

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 is a PDF (Adobe Acrobat) document and includes a total of 67 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: EMERALD VALLEY ASSISTED LIVING (0011362)

Address: 200 W VALLEY RD, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 09/08/2006

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

Survey History

Survey ID: 0102903 **End Date:** 11/05/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101700 **End Date:** 05/07/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098983 **End Date:** 03/20/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009686 Served 03/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	05/07/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	05/07/2008	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

Survey ID: 0097727 End Date: 09/08/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007356 Served 09/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	03/13/2007	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (EMERALD VALLEY ASSISTED LIVING)

Date Complaint Received: 09/12/2008

Date Investigation Completed: 11/05/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/06/2007

Date Investigation Completed: 03/20/2007

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009686

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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: HERITAGE WOODS ASSISTED LIVING CTR (410391)

Address: 2600 HERITAGE WOODS DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995

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

Survey History

Survey ID: 0104157 **End Date:** 05/28/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099768 **End Date:** 07/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DF8311 Served 07/05/2007

<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	

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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 (HERITAGE WOODS ASSISTED LIVING CTR)

Date: 07/03/2007 **SOD #**DF8311 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(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

Facility Information

Facility Name: ADARE PLACE I (0012281)

Address: 1645 CENTURY OAKS CT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103435 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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

Facility Information

Facility Name: ADARE PLACE II (0012282)

Address: 1650 CENTURY OAKS CT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103436 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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

Facility Information

Facility Name: ADARE PLACE III (0012283)

Address: 1665 CENTURY OAKS CT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103437 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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

Facility Information

Facility Name: ADARE PLACE IV (0012284)

Address: 1670 CENTURY OAKS CT, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103438 **End Date:** 01/23/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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

Facility Information

Facility Name: GARDENVIEW INC (410396)

Address: 1712 MIDWAY RD, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 11/01/1995

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

Survey History

Survey ID: 0099980 **End Date:** 08/09/2007 **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: WINNEBAGO

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC I (0009557)

Address: 1255 DEPERE ST, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0104362 **End Date:** 06/29/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099790 **End Date:** 06/21/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CH3H11 Served 07/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	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

Complaint History (HEARTWOOD HOMES SENIOR LIVING INC I)

Date Complaint Received: 03/28/2007

Date Investigation Completed: 06/19/2007

Subject Area(s)
MEDICATIONS

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: WINNEBAGO

Facility Information

Facility Name: HEARTWOOD HOMES SENIOR LIVING INC II (0009558)

Address: 1265 DEPERE ST, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0103130 **End Date:** 12/10/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5BJT11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101717 **End Date:** 05/13/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099785 **End Date:** 06/21/2007 **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: 0098099 End Date: 10/04/2006 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007382 Served 11/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	06/19/2007	Yes
83.32(2)(a)1	PHYSICAL HEALTH	06/19/2007	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (HEARTWOOD HOMES SENIOR LIVING INC II)

Date: 12/17/2008 **SOD #**5BJT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

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 (HEARTWOOD HOMES SENIOR LIVING INC II)

Date Complaint Received: 03/28/2007

Date Investigation Completed: 06/19/2007

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/31/2006

Date Investigation Completed: 10/04/2006

Subject Area(s)
RESIDENT RIGHTS
ABUSE
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007382

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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: PRAIRIE HOME ELDER SERVICES II (0009115)

Address: 1465 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 12/07/2000

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

Survey History

Survey ID: 0104178 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8RM711 Served 06/18/2009

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

Survey ID: 0099292 **End Date:** 04/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y99311 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.21(2)(c)	COPIES OF RESIDENT RIGHTS IN FACILITY	04/01/2009	
83.42(3)(c)	EXIT DIAGRAM POSTED	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

Enforcement History (PRAIRIE HOME ELDER SERVICES II)

Date: 05/10/2007 **SOD #Y99311** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

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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: PRAIRIE HOME ELDER SERVICES LLC (410552)

Address: 1463 KENWOOD DR, MENASHA, WI 54952

License Status: REGULAR

Licensed/Certified/Registered 08/01/1999

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

Survey History

Survey ID: 0101218 **End Date:** 02/25/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099946 **End Date:** 07/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E26M11 Served 08/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	02/19/2008	Yes
83.21(2)(c)	COPIES OF RESIDENT RIGHTS IN FACILITY	02/19/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	02/19/2008	Yes
83.42(3)(c)	EXIT DIAGRAM POSTED	02/19/2008	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 (PRAIRIE HOME ELDER SERVICES LLC)

Date: 08/10/2007 **SOD #E26M11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(7)(b)

FORFEITURE---83.41(5)(d)2

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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 (PRAIRIE HOME ELDER SERVICES LLC)

Date Complaint Received: 01/18/2008

Date Investigation Completed: 02/25/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE GREENFIELD HOUSE (410332)
Address: 643 GREENFIELD ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 02/01/1995
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100284 **End Date:** 09/27/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JKFT11 Served 10/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	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: WINNEBAGO

Facility Information

Facility Name: CLARITY CARE STATE STREET HOUSE (410081)

Address: 105 STATE ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/01/1980

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

Survey History

Survey ID: 0102810 **End Date:** 10/31/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100207 **End Date:** 09/20/2007 **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 THIRD STREET HOUSE (410083)

Address: 225 THIRD ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/01/1984

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

Survey History

Survey ID: 0104080 **End Date:** 05/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099416 **End Date:** 04/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EPFJ11 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (CLARITY CARE THIRD STREET HOUSE)

Date: 05/29/2007 **SOD #EPFJ11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(m)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.43(3)(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 (CLARITY CARE THIRD STREET HOUSE)

Date Complaint Received: 02/28/2007

Date Investigation Completed: 04/10/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	EPFJ11
ADMINISTRATION	NOT SUBSTANTIATED	
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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: FRIEDA MAE HAUS (0011681)

Address: 625 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0102241 **End Date:** 07/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LF1D11 Served 08/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.21(4)(t)	INCOMPETENCY	04/01/2009	

Survey ID: 0100492 **End Date:** 10/25/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100343 **End Date:** 09/28/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NVWI11 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	07/16/2008	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

Survey ID: 0099874 **End Date: 07/02/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2XDT12 Served 08/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	10/25/2007	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	10/25/2007	Yes
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	10/25/2007	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	10/25/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/25/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	10/25/2007	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	10/25/2007	Yes
83.35(6)(a)	FOOD PREPARATION	10/25/2007	Yes

Survey ID: 0099289 **End Date: 04/12/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2XDT11 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/02/2007	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/02/2007	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	07/02/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/02/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	07/02/2007	No
83.33(2)(a)	SUPERVISION	07/02/2007	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	07/02/2007	Yes

Survey ID: 0099288 **End Date: 12/19/2006** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

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 (FRIEDA MAE HAUS)

Date: 08/05/2008 **SOD #LF1D11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.14(1)(a)
FORFEITURE---83.21(4)(t)

Date: 08/01/2007 **SOD #2XDT12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.19(1)(d)
FORFEITURE---83.19(1)(e)1
FORFEITURE---83.19(3)(c)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(4)

Date: 05/10/2007 **SOD #2XDT11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.32(2)(a)
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 (FRIEDA MAE HAUS)

Date Complaint Received: 10/16/2007

Date Investigation Completed: 10/25/2007

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/04/2007

Date Investigation Completed: 10/25/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/31/2007

Date Investigation Completed: 09/28/2007

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

NVWI11

Date Complaint Received: 07/17/2007

Date Investigation Completed: 09/28/2007

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

NVWI11

Date Complaint Received: 04/30/2007

Date Investigation Completed: 06/21/2007

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

2XDT12

2XDT12

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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: 04/23/2007

Date Investigation Completed: 08/07/2007

Subject Area(s)

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

2XDT12
2XDT12

Date Complaint Received: 03/21/2007

Date Investigation Completed: 04/11/2007

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

2XDT11

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: GERI CARE CABIN (0008717)

Address: 1055 JACOBSEN RD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 11/01/1999

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

Survey History

Survey ID: 0103596 **End Date:** 03/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102573 **End Date:** 09/17/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3DMB17 Served 09/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0102421 **End Date:** 08/22/2008 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VLL011 Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	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: 0102239 **End Date: 07/22/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #COG111 Served 08/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/08/2008	Yes

Survey ID: 0101760 **End Date: 05/09/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DN8C11 Served 05/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/08/2008	Yes

Survey ID: 0100909 **End Date: 12/28/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099168 **End Date: 04/19/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10012962 Served 04/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	05/08/2008	Yes

Survey ID: 0098064 **End Date: 10/30/2006** **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: 0097592 End Date: 08/01/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007334 Served 08/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	09/08/2008	Yes
83.21(4)(r)	TREATMENT CHOICE	09/08/2008	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	09/08/2008	No
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/08/2008	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	09/08/2008	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 (GERI CARE CABIN)

Date: 09/25/2008 **SOD #3DMB17** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.21(4)(u)

Date: 08/26/2008 **SOD #VLL011** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

Date: 08/17/2006 **SOD #10007334** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.35(2)

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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 (GERI CARE CABIN)

Date Complaint Received: 02/13/2009

Date Investigation Completed: 03/04/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/27/2009

Date Investigation Completed: 03/04/2009

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

Date Complaint Received: 04/22/2008

Date Investigation Completed: 05/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 04/07/2008

Date Investigation Completed: 05/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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

Date Complaint Received: 11/14/2007

Date Investigation Completed: 12/28/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/10/2007

Date Investigation Completed: 02/19/2007

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/08/2007

Date Investigation Completed: 02/19/2007

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/14/2006

Date Investigation Completed: 10/30/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/18/2006

Date Investigation Completed: 08/01/2006

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

10007334

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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: IRISH ROAD (0012280)

Address: 1760 IRISH ROAD, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0103698 **End Date:** 03/02/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BJ3J11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

Survey ID: 0101444 **End Date:** 03/21/2008 **Type:** INITIAL **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (IRISH ROAD)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/07/2008

Date Investigation Completed: 03/04/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: JOSEPHINE VERONICA HAUS (0011680)

Address: 635 BONDOW DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104026 **End Date:** 05/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101442 **End Date:** 03/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101476 **End Date:** 02/18/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PSVD11 Served 04/10/2008

<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	

Survey ID: 0099424 **End Date:** 05/18/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (JOSEPHINE VERONICA HAUS)

Date Complaint Received: 02/11/2008

Date Investigation Completed: 03/25/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/10/2008

Date Investigation Completed: 02/18/2008

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

PSVD11

Date Complaint Received: 10/16/2007

Date Investigation Completed: 02/18/2008

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/21/2007

Date Investigation Completed: 05/18/2007

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

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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: KILKENNY COTTAGE (0012286)

Address: 990 W AMERICAN DRIVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0104012 End Date: 04/30/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102785 End Date: 09/11/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0WFS11 Served 10/29/2008

<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: 0101480 End Date: 02/20/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KS2C11 Served 04/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	09/11/2008	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

Complaint History (KILKENNY COTTAGE)

Date Complaint Received: 01/16/2009

Date Investigation Completed: 04/30/2009

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/05/2008

Date Investigation Completed: 09/11/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

SUBSTANTIATED

0WFS11

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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: KILKENNY HOUSE (0012285)

Address: 970 W AMERICAN DRIVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 01/23/2008

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

Survey History

Survey ID: 0104014 **End Date:** 04/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V7K811 Served 05/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES		

Survey ID: 0102836 **End Date:** 09/11/2008 **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

Complaint History (KILKENNY HOUSE)

Date Complaint Received: 01/13/2009

Date Investigation Completed: 04/30/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

05/21/09

Date Complaint Received: 07/25/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 07/03/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

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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: MENNING MANOR NEENAH (410252)

Address: 211 5TH ST BOX 363, NEENAH, WI 549570363

License Status: REGULAR

Licensed/Certified/Registered 08/15/1991

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

Survey History

Survey ID: 0099130 **End Date:** 04/18/2007 **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 AA (AMBULATORY)
COUNTY: WINNEBAGO

Facility Information

Facility Name: PNUMA 3 (410538)
Address: 1955 CTY RD A, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 07/01/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103987 **End Date:** 04/27/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IRKP11 Served 05/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(4)(h)	SMOKE DETECTOR IN EACH ROOM OF BASEMENT		
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

Survey ID: 0099294 **End Date:** 04/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VU4B11 Served 05/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	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

Enforcement History (PNUMA 3)

Date: 05/10/2007 SOD #VU4B11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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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: REHABILITATION HOUSE INC (410111)

Address: 107 PROFESSIONAL PLAZA, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 09/01/1981

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

Survey History

Survey ID: 0101981 **End Date:** 06/05/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R0QU12 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	

Survey ID: 0101169 **End Date:** 02/12/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R0QL11 Served 02/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	06/05/2008	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	06/05/2008	No
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	06/05/2008	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

Facility Information

Facility Name: STERLING HOUSE OF NEENAH (410540)

Address: 2330 BRUCE ST, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 07/01/1998

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

Survey History

Survey ID: 0104148 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TXFZ11 Served 06/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	FOOD STORAGE		

Survey ID: 0100348 **End Date:** 09/28/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I09S11 Served 10/16/2007

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

Survey ID: 0099127 **End Date:** 04/12/2007 **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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (STERLING HOUSE OF NEENAH)

Date: 10/10/2007 **SOD #**I09S11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
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 (STERLING HOUSE OF NEENAH)

Date Complaint Received: 07/09/2007

Date Investigation Completed: 09/28/2007

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

I09S11

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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: VNA ASSISTED LIVING (410559)

Address: 1533 LYON DR, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

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

Survey History

Survey ID: 0103531 **End Date:** 02/24/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZPPV11 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	

Survey ID: 0103005 **End Date:** 10/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099128 **End Date:** 04/13/2007 **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

Enforcement History (VNA ASSISTED LIVING)

Date: 03/05/2009 **SOD #ZPPV11** **Appealed: No**

Sanctions

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: WINNEBAGO

Facility Information

Facility Name: WEBSTER MANOR (410448)

Address: 515 S WEBSTER AVE, OMRO, WI 54963

License Status: REGULAR

Licensed/Certified/Registered 03/01/1997

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

Survey History

Survey ID: 0104027 **End Date:** 05/06/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099686 **End Date:** 06/12/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LSUX11 Served 07/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	01/04/2008	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 (WEBSTER MANOR)

Date: 07/03/2007 **SOD #LSUX11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(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 (WEBSTER MANOR)

Date Complaint Received: 11/23/2007

Date Investigation Completed: 01/04/2008

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Facility Information

Facility Name: DIVERSE OPTIONS INC BONNIEVIEW HOME (0008831)

Address: 6412 BONNIEVIEW RD, PICKETT, WI 54964

License Status: REGULAR

Licensed/Certified/Registered 10/15/1999

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

Survey History

Survey ID: 0104094 **End Date:** 05/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099685 **End Date:** 06/05/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HJIU12 Served 07/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	04/01/2009	
83.14(8)	DOCUMENTATION	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

Enforcement History (DIVERSE OPTIONS INC BONNIEVIEW HOME)

Date: 07/03/2007 **SOD #**HJIU12 **Appealed:** No

Sanctions

FORFEITURE---83.12(5)(b)2

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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: CARE PARTNERS WINNECONNE I (0009034)

Address: 234 S 5TH ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0103011 **End Date:** 12/01/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102354 **End Date:** 08/18/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100230 **End Date:** 08/02/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I4IY11 Served 10/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	08/18/2008	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	08/18/2008	Yes
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED	08/18/2008	Yes

Survey ID: 0099419 **End Date:** 05/04/2007 **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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (CARE PARTNERS WINNECONNE I)

Date: 10/01/2007 **SOD #I4IY11** **Appealed:** No

Sanctions

FORFEITURE---83.16(1)(h)1

FORFEITURE---83.18(1)(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: WINNEBAGO

Complaint History (CARE PARTNERS WINNECONNE I)

Date Complaint Received: 11/12/2008

Date Investigation Completed: 12/01/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/23/2008

Date Investigation Completed: 12/01/2008

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/31/2007

Date Investigation Completed: 08/02/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

I4IY11

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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: CARE PARTNERS WINNECONNE II (0009036)

Address: 524 GRANT ST, WINNECONNE, WI 54986

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0103050 **End Date:** 12/01/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102355 **End Date:** 08/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100231 **End Date:** 08/02/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JP7011 Served 10/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	08/18/2008	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	08/18/2008	Yes
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED	08/18/2008	Yes

Survey ID: 0099693 **End Date:** 06/01/2007 **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 CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Enforcement History (CARE PARTNERS WINNECONNE II)

Date: 10/01/2007 **SOD #JP7011** **Appealed: No**

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.16(1)(h)1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WINNEBAGO

Complaint History (CARE PARTNERS WINNECONNE II)

Date Complaint Received: 11/12/2008

Date Investigation Completed: 12/01/2008

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/31/2007

Date Investigation Completed: 08/02/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Result
SUBSTANTIATED

SOD #
JP7011

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