

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### 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 38.00 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 01/30/2022 to 01/29/2025

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

**Survey ID:** 0146968    **End Date:** 06/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Y9NP11    Served 07/17/2024

<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	8/31/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146898    **End Date:** 07/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146915    **End Date:** 07/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**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 01/30/2022 to 01/29/2025

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:** 0146922    **End Date:** 07/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0148483    **End Date:** 01/09/2025    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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:** 0147272    **End Date:** 08/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 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 01/30/2022 to 01/29/2025

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

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0147211    **End Date:** 08/01/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

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

#### Complaint History (Rise and Shine AFH LLC 4--0019295)

**Date Complaint Received:** 03/12/2024

**Date Investigation Completed:** 08/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0147265    **End Date:** 08/07/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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

**Survey ID:** 0146957    **End Date:** 06/03/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4SFQ11    Served 07/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	8/30/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

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

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0148612    **End Date:** 11/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WS4411    Served 01/28/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0147840    **End Date:** 08/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GBP913    Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/29/24	

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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	8/2/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/2/24	Yes

**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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date:** 01/28/2025      **SOD #**WS4411      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N0353 DHS 83.32(3)(i)

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

Sanctions

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

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

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 09/16/2024**

**Date Investigation Completed: 11/19/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

WS4411

PROGRAM SERVICES

SUBSTANTIATED

WS4411

RESIDENT RIGHTS

SUBSTANTIATED

WS4411

**Date Complaint Received: 06/06/2024**

**Date Investigation Completed: 08/02/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/24/2024**

**Date Investigation Completed: 08/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/15/2024**

**Date Investigation Completed: 08/02/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GBP913

**Date Complaint Received: 07/10/2023**

**Date Investigation Completed: 07/26/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

GBP912

PROGRAM SERVICES

SUBSTANTIATED

GBP912

RESIDENT RIGHTS

SUBSTANTIATED

GBP912

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

**Date Investigation Completed: 03/30/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GBP911

RESIDENT RIGHTS

SUBSTANTIATED

GBP911

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 12/02/2022**

**Date Investigation Completed: 03/30/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
GBP911

**Date Complaint Received: 11/14/2022**

**Date Investigation Completed: 03/30/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
SUBSTANTIATED

SOD #  
GBP911

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0148001    **End Date:** 08/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VN2711    Served 11/01/2024

<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	1/13/25	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	1/13/25	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/13/25	Yes

**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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (LUTHER MANOR--0008721)

**Date Complaint Received: 05/28/2024**

**Date Investigation Completed: 08/27/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

VN2711

RESIDENT RIGHTS

SUBSTANTIATED

VN2711

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

VN2711

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

**Date Investigation Completed: 10/18/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0147996    **End Date:** 10/24/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146551    **End Date:** 04/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EU2D12    Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/24/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**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	4/5/24	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	4/5/24	Yes

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

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (SV NORTH MARINETTE NORTH--0017755)

**Date: 05/29/2024**    **SOD #EU2D12**    **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 352 83.32(3)(h)

**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)

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (SV NORTH MARINETTE NORTH--0017755)

**Date Complaint Received: 10/30/2023**

**Date Investigation Completed: 04/05/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

EU2D12

**Date Complaint Received: 08/22/2023**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EU2D11

**Date Complaint Received: 05/08/2023**

**Date Investigation Completed: 05/12/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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:** 0146463    **End Date:** 05/13/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**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 01/30/2022 to 01/29/2025

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:** 0147793    **End Date:** 07/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8CNU14    Served 10/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		

**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	7/11/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/11/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	7/11/24	Yes

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

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</u>	
		<u>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 01/30/2022 to 01/29/2025

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (ARBOR VILLAGE INC--0016677)

**Date:** 10/09/2024      **SOD #**8CNU14      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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

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:**

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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

FORFEITURE---83.35 3B  
FORFEITURE---83.37 3C  
FORFEITURE---83.38 1I  
FORFEITURE---83.47 2D  
FORFEITURE---83.47 2E

#### Complaint History (ARBOR VILLAGE INC--0016677)

**Date Complaint Received: 06/25/2024**

**Date Investigation Completed: 07/11/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/12/2024**

**Date Investigation Completed: 07/11/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
8CNU14

**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 01/30/2022 to 01/29/2025

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:** 0148489    **End Date:** 01/06/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

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

#### Complaint History (Residence by Rennes Peshtigo--0019599)

**Date Complaint Received:** 09/24/2024

**Date Investigation Completed:** 01/06/2025

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
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

<b>Survey ID:</b> 0147224	<b>End Date:</b> 08/05/2024	<b>Type:</b> STANDARD	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0143775	<b>End Date:</b> 07/26/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0142521	<b>End Date:</b> 03/20/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0140461	<b>End Date:</b> 08/03/2022	<b>Type:</b> INITIAL	<b>Purpose:</b> SURVEY
<b>Results:</b> LICENSE/CERT/REGISTRATION ISSUED			

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Residential Care Apartment Complex (CERTIFIED)

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

**Date Complaint Received: 02/06/2024**

**Date Investigation Completed: 08/05/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/05/2023**

**Date Investigation Completed: 07/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/10/2023**

**Date Investigation Completed: 03/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
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

**Survey ID:** 0146784    **End Date:** 06/25/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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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