

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Fond Du Lac

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Fond Du Lac County.**

**The report includes only facilities located within the City of FOND DU LAC. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 26.00 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 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ACC COMMUNITY CONNECTIONS WISCONSIN COURT EAST (0018545)

**Address:** 496 WISCONSIN COURT, FOND DU LAC, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/07/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0143304    **End Date:** 04/07/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HT0D11    Served 06/09/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance</u> |                  |
|---------------------------|---|-------------------|------------------|
|                           |   | <u>Verified</u>   | <u>Corrected</u> |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY               | 7/24/23           | Yes              |
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND MAINTENANCE | 7/24/23           | Yes              |
| 88.06(3)(a)               | INDIVIDUAL SERVICE PLAN & ASSESSMENT    | 7/24/23           | Yes              |

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** ARC MARIA LANE (0009338)

**Address:** 51 MARIA LN, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/24/2001 12:00:00AM

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

#### Survey History

**Survey ID:** 0148237    **End Date:** 12/03/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140987    **End Date:** 10/10/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139622    **End Date:** 02/15/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MS8C11    Served 05/23/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance</u> |                  |
|---------------------------|---|-------------------|------------------|
|                           |   | <u>Verified</u>   | <u>Corrected</u> |
| 88.04(2)(f)               | CONDITION WHICH REPRESENTS RISK OR HARM | 10/6/22           | Yes              |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY               | 10/6/22           | Yes              |
| 88.05(2)(a)               | DIFFICULTY WALKING                      | 10/6/22           | Yes              |
| 88.06(3)(f)               | REVIEW OF ISP                           | 10/6/22           | Yes              |
| 88.08                     | TERMINATION OF PLACEMENT                | 10/6/22           | Yes              |

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Enforcement History (ARC MARIA LANE--0009338)

**Date:** 05/23/2022      **SOD #**MS8C11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** ARC MICHELS ADULT FAMILY HOME (0015392)

**Address:** 769 MUSTANG LN, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/11/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0141541    **End Date:** 10/19/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VPUW11    Served 12/08/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                        | <u>Compliance</u><br><u>Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------------|------------------|
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND<br>MAINTENANCE | 1/22/23                              |                  |
| 88.06(3)(f)               | REVIEW OF ISP                              | 1/22/23                              |                  |

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ARC POPLAR ADULT FAMILY HOME (490066)

**Address:** 373 POPLAR ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0148235    **End Date:** 12/04/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138873    **End Date:** 03/02/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ARC SEYMOUR ADULT FAMILY HOME (0009470)

**Address:** 400 S SEYMOUR, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0144966    **End Date:** 11/30/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ARC SEYMOUR ADULT FAMILY HOME--0009470)

**Date Complaint Received:** 09/12/2023

**Date Investigation Completed:** 11/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ARC STONE ADULT FAMILY HOME (0015393)

**Address:** 779 MUSTANG LN, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/11/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0138874    **End Date:** 03/03/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** BANK STREET HOME (0010685)

**Address:** 413 E BANK ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0142951    **End Date:** 05/03/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141294    **End Date:** 11/07/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (BANK STREET HOME--0010685)

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

**Date Investigation Completed:** 11/07/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** BERGER PARKWAY HOME (0010686)

**Address:** 23 N BERGER PARKWAY, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2004 12:00:00AM

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

#### Survey History

**Survey ID:** 0147948    **End Date:** 10/25/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140721    **End Date:** 09/01/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VISB11    Served 09/12/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.05(4)(b)2              | SMOKE DETECTORS-TESTING AND MAINTENANCE | 10/27/22                   |                  |

#### Complaint History (BERGER PARKWAY HOME--0010686)

**Date Complaint Received:** 08/14/2024

**Date Investigation Completed:** 10/25/2024

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CLARITY CARE BELL (0017336)

**Address:** 474 THOMAS ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/22/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0139607    **End Date:** 05/18/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** CLARITY CARE MIHILL HOUSE (490010)

**Address:** 975-977 MIHILL AVE, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1991 12:00:00AM

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

#### Survey History

**Survey ID:** 0144733    **End Date:** 09/28/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W1Z611    Served 11/07/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.05(3)(a)               | HOME ENVIRONMENT    | 12/22/23                   | Yes              |

**Survey ID:** 0140521    **End Date:** 08/18/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Complaint History (CLARITY CARE MIHILL HOUSE--490010)

**Date Complaint Received: 09/18/2023**

**Date Investigation Completed: 09/28/2023**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/03/2022**

**Date Investigation Completed: 08/18/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** CLARITY CARE WESTERN (0017552)

**Address:** 825 FOREST AVE, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0148207    **End Date:** 12/03/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146356    **End Date:** 02/20/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WTIN11    Served 05/09/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u>       | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 88.07(2)(b)5              | MONITORING HEALTH         | 12/3/24                    | Yes              |
| 88.10(3)(e)               | SELF-DIRECTION            | 12/3/24                    | Yes              |
| 88.10(3)(l)               | SAFE PHYSICAL ENVIRONMENT | 12/3/24                    | Yes              |

**Survey ID:** 0139608    **End Date:** 05/18/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (CLARITY CARE WESTERN--0017552)

**Date:** 05/09/2024    **SOD #**WTIN11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Complaint History (CLARITY CARE WESTERN--0017552)

**Date Complaint Received: 10/24/2023**

**Date Investigation Completed: 02/20/2024**

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|---------------|--------------|
| ADMINISTRATION         | SUBSTANTIATED | WTIN11       |
| PROGRAM SERVICES       | SUBSTANTIATED | WTIN11       |
| RESIDENT RIGHTS        | SUBSTANTIATED | WTIN11       |

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** FAIR HAVEN (0010722)

**Address:** 364 E 13TH ST, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2004 12:00:00AM

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

#### Survey History

**Survey ID:** 0146587    **End Date:** 05/31/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146347    **End Date:** 02/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #86F115    Served 05/09/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                    | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|----------------------------|------------------|
| 88.05(3)(n)1              | BED-CLEAN, GOOD CONDITION, PROPER SIZE | 6/23/24                    |                  |
| 88.10(3)(l)               | SAFE PHYSICAL ENVIRONMENT              | 6/23/24                    |                  |

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

**Survey ID:** 0143828    **End Date:** 04/13/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #86F114    Served 08/02/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 88.03(8)(a)               | MONITORING OF HOME                 | 2/12/24                    | Yes              |
| 88.05(3)(a)               | HOME ENVIRONMENT                   | 2/8/24                     | Yes              |
| 88.05(3)(e)2.b            | INSPECTIONS-GAS FURNACE            | 2/8/24                     | Yes              |
| 88.05(3)(h)6              | SPACE FOR INDIVIDUAL STORAGE       | 2/8/24                     | Yes              |
| 88.05(4)(b)1              | FIRE SAFETY-SMOKE DETECTORS        | 2/8/24                     | Yes              |
| 88.05(4)(d)2.a            | FIRE SAFETY EVACUATION PLAN REVIEW | 2/8/24                     | Yes              |
| 88.05(4)(d)2.b            | FIRE EVACUATION ANNUAL EVALUATION  | 2/8/24                     | Yes              |
| 88.06(2)(a)               | ADMISSION-HEALTH EXAM              | 2/12/24                    | Yes              |
| 88.06(2)(b)               | SERVICE AGREEMENT EXCEPT RESPITE   | 2/8/24                     | Yes              |
| 88.06(3)(f)               | REVIEW OF ISP                      | 2/8/24                     | Yes              |
| 88.07(3)(d)               | MEDICATION- WRITTEN ORDER          | 2/8/24                     | Yes              |

**Survey ID:** 0141854    **End Date:** 10/06/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #86F113    Served 01/17/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u>            | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|----------------------------|------------------|
| 88.05(3)(a)               | HOME ENVIRONMENT               | 4/13/23                    | No               |
| 88.05(3)(h)6              | SPACE FOR INDIVIDUAL STORAGE   | 4/13/23                    | No               |
| 88.05(4)(a)               | FIRE SAFETY-FIRE EXTINGUISHERS | 4/12/23                    | Yes              |

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Enforcement History (FAIR HAVEN--0010722)

**Date:** 08/02/2023      **SOD #**86F114      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 01/17/2023      **SOD #**86F113      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

#### Complaint History (FAIR HAVEN--0010722)

**Date Complaint Received:** 03/05/2024

**Date Investigation Completed:** 05/31/2024

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 10/05/2023

**Date Investigation Completed:** 02/12/2024

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** FOLLETT HOME (0017378)

**Address:** 163 EAST FOLLETT STREET, FOND DU LAC, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/11/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0147745    **End Date:** 10/02/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** HINRICHS ADULT FAMILY HOME (0012321)  
**Address:** 549 T BIRD DR, FOND DU LAC, WI 54935  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/2008 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

#### Survey History

**Survey ID:** 0147828    **End Date:** 07/30/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GCOG11    Served 10/15/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u>      | <u>Compliance</u> |                  |
|---------------------------|--------------------------|-------------------|------------------|
|                           |                          | <u>Verified</u>   | <u>Corrected</u> |
| 88.03(3)(b)               | CRIMINAL RECORDS CHECK   | 11/29/24          |                  |
| 88.05(3)(h)5              | SPACE IN BEDROOMS        | 11/29/24          |                  |
| 88.05(4)(d)2.c            | SEMI-ANNUAL FIRE DRILLS  | 11/29/24          |                  |
| 88.07(3)(a)               | PRESCRIPTION MEDICATIONS | 11/29/24          |                  |
| 88.09(2)(b)               | LICENSEE RECORD          | 11/29/24          |                  |

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Hunter Ledgeview (0020533)

**Address:** 1508 Hunter Ave, Fond du Lac, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/30/2025 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Hunter Meadow (0020482)

**Address:** 1432 Hunter Ave, Fond du Lac, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147924    **End Date:** 10/23/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Hunter Treeline (0020524)

**Address:** 1360 Hunter Ave, Fond du Lac, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147922    **End Date:** 10/23/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** MEADOWVIEW (0019977)

**Address:** N6038 MEADOWVIEW LN, FOND DU LAC, WI 54937

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/13/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147169    **End Date:** 06/13/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Palmer Place (0019959)

**Address:** 69 W Arndt St, Fond Du Lac, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/06/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148199    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145485    **End Date:** 02/06/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

### Complaint History (Palmer Place--0019959)

**Date Complaint Received:** 10/03/2024

**Date Investigation Completed:** 11/27/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Whippoorwill (0020522)

**Address:** 683 N Prairie RD, Fond du Lac, WI 54935

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147925    **End Date:** 10/23/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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