

Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Marinette County. The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 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 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: NORTH COUNTRY VIEW EAST (0016437)

Address: W16446 SUGAR BUSH DR, ARMSTRONG CREEK, WI 54103

License Status: REGULAR

Licensed/Certified/Registered 08/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 3/28/21 to 3/27/24

This is Page 2 of 36 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 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: ROST-HUEBNER HOUSE 1 (0015058)

Address: N6726 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

License Status: REGULAR

Licensed/Certified/Registered 05/15/2014 12:00:00AM

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

Survey History

Survey ID: 0136097 **End Date:** 04/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: ROST-HUEBNER HOUSE 2 (0015059)

Address: N6728 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

License Status: REGULAR

Licensed/Certified/Registered 05/15/2014 12:00:00AM

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

Survey History

Survey ID: 0140028 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136099 **End Date:** 04/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ROST-HUEBNER HOUSE 2--0015059)

Date Complaint Received: 04/21/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: ROST-HUEBNER HOUSE 3 (0015060)

Address: N6730 LEFT FOOT LAKE RD, CRIVITZ, WI 54114

License Status: REGULAR

Licensed/Certified/Registered 05/15/2014 12:00:00AM

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

Survey History

Survey ID: 0136101 **End Date:** 04/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: EDGEWOOD REM WISCONSIN II INC (0016692)

Address: 1014 EDGEWOOD CIRCLE, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 06/26/2017 12:00:00AM

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

Survey History

Survey ID: 0138502 **End Date:** 01/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #574211 Served 01/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/13/22	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: MCALLISTER REM WISCONSIN II INC (0016694)
Address: W454 OAKWOOD BEACH RD, MARINETTE, WI 54143
License Status: REGULAR
Licensed/Certified/Registered 06/26/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142913 **End Date:** 04/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141280 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MCALLISTER REM WISCONSIN II INC--0016694)

Date Complaint Received: 04/19/2021

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: REM RUSSELL (0011395)

Address: 413 WEST RUSSELL STREET, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 05/22/2006 12:00:00AM

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

Survey History

Survey ID: 0140325 **End Date:** 07/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: REM Shore Dr (0019228)

Address: N2511 Shore Dr, Marinette, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 12/01/2022 12:00:00AM

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

Survey History

Survey ID: 0145447 **End Date:** 12/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: RISE AND SHINE ADULT FAMILY HOME (0016424)

Address: 2223 THOMAS ST, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 11/01/2016 12:00:00AM

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

Survey History

Survey ID: 0138054 **End Date:** 12/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: RISE AND SHINE AFH 2 LLC (0017597)

Address: 2302 THOMAS ST, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 08/09/2019 12:00:00AM

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

Survey History

Survey ID: 0141454 **End Date:** 09/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K62I11 Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	2/7/23	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: RISE AND SHINE AFH LLC 3 (0018700)

Address: 1500 MARINETTE AVENUE, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 12/14/2021 12:00:00AM

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

Survey History

Survey ID: 0138402 **End Date:** 12/14/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Rise and Shine AFH LLC 4 (0019295)

Address: 814 Terrace Avenue, Marinette, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 01/20/2023 12:00:00AM

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

Survey History

Survey ID: 0145328 **End Date:** 01/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: RIVERSIDE REM WISCONSIN II INC (0016695)

Address: 2619 RIVERSIDE AVE, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 06/26/2017 12:00:00AM

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

Survey History

Survey ID: 0138056 **End Date:** 12/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: SHORE MANOR REM WISCONSIN II INC (0016693)

Address: W491 OAKWOOD BEACH RD, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 06/26/2017 12:00:00AM

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

Survey History

Survey ID: 0138741 **End Date:** 01/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #330011 Served 02/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/4/22	
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	4/4/22	
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/4/22	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: POUND AFH 2 (0017076)

Address: 1005 COUNTY RD Q, POUND, WI 54161

License Status: REGULAR

Licensed/Certified/Registered 03/29/2018 12:00:00AM

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

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEWCARE RESIDENCE (0015057)

Address: 903 MAIN AVE, CRIVITZ, WI 54114

License Status: REGULAR

Licensed/Certified/Registered 05/14/2014 12:00:00AM

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

Survey History

Survey ID: 0143415 **End Date:** 06/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141422 **End Date:** 11/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NEWCARE RESIDENCE--0015057)

Date Complaint Received: 06/13/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: ANTHONY HOUSE (0010562)

Address: 900 WELLS ST, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004 12:00:00AM

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

Survey History

Survey ID: 0138499 **End Date:** 01/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3K4I11 Served 01/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	3/13/22	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/13/22	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COTTAGES AT LAKE PARK (THE) (0017939)

Address: 2006 LAKE PARK DRIVE, MARINETTE, WI 54143

License Status: REGULAR

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

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

Survey History

Survey ID: 0143934 **End Date:** 07/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GBP912 Served 08/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142997 End Date: 03/30/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GBP911 Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/26/23	No
83.38(1)(b)	SUPERVISION	7/18/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/18/23	Yes

Survey ID: 0140025 End Date: 07/05/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139248 End Date: 11/21/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KBNI11 Served 04/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/21/22	Yes
83.28(7)	ADVANCED DIRECTIVES	6/21/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	6/21/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/21/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/21/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/21/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	6/21/22	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COTTAGES AT LAKE PARK (THE)--0017939)

Date: 08/16/2023 **SOD #**GBP912 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32 3i
FORFEITURE---83.35 3d

Date: 05/09/2023 **SOD #**GBP911 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35 3D
FORFEITURE---83.38 1B
FORFEITURE---83.38 1H

Date: 04/15/2022 **SOD #**KBNI11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COTTAGES AT LAKE PARK (THE)--0017939)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/26/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	GBP912
PROGRAM SERVICES	SUBSTANTIATED	GBP912
RESIDENT RIGHTS	SUBSTANTIATED	GBP912

Date Complaint Received: 03/01/2023

Date Investigation Completed: 03/30/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	GBP911
RESIDENT RIGHTS	SUBSTANTIATED	GBP911

Date Complaint Received: 12/02/2022

Date Investigation Completed: 03/30/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	GBP911

Date Complaint Received: 11/14/2022

Date Investigation Completed: 03/30/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	GBP911

Date Complaint Received: 01/13/2022

Date Investigation Completed: 07/05/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 05/25/2021

Date Investigation Completed: 11/21/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	KBNI11

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LUTHER MANOR (0008721)
Address: 831 PINE BEACH ROAD, MARINETTE, WI 54143
License Status: REGULAR
Licensed/Certified/Registered 04/01/2000 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144610	End Date: 10/18/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0141274	End Date: 10/27/2022	Type: OTHER	Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0136226	End Date: 05/11/2021	Type: OTHER	Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

Complaint History (LUTHER MANOR--0008721)

Date Complaint Received: 05/10/2023	Date Investigation Completed: 10/18/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 01/23/2022	Date Investigation Completed: 10/27/2022	
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV NORTH MARINETTE NORTH (0017755)

Address: 875 UNIVERSITY DR, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

Survey History

Survey ID: 0145194 **End Date:** 10/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EU2D11 Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		

Survey ID: 0143079 **End Date:** 05/12/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137724 End Date: 09/16/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F4NP11 Served 11/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	12/24/21	

Enforcement History (SV NORTH MARINETTE NORTH--0017755)

Date: 01/08/2024 SOD #EU2D11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---N 205 83.14(2)(j)

Complaint History (SV NORTH MARINETTE NORTH--0017755)

Date Complaint Received: 08/22/2023 Date Investigation Completed: 10/10/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	EU2D11

Date Complaint Received: 05/08/2023 Date Investigation Completed: 05/12/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SV NORTH MARINETTE SOUTH (0017759)

Address: 3206 WOODLAND RD, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

Survey History

Survey ID: 0138995 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VILLAGE INC (0016677)

Address: 620 HARPER AVE, PESHTIGO, WI 54157

License Status: REGULAR

Licensed/Certified/Registered 12/01/2018 12:00:00AM

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

Survey History

Survey ID: 0144865 **End Date:** 09/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CNU13 Served 11/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(4)	RESIDENT SATISFACTION EVALUATION		

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142431 End Date: 09/21/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CNU12 Served 03/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	8/28/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/28/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	8/28/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/1/23	No
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	8/28/23	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	8/28/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/28/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/28/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/28/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/28/23	Yes
83.25	CONTINUING EDUCATION	8/28/23	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	8/28/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/28/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	8/28/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	8/28/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/1/23	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/28/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/28/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/28/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	8/28/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	8/28/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/28/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/28/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/28/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/28/23	Yes
83.46(1)(f)	COMBUSTIBLES	8/28/23	Yes
83.47(2)(d)	FIRE DRILLS	8/28/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/28/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	8/28/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ARBOR VILLAGE INC--0016677)

Date: 11/21/2023 **SOD #**8CNU13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12 5a
FORFEITURE---83.32 3n

Date: 03/10/2023 **SOD #**8CNU12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---50.09 1E
FORFEITURE---83.12 2A
FORFEITURE---83.12 4B
FORFEITURE---83.12 5A
FORFEITURE---83.14 2A
FORFEITURE---83.17 1
FORFEITURE---83.21 1
FORFEITURE---83.25
FORFEITURE---83.27 2C
FORFEITURE---83.28 4A
FORFEITURE---83.32 3B
FORFEITURE---83.32 3D
FORFEITURE---83.32 3N
FORFEITURE---83.35 1A
FORFEITURE---83.35 3B
FORFEITURE---83.37 3C
FORFEITURE---83.38 1I
FORFEITURE---83.47 2D
FORFEITURE---83.47 2E

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBOR VILLAGE INC--0016677)

Date Complaint Received: 03/21/2023

Date Investigation Completed: 09/01/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/24/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
8CNU12

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Residence by Rennes Peshtigo (0019599)

Address: 725 WILLOW ST, PESHTIGO, WI 54157

License Status: REGULAR

Licensed/Certified/Registered 08/22/2023 12:00:00AM

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

Survey History

Survey ID: 0144066 **End Date:** 08/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Cottages at Lake Park Senior Living (The) (0019081)
Address: 2006 Lake Park Drive, Marinette, WI 54143
License Status: REGULAR
Licensed/Certified/Registered 08/03/2022 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143775	End Date: 07/26/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0142521	End Date: 03/20/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0140461	End Date: 08/03/2022	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Complaint History (Cottages at Lake Park Senior Living (The)--0019081)

Date Complaint Received: 04/05/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/10/2023

Date Investigation Completed: 03/20/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: RENAISSANCE MARINETTE (0014498)

Address: 2909 SHORE DR, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 03/20/2013 12:00:00AM

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

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WASHINGTON SQUARE (0013717)

Address: 2502 TAYLOR ST, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 07/07/2011 12:00:00AM

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

Survey History

Survey ID: 0141967 **End Date:** 01/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WASHINGTON SQUARE--0013717)

Date Complaint Received: 12/30/2022

Date Investigation Completed: 01/26/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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