

## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Manitowoc

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Manitowoc County. The report is a PDF (Adobe Acrobat) document and includes a total of 13.00 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 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** DVINAS ADULT FAMILY HOME LLC HOME I (0018796)

**Address:** 1402 S 9TH STREET, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/23/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139045    **End Date:** 03/22/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 2 of 13 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 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** HIL LIGHTHOUSE (0018371)

**Address:** 1301 NORTH 24TH STREET, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/26/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0135505    **End Date:** 01/31/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**

For the period 04/03/2021 to 04/02/2024

Adult Family Home

**Facility Information**

**Facility Name:** HIL SIERRA HOME (0009688)

**Address:** 2021 KELLNER ST, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002 12:00:00AM

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

**Survey History**

**Survey ID:** 0137309    **End Date:** 09/27/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** HIL YORKTOWN HOME (0009732)

**Address:** 2136 S 13TH ST, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0138704    **End Date:** 02/15/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** Just 4 Me Adult Family Home (0019756)

**Address:** 635 N 8th Street, Manitowoc, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/20/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145135    **End Date:** 12/20/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** Marshall House (0019965)

**Address:** 1325 S 12th St, Manitowoc, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/07/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145513    **End Date:** 02/07/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** VISTA CARE KIMBERLY CIRCLE AFH (0009127)

**Address:** 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/03/2000 12:00:00AM

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

### Survey History

**Survey ID:** 0141414    **End Date:** 11/14/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

#### Facility Information

**Facility Name:** VISTA CARE NORTH 21ST STREET AFH (0014115)

**Address:** 2127 MENASHA AVE, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/17/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0140042    **End Date:** 06/07/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VF6811    Served 07/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/21/22	

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## Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

### Facility Information

**Facility Name:** VISTA CARE ROCK STREET AFH (0016156)

**Address:** 4020 ROCK STREET, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/07/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0139729      **End Date:** 05/31/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

#### Facility Information

**Facility Name:** VISTA CARE SOUTH 42ND ST (0016776)

**Address:** 4114 4116 ROCK ST, MANITOWOC, WI 54220

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/20/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0139006    **End Date:** 03/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137883    **End Date:** 08/06/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4MXQ11    Served 12/02/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	3/17/22	Yes

#### Enforcement History (VISTA CARE SOUTH 42ND ST--0016776)

**Date:** 12/02/2021    **SOD #**4MXQ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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**Provider Inspection Summary**

For the period 04/03/2021 to 04/02/2024

Adult Family Home

**Complaint History (VISTA CARE SOUTH 42ND ST--0016776)**

**Date Complaint Received: 12/06/2021**

**Date Investigation Completed: 03/17/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 04/03/2021 to 04/02/2024

Adult Family Home

#### Facility Information

**Facility Name:** PETRZELKA FAMILY HOME (0010838)

**Address:** 12112 MELNIK RD, WHITELAW, WI 54247

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/05/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0139277    **End Date:** 03/14/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #T3V711    Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/2/22	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/2/22	

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