Date:** 05/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #26M111 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0102479 **End Date:** 08/12/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WBIP11 Served 09/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	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: WINNEBAGO

Survey ID: 0102201 **End Date: 07/08/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1M0V11 Served 08/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

Survey ID: 0101217 **End Date: 02/13/2008** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100550 **End Date: 10/26/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #851Q13 Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	02/13/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/13/2008	Yes

Survey ID: 0099906 **End Date: 07/16/2007** **Type: OTHER** **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: WINNEBAGO

Survey ID: 0099854 End Date: 06/29/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #851Q12 Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/26/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	10/26/2007	No
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	10/26/2007	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	10/26/2007	Yes

Survey ID: 0098517 End Date: 01/09/2007 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009653 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	06/22/2007	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: WINNEBAGO

Enforcement History (LAKESHORE MANOR)

Date: 09/12/2008 **SOD #WBIP11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.21(4)(g)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(4)

Date: 07/30/2008 **SOD #1M0V11** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a)
FORFEITURE---83.32(2)(d)

Date: 11/08/2007 **SOD #851Q13** **Appealed: No**

Sanctions

FORFEITURE---83.32(2)(d)

Date: 07/25/2007 **SOD #851Q12** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (LAKESHORE MANOR)

Date Complaint Received: 06/11/2009

Date Investigation Completed: 07/14/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/14/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/06/2009

Date Investigation Completed: 05/05/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2008

Date Investigation Completed: 05/18/2009

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

05/28/09

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Date Complaint Received: 10/06/2008

Subject Area(s)
RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Date Investigation Completed: 05/18/2009

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

Date Complaint Received: 07/31/2008

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/11/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	WBIP11

Date Complaint Received: 01/30/2008

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Date Investigation Completed: 07/08/2008

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	1M0V11

Date Complaint Received: 01/22/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Date Investigation Completed: 02/13/2008

<u>Result</u>	<u>SOD #</u>
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: WINNEBAGO

Date Complaint Received: 10/09/2007

Date Investigation Completed: 10/26/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	851Q13
RESTRAINTS	SUBSTANTIATED	851Q13
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	851Q13
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	851Q13
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 08/03/2007

Date Investigation Completed: 10/26/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	851Q13
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 05/25/2007

Date Investigation Completed: 07/16/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	851Q12

Date Complaint Received: 05/15/2007

Date Investigation Completed: 06/29/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	851Q12
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	851Q12
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	851Q12
MEDICATIONS	SUBSTANTIATED	851Q12

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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: WINNEBAGO

Facility Information

Facility Name: LSS NEXUS HALFWAY HOUSE (410240)
Address: 2002 ALGOMA BLVD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 06/01/1991
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099870 **End Date:** 07/24/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NRM311 Served 08/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	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 CA (AMBULATORY)
COUNTY: WINNEBAGO

Facility Information

Facility Name: LSS PHILIPPE PINEL HOME (410176)
Address: 1002 CONGRESS AVE, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 11/06/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103032 **End Date:** 11/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099261 **End Date:** 04/27/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U0MT11 Served 05/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	11/12/2008	Yes

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

Facility Information

Facility Name: LSS TOWARD TOMORROW (410224)
Address: 1332 MONROE ST, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 11/06/1992
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101577 **End Date:** 03/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SJ2K11 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	

Survey ID: 0099698 **End Date:** 07/02/2007 **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 AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (LSS TOWARD TOMORROW)

Date: 04/23/2008 SOD #SJ2K11 Appealed: No

Sanctions

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

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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: WINNEBAGO

Complaint History (LSS TOWARD TOMORROW)

Date Complaint Received: 02/06/2008

Date Investigation Completed: 03/25/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
SJ2K11

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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: WINNEBAGO

Facility Information

Facility Name: NEXUS HOUSE (0012718)
Address: 2831 HARRISON STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 05/06/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104126 **End Date:** 04/28/2009 **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 AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: NOVA COUNSELING SERVICES INC 2 (0010634)

Address: 3240 JACKSON ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 08/31/2004

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

Survey History

Survey ID: 0103071 **End Date:** 11/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TNBG11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		

Survey ID: 0099131 **End Date:** 04/17/2007 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (NOVA COUNSELING SERVICES INC 2)

Date: 12/15/2008 **SOD #**TNMG11 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: OAKWOOD MANOR (0011595)

Address: 2675 OMRO ROAD, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0103629 **End Date:** 03/09/2009 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #09K011 Served 03/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	

Survey ID: 0100112 **End Date:** 08/28/2007 **Type:** OTHER **Purpose:** OTHER

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: WINNEBAGO

Survey ID: 0098736 End Date: 02/09/2007 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009676 Served 02/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	08/28/2007	Yes
83.42(3)(c)	EXIT DIAGRAM POSTED	08/28/2007	Yes

Survey ID: 0097942 End Date: 10/18/2006 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE 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: WINNEBAGO

Enforcement History (OAKWOOD MANOR)

Date: 03/23/2009 **SOD #09K011** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(4)

Date: 02/15/2007 **SOD #10009676** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: RESPITE HOUSE (410406)

Address: 1325 EASTMAN ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

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

Survey History

Survey ID: 0101321 **End Date:** 03/04/2008 **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 CS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: SERENITY PLACE I (0009570)

Address: 1538 W SIXTH AVE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0101641 **End Date:** 03/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #59QC11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

Survey ID: 0097750 **End Date:** 09/11/2006 **Type:** OTHER **Purpose:** OTHER

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: WINNEBAGO

Enforcement History (SERENITY PLACE I)

Date: 04/30/2008 SOD #59QC11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.42(12)

FORFEITURE---83.42(3)(f)

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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: WINNEBAGO

Facility Information

Facility Name: SERENITY PLACE II (0009571)

Address: 19 E LINCOLN ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0099797 **End Date:** 06/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D86G11 Served 07/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.55(4)(e)	SAFETY	04/01/2009	

Survey ID: 0097753 **End Date:** 09/11/2006 **Type:** OTHER **Purpose:** OTHER

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: WINNEBAGO

Facility Information

Facility Name: STERLING HOUSE OF OSHKOSH (410541)

Address: 190 LAKE POINTE DR, OSHKOSH, WI 54904

License Status: REGULAR

Licensed/Certified/Registered 07/01/1998

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

Survey History

Survey ID: 0104162 **End Date:** 06/05/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUNB11 Served 06/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0102864 **End Date:** 10/20/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E5EJ11 Served 11/07/2008

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

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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: WINNEBAGO

Survey ID: 0099394 End Date: 04/27/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y9N111 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	10/20/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	10/20/2008	Yes
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	10/20/2008	Yes
83.42(3)(b)	EMERGENCY PLAN POSTED	10/20/2008	Yes
83.42(3)(c)	EXIT DIAGRAM POSTED	10/20/2008	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: WINNEBAGO

Enforcement History (STERLING HOUSE OF OSHKOSH)

Date: 11/06/2008 **SOD #E5EJ11** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**

Sanctions

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

Date: 05/23/2007 **SOD #Y9N111** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (STERLING HOUSE OF OSHKOSH)

Date Complaint Received: 09/17/2008

Date Investigation Completed: 10/20/2008

Subject Area(s)

SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: SUMMIT HOUSE (410163)

Address: 2501 HARRISON ST, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 12/01/1988

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

Survey History

Survey ID: 0101084 **End Date:** 01/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099696 **End Date:** 07/02/2007 **Type:** STANDARD **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 AS (SEMIAMBULATORY)
COUNTY: WINNEBAGO

Complaint History (SUMMIT HOUSE)

Date Complaint Received: 11/29/2007

Date Investigation Completed: 01/18/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/19/2007

Date Investigation Completed: 01/16/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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