

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Outagamie

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Outagamie County.**

**The report includes only facilities located within the City of APPLETON. 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 87.00 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

### Facility Information

**Facility Name:** AGAPE 4 - GREENFIELD (410044)

**Address:** 343 E GREENFIELD ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/24/1989 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** AGAPE 8 CHEROKEE ST (410260)

**Address:** 2237 W CHEROKEE ST, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1992 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AGAPE 9 KINGFISHER (410380)

**Address:** N500 KINGFISHER CT, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0139569      **End Date:** 5/16/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** APPLE CREEK PLACE I (0017916)

**Address:** 5102 N CHERRYVALE AVENUE, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0142329    **End Date:** 11/2/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0NUA11    Served 3/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.23	EMPLOYEE SUPERVISION		
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS
83.37(1)(j)	PROOF-OF-USE RECORD
83.38(1)(g)	HEALTH MONITORING
83.39(1)	INFECTION CONTROL PROGRAM
83.41(2)(c)	NUTRITION: MENUS
83.41(3)(b)	FOOD SAFETY
83.42(1)	RESIDENT RECORD MAINTAINED
83.45(3)	TOXIC SUBSTANCES

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**Survey ID:** 0135731    **End Date:** 3/4/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0135632    **End Date:** 2/11/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DGJM11    Served 2/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/4/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/4/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (APPLE CREEK PLACE I--0017916)

**Date:** 3/1/2023      **SOD #**0NUA11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.15 3A

FORFEITURE---83.20 2A-D

FORFEITURE---83.21 1-3

FORFEITURE---83.22 1-4

FORFEITURE---83.23

FORFEITURE---83.32 3H

FORFEITURE---83.35 3A

FORFEITURE---83.36 1A

FORFEITURE---83.37 1J

FORFEITURE---83.38 1G

FORFEITURE---83.39 1

FORFEITURE---83.42 1

FORFEITURE---83.45 3

---

**Date:** 2/17/2021      **SOD #**DGJM11      **Appealed:**

#### Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (APPLE CREEK PLACE I--0017916)

**Date Complaint Received: 10/25/2022**

**Date Investigation Completed: 11/2/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

0NUA11

PROGRAM SERVICES

SUBSTANTIATED

0NUA11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0NUA11

**Date Complaint Received: 5/4/2022**

**Date Investigation Completed: 11/2/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0NUA11

PROGRAM SERVICES

SUBSTANTIATED

0NUA11

**Date Complaint Received: 2/11/2021**

**Date Investigation Completed: 2/11/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 1/19/2021**

**Date Investigation Completed: 2/11/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DGJM11

**Date Complaint Received: 1/12/2021**

**Date Investigation Completed: 2/11/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/6/2021**

**Date Investigation Completed: 2/11/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** APPLE CREEK PLACE II (0017917)

**Address:** 5118 CHERRYVALE AVENUE, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0142304    **End Date:** 10/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SYDX12    Served 2/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.38(1)(g)	HEALTH MONITORING		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		
83.47(2)(d)	FIRE DRILLS		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139438    **End Date:** 1/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SYDX11    Served 5/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/27/23	No
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	2/27/23	No

**Survey ID:** 0135518    **End Date:** 1/29/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IMC811    Served 2/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/19/21	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/19/21	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (APPLE CREEK PLACE II--0017917)

**Date:** 2/27/2023      **SOD #**SYDX12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20 2 A-D  
FORFEITURE---83.31 4C  
FORFEITURE---83.36 1A  
FORFEITURE---83.38 1G

**Date:** 5/3/2022      **SOD #**SYDX11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.16(1)(a)  
FORFEITURE---83.46(1)(a)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (APPLE CREEK PLACE II--0017917)

**Date Complaint Received: 9/28/2022**

**Date Investigation Completed: 10/21/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SYDX12

RESIDENT RIGHTS

SUBSTANTIATED

SYDX12

**Date Complaint Received: 6/21/2022**

**Date Investigation Completed: 10/21/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

SYDX12

PROGRAM SERVICES

SUBSTANTIATED

SYDX12

RESIDENT RIGHTS

SUBSTANTIATED

SYDX12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

SYDX12

**Date Complaint Received: 5/4/2022**

**Date Investigation Completed: 10/21/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

SYDX12

PROGRAM SERVICES

SUBSTANTIATED

SYDX12

**Date Complaint Received: 12/22/2021**

**Date Investigation Completed: 1/10/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

SYDX11

PROGRAM SERVICES

SUBSTANTIATED

SYDX11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** APPLE CREEK PLACE III (0017918)

**Address:** 5117 N CHERRYVALE AVENUE, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0139344 **End Date:** 1/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P4Z911 Served 4/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(b)	SUPERVISION		

**Survey ID:** 0135496 **End Date:** 1/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0135469      **End Date:** 1/21/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F8JP11      Served 1/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/28/21	Yes
83.19	ORIENTATION	1/28/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/28/21	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	1/28/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/28/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/28/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	1/28/21	Yes
83.38(1)(b)	SUPERVISION	1/28/21	Yes

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**Survey ID:** 0134059      **End Date:** 6/25/2020      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (APPLE CREEK PLACE III--0017918)

**Date:** 4/25/2022      **SOD #**P4Z911      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(3)(a)

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(b)

FORFEITURE---83.38(1)(b)

**Date:** 1/22/2021      **SOD #**F8JP11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.38(1)(b)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (APPLE CREEK PLACE III--0017918)

**Date Complaint Received: 12/28/2021**

**Date Investigation Completed: 1/17/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

P4Z911

**Date Complaint Received: 6/8/2021**

**Date Investigation Completed: 1/17/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/21/2020**

**Date Investigation Completed: 1/21/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

F8JP11

**Date Complaint Received: 6/11/2020**

**Date Investigation Completed: 6/25/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** APPLE VALLEY (0009551)

**Address:** 2214 RUSSET CT, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0138937      **End Date:** 3/9/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING I (0016352)

**Address:** 5031 N FRENCH RD, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/14/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0143041    **End Date:** 3/1/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GCLZ14    Served 5/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/26/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141808 End Date: 9/26/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GCLZ13 Served 1/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/28/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/28/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	2/28/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/28/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/28/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/1/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/28/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	2/28/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/28/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/28/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0136631    **End Date:** 6/3/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GCLZ12    Served 6/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/26/22	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/26/22	
83.59(4)(a)	DELAYED EGRESS: ONLY ONE DEVICE PERMITTED	8/31/22	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	8/31/22	Yes

---

**Survey ID:** 0135521    **End Date:** 12/23/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GCLZ11    Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(c)	STAFF WITH COMMUNICABLE DISEASE NOT TO WORK	5/26/21	Yes
83.38(1)(g)	HEALTH MONITORING	5/26/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS ASSISTED LIVING I--0016352)

**Date:** 1/11/2023      **SOD #**GCLZ13      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.12 3 a  
FORFEITURE---83.12 4 c  
FORFEITURE---83.20 2 a-d  
FORFEITURE---83.35 3 d  
FORFEITURE---83.36 1 a  
FORFEITURE---83.37 2 d  
FORFEITURE---83.38 1 g  
FORFEITURE---83.43 1

**Date:** 6/29/2021      **SOD #**GCLZ12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

**Date:** 2/3/2021      **SOD #**GCLZ11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.17(2)(c)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS ASSISTED LIVING I--0016352)

**Date Complaint Received: 11/29/2022**

**Date Investigation Completed: 3/1/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

GCLZ14

**Date Complaint Received: 11/16/2022**

**Date Investigation Completed: 3/1/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 9/8/2022**

**Date Investigation Completed: 9/26/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

GCLZ13

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

GCLZ13

**Date Complaint Received: 8/24/2022**

**Date Investigation Completed: 9/26/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

**Date Complaint Received: 8/23/2021**

**Date Investigation Completed: 9/26/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

GCLZ13

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING II (0016353)

**Address:** 5101 N FRENCH RD, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/14/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0142664    **End Date:** 1/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3BKN12    Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.39(1)	INFECTION CONTROL PROGRAM		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141156    **End Date:** 9/22/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3BKN11    Served 10/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/25/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/23/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	1/23/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	1/23/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/23/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/26/23	No
83.39(1)	INFECTION CONTROL PROGRAM	1/26/23	No

**Survey ID:** 0136338    **End Date:** 5/26/2021    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135522    **End Date:** 12/23/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #062J11    Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(c)	STAFF WITH COMMUNICABLE DISEASE NOT TO WORK	5/25/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS ASSISTED LIVING II--0016353)

**Date: 4/5/2023**      **SOD #3BKN12**      **Appealed:**      **Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37 2d

**Date: 10/28/2022**      **SOD #3BKN11**      **Appealed:**      **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.12(4)(b)  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.37(2)(d)

**Date: 2/3/2021**      **SOD #062J11**      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.17(2)(c)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS ASSISTED LIVING II--0016353)

**Date Complaint Received: 11/9/2022**

**Date Investigation Completed: 1/26/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 8/22/2022**

**Date Investigation Completed: 9/22/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

3BKN11

PROGRAM SERVICES

SUBSTANTIATED

3BKN11

RESIDENT RIGHTS

SUBSTANTIATED

3BKN11

RESIDENT RIGHTS

SUBSTANTIATED

3BKN11

ADMINISTRATION

SUBSTANTIATED

3BKN11

PROGRAM SERVICES

SUBSTANTIATED

3BKN11

RESIDENT RIGHTS

SUBSTANTIATED

3BKN11

**Date Complaint Received: 1/13/2022**

**Date Investigation Completed: 9/22/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3BKN11

**Date Complaint Received: 12/10/2020**

**Date Investigation Completed: 12/23/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

062J11

**Date Complaint Received: 11/30/2020**

**Date Investigation Completed: 12/23/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

062J11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Carolina Assisted Living (0019482)

**Address:** 3201 West 1st Avenue, Appleton, WI 54914

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 5/9/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143099      **End Date:** 4/14/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** CASA CLARE A DIVISION OF MOORING PROGRAM INC (0011241)

**Address:** 201 S GLENRIDGE CT, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/3/2006 12:00:00AM

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

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CENTURY OAKS OF APPLETON (0016347)

**Address:** 2302 EAST GLENHURST, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/30/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0142661    **End Date:** 1/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #84V211    Served 4/5/2023

<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		

**Survey ID:** 0142070    **End Date:** 12/6/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I0TS14    Served 2/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	5/16/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/16/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/17/23	No

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/16/23	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	5/16/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/17/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/16/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/17/23	No
83.38(1)(h)	MEDICATION ADMINISTRATION	5/16/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/16/23	Yes
83.47(2)(d)	FIRE DRILLS	5/16/23	Yes

**Survey ID:** 0140160    **End Date:** 7/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140006    **End Date:** 4/4/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I0TS13    Served 6/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/3/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/3/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138421    **End Date:** 12/1/2021    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I0TS12    Served 1/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	4/1/22	Yes
50.09(1)(l)	CARE	4/1/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/1/22	Yes
83.16(1)	EMPLOYEE SKILLS, EDUCATION, AND EXPERIENCE	4/1/22	Yes
83.25	CONTINUING EDUCATION	4/1/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	4/4/22	
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	4/1/22	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	4/1/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/1/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/1/22	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/1/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/1/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/1/22	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	4/1/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/1/22	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	4/1/22	Yes
83.38(1)(b)	SUPERVISION	4/1/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/1/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	4/1/22	Yes
83.41(3)(b)	FOOD SAFETY	4/1/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/4/22	
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	4/1/22	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	4/1/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/1/22	Yes

---

Survey ID: 0134337    End Date: 7/16/2020    Type: OTHER    Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CENTURY OAKS OF APPLETON--0016347)

**Date: 4/5/2023**      **SOD #84V211**      **Appealed:**      **Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35 3c

**Date: 2/7/2023**      **SOD #I0TS14**      **Appealed:**      **Decision: PENDING**

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---50.09 1L  
FORFEITURE---83.12 2a  
FORFEITURE---83.14 2a  
FORFEITURE---83.32 3d  
FORFEITURE---83.34 2b  
FORFEITURE---83.35 3d  
FORFEITURE---83.36 1a  
FORFEITURE---83.37 2d  
FORFEITURE---83.38 1h  
FORFEITURE---83.47 2d

**Date: 6/30/2022**      **SOD #I0TS13**      **Appealed:**      **Decision: PENDING**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(b)  
FORFEITURE---83.43(1)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 1/27/2022

**SOD #**I0TS12

**Appealed:**

**Decision:** PENDING

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---50.09(1)(L)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.16(1)

FORFEITURE---83.25

FORFEITURE---83.32(3)(b)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.33(1)(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.36(2)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(3)(a)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.39(1)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CENTURY OAKS OF APPLETON--0016347)

**Date Complaint Received: 4/25/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS15

PROGRAM SERVICES

SUBSTANTIATED

I0TS15

PROGRAM SERVICES

SUBSTANTIATED

I0TS15

**Date Complaint Received: 1/13/2023**

**Date Investigation Completed: 1/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

84V211

**Date Complaint Received: 10/28/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

I0TS14

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

RESIDENT RIGHTS

SUBSTANTIATED

I0TS14

**Date Complaint Received: 10/17/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

I0TS14

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

RESIDENT RIGHTS

SUBSTANTIATED

I0TS14

ADMINISTRATION

SUBSTANTIATED

I0TS14

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

ADMINISTRATION

SUBSTANTIATED

I0TS14

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 9/22/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

**Date Complaint Received: 9/15/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

I0TS14  
I0TS14

**Date Complaint Received: 9/8/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

**Date Complaint Received: 8/26/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

**Date Complaint Received: 8/9/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

**Date Complaint Received: 7/25/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

I0TS14  
I0TS14  
I0TS14

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 7/19/2022**

**Date Investigation Completed: 12/6/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

PROGRAM SERVICES

SUBSTANTIATED

I0TS14

**Date Complaint Received: 6/28/2022**

**Date Investigation Completed: 7/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 6/9/2022**

**Date Investigation Completed: 7/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 5/30/2022**

**Date Investigation Completed: 7/13/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 4/19/2022**

**Date Investigation Completed: 7/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/9/2022**

**Date Investigation Completed: 4/4/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/21/2021**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12
SUBSTANTIATED	I0TS12

**Date Complaint Received: 9/28/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12
NOT SUBSTANTIATED	

**Date Complaint Received: 7/21/2021**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 12/1/2021**

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

**Date Complaint Received: 2/25/2021**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12
SUBSTANTIATED	I0TS12

**Date Complaint Received: 2/18/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12

**Date Complaint Received: 1/12/2021**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12

**Date Complaint Received: 12/8/2020**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 12/1/2021**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	I0TS12

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 7/7/2020**

**Date Investigation Completed: 7/16/2020**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CENTURY OAKS ON BALLARD (0015583)

**Address:** 2100 E GLENHURST LN, APPLETON, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/29/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0142812    **End Date:** 2/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y2YB11    Served 4/18/2023

<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		

**Survey ID:** 0142745    **End Date:** 1/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DS7V11    Served 4/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141366    **End Date:** 11/14/2022    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139180    **End Date:** 4/7/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138519    **End Date:** 12/8/2021    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #45Y214    Served 1/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	3/31/22	Yes
50.09(1)(l)	CARE	4/7/22	Yes
83.25	CONTINUING EDUCATION	3/31/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/7/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/7/22	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	4/7/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/31/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/31/22	Yes
83.38(1)(b)	SUPERVISION	4/7/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/7/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/31/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/31/22	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	3/31/22	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	3/31/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135194 End Date: 10/22/2020 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45Y213 Served 11/17/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/21	
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	9/22/21	Yes
83.38(1)(a)	PERSONAL CARE	9/22/21	Yes
83.41(2)(c)	NUTRITION: MENUS	9/22/21	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	9/22/21	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	9/22/21	Yes
83.46(1)(f)	COMBUSTIBLES	9/22/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CENTURY OAKS ON BALLARD--0015583)

**Date:** 4/18/2023

**SOD #**Y2YB11

**Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 4/11/2023

**SOD #**DS7V11

**Appealed:**

**Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35 1c

**Date:** 1/28/2022

**SOD #**45Y214

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(f)

FORFEITURE---50.09(1)(L)

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(g)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.43(1)

FORFEITURE---83.59(2)(a)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 11/17/2020**

**SOD #45Y213**

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(l)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.46(1)(b)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CENTURY OAKS ON BALLARD--0015583)

**Date Complaint Received: 5/1/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KRLV11

RESIDENT RIGHTS

SUBSTANTIATED

KRLV11

**Date Complaint Received: 4/26/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 3/27/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KRLV11

**Date Complaint Received: 3/17/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/6/2023**

**Date Investigation Completed: 2/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Y2YB11

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

**Date Investigation Completed: 1/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/17/2022**

**Date Investigation Completed: 1/20/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

DS7V11  
DS7V11

**Date Complaint Received: 3/22/2022**

**Date Investigation Completed: 4/7/2022**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/10/2022**

**Date Investigation Completed: 4/7/2022**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/17/2021**

**Date Investigation Completed: 4/7/2022**

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/3/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

45Y214

**Date Complaint Received: 11/22/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

45Y214  
45Y214  
45Y214

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 7/21/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

45Y214

**Date Complaint Received: 7/7/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45Y214

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 6/8/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45Y214

**Date Complaint Received: 5/25/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

45Y214

**Date Complaint Received: 5/5/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

45Y214

**Date Complaint Received: 3/9/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45Y214

**Date Complaint Received: 3/4/2021**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45Y214

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/12/2020**

**Date Investigation Completed: 12/8/2021**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	45Y214

**Date Complaint Received: 9/28/2020**

**Date Investigation Completed: 10/22/2020**

Subject Area(s)  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	45Y213

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CLOVERDALE (0014320)

**Address:** 1825 CLOVERDALE DR, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/29/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0142257      **End Date:** 2/21/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CLOVERDALE--0014320)

**Date Complaint Received:** 11/29/2022

**Date Investigation Completed:** 2/21/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY TERRACE APPLETON (0009664)

**Address:** 749 W PARKWAY BLVD, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0140086    **End Date:** 6/27/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9SXX12    Served 7/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/22/22	
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/22/22	

**Survey ID:** 0139275    **End Date:** 3/10/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9SXX11    Served 4/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	6/13/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/13/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/13/22	Yes

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Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** DIMENSIONS LIVING APPLETON (0015133)

**Address:** 5800 PENNSYLVANIA AVE, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/29/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142388      **End Date:** 3/1/2023      **Type:** OTHER      **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139868      **End Date:** 3/31/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O5MB11      Served 6/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/1/23	Yes
83.19	ORIENTATION	3/1/23	Yes

### Enforcement History (DIMENSIONS LIVING APPLETON--0015133)

**Date:** 6/17/2022      **SOD #**O5MB11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (DIMENSIONS LIVING APPLETON--0015133)

**Date Complaint Received: 1/12/2022**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/28/2021**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/12/2021**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/10/2021**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/8/2020**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 11/4/2020**

**Date Investigation Completed: 3/31/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** EAGLE COURT MEMORY CARE (0018098)

**Address:** 975 EAST JOHN STREET, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/21/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0136672      **End Date:** 7/1/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135866      **End Date:** 3/5/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #14KS11      Served 3/25/2021

Deficiencies Cited  
50.09(1)(l)

Subject Area  
CARE

Compliance  
Verified  
7/1/21

Corrected  
Yes

**Survey ID:** 0134869      **End Date:** 9/21/2020      **Type:** INITIAL      **Purpose:** SURVEY

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

### Enforcement History (EAGLE COURT MEMORY CARE--0018098)

**Date:** 3/25/2021      **SOD #**14KS11      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (EAGLE COURT MEMORY CARE--0018098)

**Date Complaint Received:** 10/27/2020

**Date Investigation Completed:** 3/5/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

14KS11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HEARTWOOD HOMES SENIOR LIVING INC III (0011054)

**Address:** 1407 N MASON ST, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/27/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0141899      **End Date:** 1/16/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142644      **End Date:** 10/27/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #I7BI11      Served 4/4/2023

<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	5/19/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/19/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HEARTWOOD HOMES SENIOR LIVING INC III--0011054)

**Date Complaint Received: 11/7/2022**

**Date Investigation Completed: 1/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/25/2022**

**Date Investigation Completed: 1/16/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/17/2022**

**Date Investigation Completed: 10/27/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

I7BI11

PROGRAM SERVICES

SUBSTANTIATED

I7BI11

RESIDENT RIGHTS

SUBSTANTIATED

I7BI11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

I7BI11

**Date Complaint Received: 6/24/2022**

**Date Investigation Completed: 10/27/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

I7BI11

**Date Complaint Received: 11/10/2021**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 6/29/2021**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 10/27/2022**

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

I7BI11

**Date Complaint Received: 1/28/2021**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 10/27/2022**

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HEARTWOOD HOMES SENIOR LIVING INC IV (0012559)

**Address:** 1413 N MASON STREET, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/3/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0142686    **End Date:** 1/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ES3K11    Served 4/5/2023

Deficiencies Cited  
83.39(1)

Subject Area  
INFECTION CONTROL PROGRAM

Compliance  
Verified

Corrected

**Survey ID:** 0140182    **End Date:** 7/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135622    **End Date:** 2/15/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (HEARTWOOD HOMES SENIOR LIVING INC IV--0012559)

**Date:** 4/5/2023    **SOD #**ES3K11    **Appealed:**    **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.39 1

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HEARTWOOD HOMES SENIOR LIVING INC IV--0012559)

**Date Complaint Received: 1/3/2023**

**Date Investigation Completed: 1/16/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ES3K11

**Date Complaint Received: 12/30/2022**

**Date Investigation Completed: 1/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/20/2022**

**Date Investigation Completed: 1/16/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 5/27/2022**

**Date Investigation Completed: 7/20/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 9/1/2020**

**Date Investigation Completed: 2/15/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** KLISTER HOUSE (410040)

**Address:** 408 N LAWE ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/1/1984 12:00:00AM

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

### Survey History

**Survey ID:** 0142015      **End Date:** 1/31/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LIONS KEEP (0018633)

**Address:** 916 SOUTH DAYBREAK DRIVE, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142124      **End Date:** 2/9/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139283      **End Date:** 3/25/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (LIONS KEEP--0018633)

**Date Complaint Received:** 11/27/2022

**Date Investigation Completed:** 2/9/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LSS EASTWOOD CRISIS FACILITY (0010046)

**Address:** 430 S KENSINGTON DR, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0140692      **End Date:** 9/6/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LSS GRANDSTONE GROUP HOME (0010462)

**Address:** 1308 N LEONA ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/11/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0142018      **End Date:** 2/1/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

### Facility Information

**Facility Name:** MISTY ARBOR SENIOR LIVING (0016451)

**Address:** 333 MISTY LANE, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/8/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0140336      **End Date:** 7/28/2022      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138010      **End Date:** 12/15/2021      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0133736      **End Date:** 5/20/2020      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

### Complaint History (MISTY ARBOR SENIOR LIVING--0016451)

**Date Complaint Received:** 12/22/2021

**Date Investigation Completed:** 7/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 11/30/2020

**Date Investigation Completed:** 12/15/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** MOORING PROGRAMS INC (410041)

**Address:** 607 W SEVENTH ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1981 12:00:00AM

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

### Survey History

**Survey ID:** 0139928      **End Date:** 6/14/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138241      **End Date:** 9/16/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I6UG11      Served 1/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/14/22	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	6/14/22	Yes

### Enforcement History (MOORING PROGRAMS INC--410041)

**Date:** 1/12/2022      **SOD #**I6UG11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** PNUMA 1 (0017023)

**Address:** W7066 WINNEGAMIE DR, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/28/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0140822      **End Date:** 9/20/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** PNUMA 2 (0017022)

**Address:** 233 S LYNNDAL DR, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/28/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0141555      **End Date:** 11/9/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRIMROSE MEMORY CARE OF APPLETON (0017081)  
**Address:** 5717 MEADE ST, APPLETON, WI 54913  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/1/2019 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140480      **End Date:** 8/16/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139031      **End Date:** 1/3/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XAC212      Served 3/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	5/16/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/15/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/15/22	Yes

### Enforcement History (PRIMROSE MEMORY CARE OF APPLETON--0017081)

**Date:** 3/22/2022      **SOD #**XAC212      **Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PRIMROSE MEMORY CARE OF APPLETON--0017081)

**Date Complaint Received: 2/2/2021**

**Date Investigation Completed: 1/3/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XAC212

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XAC212

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PROVINCE TERRACE VILLAS LONG CT LLC (0012777)

**Address:** 5216 LONG CT, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0141484      **End Date:** 11/21/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134863      **End Date:** 9/17/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PROVINCE TERRACE VILLAS LONG CT LLC--0012777)

**Date Complaint Received:** 9/15/2021

**Date Investigation Completed:** 11/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROGERS (0014325)

**Address:** 1719 ROGERS ST, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/30/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0141264      **End Date:** 11/1/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136780      **End Date:** 7/12/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ROGERS--0014325)

**Date Complaint Received:** 9/3/2021

**Date Investigation Completed:** 11/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RUSSET (0014323)

**Address:** 2210 RUSSET CT, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/29/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0140508      **End Date:** 8/17/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** RYAN COMMUNITY INC (0017565)

**Address:** 913 S WEST AVE, APPLETON, WI 54915

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/8/2019 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** SHILOH ASSISTED LIVING (0018774)

**Address:** 140 S MAYFLOWER DRIVE, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143030    **End Date:** 4/10/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #20ON14    Served 5/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE		

**Survey ID:** 0142279    **End Date:** 2/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #20ON13    Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	4/10/23	No

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0142091 End Date: 2/6/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON12 Served 2/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/20/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/20/23	Yes
83.19	ORIENTATION	2/20/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/20/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/20/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/20/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/20/23	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0141757 End Date: 12/14/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #20ON11 Served 1/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/6/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/6/23	
83.19	ORIENTATION	2/6/23	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/6/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	2/6/23	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	2/6/23	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	2/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/6/23	
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/6/23	Yes
83.41(3)(b)	FOOD SAFETY	2/6/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/6/23	
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/6/23	Yes
83.55(1)(a)	ONE TOILET, SINK, AND BATH OR SHOWER	2/6/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/6/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/6/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/6/23	

Survey ID: 0138836 End Date: 2/28/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Enforcement History (SHILOH ASSISTED LIVING--0018774)

**Date:** 5/12/2023      **SOD #**2OON14      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY  
FORFEITURE---83.59 4E

**Date:** 2/23/2023      **SOD #**2OON13      **Appealed:**      **Decision:** PENDING

Sanctions

NNAO EXTENDED  
ORDER TO COMPLY  
ACCRUING FORFEITURE

**Date:** 2/8/2023      **SOD #**2OON12      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.17 2a  
FORFEITURE---83.19  
FORFEITURE---83.35 3d  
FORFEITURE---83.44 1c  
FORFEITURE---83.59 4e

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Date:** 1/6/2023

**SOD #**2OON11

**Appealed:**

**Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.48(3)(a)

**Complaint History (SHILOH ASSISTED LIVING--0018774)**

**Date Complaint Received:** 3/30/2023

**Date Investigation Completed:** 4/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

2OON14

PROGRAM SERVICES

SUBSTANTIATED

2OON14

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

2OON14

**Date Complaint Received:** 4/6/2022

**Date Investigation Completed:** 12/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VAN DYKE (0014137)

**Address:** 1811 S VAN DYKE RD, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/8/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0140691      **End Date:** 9/6/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (VAN DYKE--0014137)

**Date Complaint Received:** 7/28/2022

**Date Investigation Completed:** 9/6/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** VILLA HOPE (410105)

**Address:** 613 N DIVISION ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/23/1982 12:00:00AM

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

### Survey History

**Survey ID:** 0142962    **End Date:** 2/1/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #42MJ14    Served 5/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		

**Survey ID:** 0139653    **End Date:** 2/18/2022    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #42MJ13    Served 5/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(i)	PERSONAL POSSESSIONS	2/1/23	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	2/1/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/1/23	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	2/1/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/1/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/1/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/1/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/1/23	Yes
83.38(1)(b)	SUPERVISION	2/1/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/1/23	Yes

### Enforcement History (VILLA HOPE--410105)

**Date: 5/5/2023**      **SOD #42MJ14**      **Appealed:**      **Decision: PENDING**

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)

**Date: 5/26/2022**      **SOD #42MJ13**      **Appealed:**      **Decision: PENDING**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.17(2)(a) 3rd cite  
FORFEITURE---83.20  
FORFEITURE---83.28(4)(a) 3rd cite  
FORFEITURE---83.35(3)(d) 2nd cite  
FORFEITURE---83.37(1)(g)  
FORFEITURE---83.38(1)(b)

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Complaint History (VILLA HOPE--410105)

**Date Complaint Received: 11/29/2021**

**Date Investigation Completed: 2/18/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	42MJ13
PROGRAM SERVICES	SUBSTANTIATED	42MJ13
RESIDENT RIGHTS	SUBSTANTIATED	42MJ13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	42MJ13

**Date Complaint Received: 9/10/2021**

**Date Investigation Completed: 2/18/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	42MJ13

**Date Complaint Received: 7/21/2020**

**Date Investigation Completed: 2/18/2022**

<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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** VILLA PHOENIX (410046)

**Address:** 418 N LAWE ST, APPLETON, WI 54911

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/1981 12:00:00AM

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

### Survey History

**Survey ID:** 0138940      **End Date:** 3/8/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (VILLA PHOENIX--410046)

**Date Complaint Received:** 11/12/2020

**Date Investigation Completed:** 3/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Willow Lane Assisted Living (0019516)

**Address:** 850 W Elsner Road, Appleton, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/5/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142684      **End Date:** 4/5/2023      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

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

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