

## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Brown

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 23.00 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CARETTA SENIOR LIVING BELLEVUE RCAC (0019252)

**Address:** 1780 SERVANT WAY, BELLEVUE, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2023 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142651    **End Date:** 04/04/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 2 of 23 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 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** RENAISSANCE DE PERE (0014532)  
**Address:** 250 SOUTH 9TH ST, DE PERE, WI 54115  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/14/2013 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0144458    **End Date:** 10/02/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0136879    **End Date:** 07/29/2021    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BELLEVUE RETIREMENT COMMUNITY (0018348)  
**Address:** 1660 HOFFMAN ROAD, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/15/2021 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143497    **End Date:** 06/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0141060    **End Date:** 10/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (BELLEVUE RETIREMENT COMMUNITY--0018348)

**Date Complaint Received: 06/09/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/30/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/22/2022**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/08/2021**

**Date Investigation Completed: 10/17/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** BROOKVIEW MEADOWS (0015436)  
**Address:** 1740 CONDOR LN, GREEN BAY, WI 54313  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/13/2015 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DIMENSIONS LIVING GREEN BAY (0018885)  
**Address:** 246 BERGER STREET, GREEN BAY, WI 54302  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2022 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

|   |                             |                       |                                   |
|---|-----------------------------|-----------------------|-----------------------------------|
| <b>Survey ID:</b> 0144892                         | <b>End Date:</b> 11/27/2023 | <b>Type:</b> STANDARD | <b>Purpose:</b> SURVEY/COMPLAINT  |
| <b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED |                             |                       |                                   |
| <b>Survey ID:</b> 0142554                         | <b>End Date:</b> 03/23/2023 | <b>Type:</b> OTHER    | <b>Purpose:</b> COMPLAINT         |
| <b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED |                             |                       |                                   |
| <b>Survey ID:</b> 0139139                         | <b>End Date:</b> 04/01/2022 | <b>Type:</b> INITIAL  | <b>Purpose:</b> CHOW--DESK REVIEW |
| <b>Results:</b> LICENSE/CERT/REGISTRATION ISSUED  |                             |                       |                                   |

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

#### Complaint History (DIMENSIONS LIVING GREEN BAY--0018885)

**Date Complaint Received: 09/05/2023**

**Date Investigation Completed: 11/27/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

**Date Complaint Received: 02/02/2023**

**Date Investigation Completed: 03/23/2023**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

**Date Complaint Received: 12/22/2022**

**Date Investigation Completed: 03/23/2023**

Subject Area(s)  
PROGRAM SERVICES

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

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** GREEN BAY II AL OPERATIONS LLC (0019038)  
**Address:** 279 EAST ST JOSEPH ST, GREEN BAY, WI 54301  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/22/2022 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

|   |                             |                      |                                   |
|---|-----------------------------|----------------------|-----------------------------------|
| <b>Survey ID:</b> 0145456                         | <b>End Date:</b> 01/31/2024 | <b>Type:</b> OTHER   | <b>Purpose:</b> COMPLAINT         |
| <b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED |                             |                      |                                   |
| <b>Survey ID:</b> 0143541                         | <b>End Date:</b> 06/28/2023 | <b>Type:</b> OTHER   | <b>Purpose:</b> COMPLAINT         |
| <b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED |                             |                      |                                   |
| <b>Survey ID:</b> 0141410                         | <b>End Date:</b> 11/22/2022 | <b>Type:</b> INITIAL | <b>Purpose:</b> CHOW--DESK REVIEW |
| <b>Results:</b> LICENSE/CERT/REGISTRATION ISSUED  |                             |                      |                                   |

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

#### Complaint History (GREEN BAY II AL OPERATIONS LLC--0019038)

**Date Complaint Received: 01/19/2024**

**Date Investigation Completed: 01/31/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 03/29/2023**

**Date Investigation Completed: 06/28/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/03/2023**

**Date Investigation Completed: 06/28/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** MCCORMICK ASSISTED LIVING (0017401)  
**Address:** 212 IROQUOIS AVENUE, GREEN BAY, WI 54301  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/08/2019 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** MORAINE RIDGE (0013688)  
**Address:** 2929 SAINT ANTHONY DR, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/29/2011 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0145419    **End Date:** 10/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X50W11    Served 01/29/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(2)(a)2.b            | SERVICES            |                            |                  |
| 89.23(2)(c)               | SERVICES            |                            |                  |
| 89.23(4)(a)2              | SERVICES            |                            |                  |
| 89.27(2)(a)1              | SERVICE AGREEMENT   |                            |                  |
| 89.28(6)                  | RISK AGREEMENT      |                            |                  |
| 89.34(16)                 | TENANT RIGHTS       |                            |                  |

**Survey ID:** 0142433    **End Date:** 03/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139920    **End Date:** 06/07/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (MORAINE RIDGE--0013688)

**Date:** 01/29/2024      **SOD #**X50W11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---U 117 89.23(2)(a)2b

FORFEITURE---U 129 89.23(4)(a)2

FORFEITURE---U 173 89.27(2)(a)1

FORFEITURE---U 267 89.34(16)

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (MORAINE RIDGE--0013688)

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

X50W11

**Date Complaint Received: 08/15/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 06/20/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

X50W11

PROGRAM SERVICES

SUBSTANTIATED

X50W11

RESIDENT RIGHTS

SUBSTANTIATED

X50W11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

X50W11

**Date Complaint Received: 06/12/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/05/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

X50W11

PROGRAM SERVICES

SUBSTANTIATED

X50W11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

X50W11

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 06/01/2023**

**Date Investigation Completed: 10/27/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

| <u>Result</u> | <u>SOD #</u> |
|---------------|--------------|
| SUBSTANTIATED | X50W11       |
| SUBSTANTIATED | X50W11       |

**Date Complaint Received: 12/22/2022**

**Date Investigation Completed: 03/09/2023**

Subject Area(s)  
PROGRAM SERVICES

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

**Date Complaint Received: 09/06/2022**

**Date Investigation Completed: 03/09/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

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

**Date Complaint Received: 04/25/2022**

**Date Investigation Completed: 06/07/2022**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

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

**Date Complaint Received: 12/20/2021**

**Date Investigation Completed: 06/07/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

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

**Date Complaint Received: 11/09/2021**

**Date Investigation Completed: 06/07/2022**

Subject Area(s)  
PROGRAM SERVICES

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

**Date Complaint Received: 10/29/2021**

**Date Investigation Completed: 06/07/2022**

Subject Area(s)  
RESIDENT RIGHTS

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

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (REGISTERED)

#### Facility Information

**Facility Name:** OAK PARK PLACE OF GREEN BAY (0016398)  
**Address:** 421 ERIE RD, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/17/2017 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0144889    **End Date:** 11/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138325    **End Date:** 01/11/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (OAK PARK PLACE OF GREEN BAY--0016398)

**Date Complaint Received:** 06/19/2023    **Date Investigation Completed:** 11/21/2023

| <u>Subject Area(s)</u>         | <u>Result</u>     | <u>SOD #</u> |
|--------------------------------|-------------------|--------------|
| ADMINISTRATION                 | NOT SUBSTANTIATED |              |
| PROGRAM SERVICES               | NOT SUBSTANTIATED |              |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |              |

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** REBEKAH HAVEN (0010347)  
**Address:** 826 GRIGNON ST, GREEN BAY, WI 54301  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1998 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140071    **End Date:** 06/21/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WAYSIDE PARKVIEW ESTATES (0010376)  
**Address:** 3838 CHURCH VIEW CT, GREENLEAF, WI 54126  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/2003 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** EMERALD BAY ASSISTED LIVING (0015710)  
**Address:** 650 CENTENNIAL CENTRE BLVD, HOBART, WI 54155  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/2015 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0144646    **End Date:** 10/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142164    **End Date:** 02/14/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142085    **End Date:** 01/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142533    **End Date:** 11/01/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139155    **End Date:** 04/04/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0136288    **End Date:** 05/12/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DK4D11    Served 05/21/2021

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(2)(a)2.b            | SERVICES            | 7/5/21                     |                  |
| 89.34(16)                 | TENANT RIGHTS       | 7/5/21                     |                  |

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (EMERALD BAY ASSISTED LIVING--0015710)

**Date Complaint Received: 08/14/2023**

**Date Investigation Completed: 10/26/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/03/2023**

**Date Investigation Completed: 10/26/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/07/2023**

**Date Investigation Completed: 02/14/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/25/2023**

**Date Investigation Completed: 02/14/2023**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/16/2022**

**Date Investigation Completed: 01/04/2023**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/05/2022**

**Date Investigation Completed: 02/14/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 03/15/2022**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 12/02/2021**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 11/03/2021**

**Date Investigation Completed: 11/01/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 10/28/2021**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 09/29/2021**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 06/30/2021**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/14/2021**

**Date Investigation Completed: 04/04/2022**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE-HOWARD (0016148)  
**Address:** 2790 ELM TREE HILL, HOWARD, WI 54313  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/27/2016 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142100    **End Date:** 02/08/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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