

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Winnebago County.

The report is a PDF (Adobe Acrobat) document and includes a total of 15 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WINNEBAGO

Facility Information

Facility Name: HERITAGE RESIDENTIAL CARE APARTMENT COMPLEX (0010366)

Address: 2600 HERITAGE WOODS DR, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 06/08/2001

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

Survey History

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

This is Page 2 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: TOUCHMARK ON WEST PROSPECT (0010375)
Address: 2601 TOUCHMARK DR, APPLETON, WI 54914
License Status: REGULAR
Licensed/Certified/Registered 06/27/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103933 **End Date:** 04/13/2009 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (TOUCHMARK ON WEST PROSPECT)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 04/13/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

This is Page 4 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ALEXANDRITE MANOR VNA APARTMENTS (0010359)

Address: 1537 LYON DRIVE, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 10/02/2002

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

Survey History

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

This is Page 5 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: IRISH VILLA (0012279)
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: 0101503 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: ISLAND SHORES (0010854)
Address: 131 E NORTH WATER ST, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered 01/27/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101464 **End Date:** 03/31/2008 **Type:** OTHER **Purpose:** OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: VILLA SAINT CLARE (0010353)
Address: 130 BRYD AVE, NEENAH, WI 54956
License Status: REGULAR
Licensed/Certified/Registered: 03/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104076 **End Date:** 04/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U96R11 Served 06/03/2009

<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: 0103528 **End Date:** 02/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R4T713 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	04/30/2009	Yes

This is Page 8 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Survey ID: 0101506 End Date: 03/28/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R4T712 Served 04/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES	10/07/2008	No
89.23(5)	SERVICES	10/07/2008	Yes

Survey ID: 0098300 End Date: 11/16/2006 Type: STANDARD Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007400 Served 12/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(12)	TENANT RIGHTS	03/06/2008	Yes
89.35(3)	GRIEVANCES	03/06/2008	Yes

Survey ID: 0097968 End Date: 08/18/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007371 Served 10/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	03/06/2008	Yes
89.23(4)(d)1	SERVICES	03/06/2008	Yes
89.23(4)(d)2.a	SERVICES	03/06/2008	Yes
89.23(5)	SERVICES	03/06/2008	No

This is Page 9 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (VILLA SAINT CLARE)

Date: 03/05/2009 SOD #R4T713 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---89.23(1)

Date: 12/15/2006 SOD #10007400 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---89.34(12)

Date: 10/24/2006 SOD #10007371 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.065(2)(d)
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.23(4)(d)2.a
FORFEITURE---89.23(5)

This is Page 10 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (VILLA SAINT CLARE)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 04/30/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/26/2008

Date Investigation Completed: 10/06/2008

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

R4T713

NUTRITION & FOOD SERVICES

SUBSTANTIATED

R4T713

MEDICATIONS

SUBSTANTIATED

R4T713

STAFF ADEQUACY

SUBSTANTIATED

R4T713

PROGRAM SERVICES

SUBSTANTIATED

R4T713

Date Complaint Received: 08/15/2008

Date Investigation Completed: 10/06/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF ADEQUACY

SUBSTANTIATED

R4T713

Date Complaint Received: 02/19/2008

Date Investigation Completed: 03/06/2008

Subject Area(s)

Result

SOD #

STAFF ADEQUACY

SUBSTANTIATED

R4T712

Date Complaint Received: 10/16/2006

Date Investigation Completed: 11/16/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10007400

MEDICATIONS

NOT SUBSTANTIATED

This is Page 11 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Date Complaint Received: 10/05/2006

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 11/16/2006

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10007400
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 07/26/2006

Subject Area(s)
RESIDENT RIGHTS
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Date Investigation Completed: 09/14/2006

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

This is Page 12 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: BELLA VISTA (0012629)
Address: 631 HAZEL STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 11/19/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102924 **End Date:** 11/18/2008 **Type:** INITIAL **Purpose:** DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 13 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: EVERGREEN GARDEN PLACE (0010361)
Address: 1130 NORTH WESTFIELD STREET, OSHKOSH, WI 54901
License Status: REGULAR
Licensed/Certified/Registered 09/25/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

This is Page 14 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: GABRIELS VILLA (0010363)
Address: 215 N WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 03/14/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

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

This is Page 15 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.