

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

Notes

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

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

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

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

Facility Information

Facility Name: CLARITY CARE BROAD STREET HOUSE (490093)
Address: 408 BROAD STREET, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 10/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099195 **End Date:** 04/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 25 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: THIRD STREET HOUSE (0011049)
Address: 357 THIRD ST, MENASHA, WI 54952
License Status: REGULAR
Licensed/Certified/Registered 08/25/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099982 **End Date:** 07/27/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #56S511 Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(d)	COPY OF RULES AVAILABLE		
88.07(2)(e)	ANNUAL HEALTH EXAM		
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)7	JOB DESCRIPTION		

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

Facility Information

Facility Name: BREWER HOUSE (0011611)
Address: 165 PLUMMER CT, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 09/12/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101688 **End Date:** 05/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097737 **End Date:** 09/12/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CRYSTAL PLACE (0012564)
Address: 700 JACKSON STREET, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/24/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102997 **End Date:** 11/14/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: JANES WAY I (0009165)
Address: 846 BALDWIN ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 10/13/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104112 **End Date:** 05/01/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT8T12 Served 06/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0099387 **End Date:** 04/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT8T11 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	05/01/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	05/01/2009	Yes
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS	05/01/2009	Yes

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

Enforcement History (JANES WAY I)

Date: 06/04/2009 **SOD #KT8T12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 05/23/2007 **SOD #KT8T11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: JANES WAY INC (0010786)
Address: 908 BALDWIN ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 11/08/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103069 **End Date:** 11/13/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SFTO11 Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(1)(a)	RESIDENT RECORDS		
88.09(1)(d)11	RESIDENT FUNDS		

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

Facility Information

Facility Name: PEARL HOUSE (0009014)
Address: 1218 - 1220 MEADOW LN, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 05/23/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101388 **End Date:** 03/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097561 **End Date:** 08/10/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007333 Served 08/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	03/17/2008	Yes

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

Facility Information

Facility Name: CATHERINE HOUSE (0012033)
Address: 1517 CATHERINE AVENUE, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 01/07/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100913 **End Date:** 08/15/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CLARITY CARE JACKSON HEIGHTS HOME (490032)

Address: 475 OLSON AVE, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 03/01/1988

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

Survey History

Survey ID: 0099129 **End Date:** 04/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CLARITY CARE NEBRASKA ON VINLAND (490100)
Address: 2776 VINLAND ROAD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 04/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103310 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RR8W11 Served 01/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Survey ID: 0102742 **End Date:** 10/09/2008 **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
Adult Family Home
COUNTY: WINNEBAGO

Survey ID: 0099057 End Date: 03/01/2007 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009683 Served 04/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/09/2008	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	10/09/2008	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	10/09/2008	Yes

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

Enforcement History (CLARITY CARE NEBRASKA ON VINLAND)

Date: 04/03/2007 SOD #10009683 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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

Complaint History (CLARITY CARE NEBRASKA ON VINLAND)

Date Complaint Received: 09/10/2008

Date Investigation Completed: 10/09/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/19/2007

Date Investigation Completed: 02/28/2007

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/16/2007

Date Investigation Completed: 02/28/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

10009683

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

Facility Information

Facility Name: CLARITY CARE REICHOW STREET HOME (0012047)

Address: 1135 REICHOW STREET, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 09/12/2007

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

Survey History

Survey ID: 0100105 **End Date:** 08/16/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: CLARITY CARE VINLAND II HOUSE (490034)
Address: 2776A VINLAND RD, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 04/01/1980
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103302 **End Date:** 01/13/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099291 **End Date:** 04/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2JCE11 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	01/13/2009	Yes

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

Enforcement History (CLARITY CARE VINLAND II HOUSE)

Date: 05/10/2007 SOD #2JCE11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: OUR FAMILY HOMES INC (0010629)
Address: 1061 DURFEE AVE, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 07/29/2004
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101702 **End Date:** 05/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098051 **End Date:** 10/16/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007378 Served 11/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	05/07/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	05/07/2008	Yes

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

Facility Information

Facility Name: PACKER HOUSE (0012933)
Address: 1029 MASON ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 08/11/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

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

Facility Information

Facility Name: SHELDON HOUSE (0010923)
Address: 3104 SHELDON DR, OSHKOSH, WI 54904
License Status: REGULAR
Licensed/Certified/Registered 04/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104124 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GO1F11 Served 06/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0099385 **End Date:** 04/23/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NGP011 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/04/2009	Yes
88.06(3)(f)	REVIEW OF ISP	05/04/2009	Yes

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

Enforcement History (SHELDON HOUSE)

Date: 05/23/2007 SOD #NGP011 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: SPINEL HOUSE (0009372)
Address: 264 N OAKWOOD RD, OSHKOSH, WI 54903
License Status: REGULAR
Licensed/Certified/Registered 06/21/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101447 **End Date:** 03/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097889 **End Date:** 10/05/2006 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097662 **End Date:** 08/07/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007352 Served 09/08/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	03/24/2008	Yes
88.10(3)(e)	SELF-DIRECTION	03/24/2008	Yes

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

Enforcement History (SPINEL HOUSE)

Date: 09/06/2006 SOD #10007352 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: LSS BONNIE VIEW (0009530)
Address: 6424 BONNIE VIEW RD, PICKETT, WI 54964
License Status: REGULAR
Licensed/Certified/Registered 02/07/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099697 **End Date:** 06/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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