

## 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 is a PDF (Adobe Acrobat) document and includes a total of 41.00 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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY VILLA ASSISTED LIVING 1 INC (0015056)

**Address:** N3782 COUNTRY VILLA WAY, FREEDOM, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0141377      **End Date:** 11/3/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (COUNTRY VILLA ASSISTED LIVING 1 INC--0015056)

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

**Date Investigation Completed:** 11/3/2022

Subject Area(s)  
PROGRAM SERVICES

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:** COUNTRY VILLA ASSISTED LIVING 2 INC (0017509)

**Address:** N3779 COUNTRY VILLA WAY, FREEDOM, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/26/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0141378      **End Date:** 11/3/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (COUNTRY VILLA ASSISTED LIVING 2 INC--0017509)

**Date Complaint Received:** 1/11/2022

**Date Investigation Completed:** 11/3/2022

Subject Area(s)  
PROGRAM SERVICES

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:** SILVERSTONE MEMORY CARE INC (0018316)

**Address:** 5100 SCHROTH LANE, GRAND CHUTE, WI 54913

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/25/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0142738      **End Date:** 3/28/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136074      **End Date:** 3/25/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION 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)

#### Complaint History (SILVERSTONE MEMORY CARE INC--0018316)

**Date Complaint Received: 2/27/2023**

**Date Investigation Completed: 3/28/2023**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/18/2022**

**Date Investigation Completed: 3/28/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/27/2022**

**Date Investigation Completed: 3/28/2023**

Subject Area(s)  
PROGRAM SERVICES

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:** FOX HOLLOW (0014721)

**Address:** W7126 FOX HOLLOW, GREENVILLE, WI 54942

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/21/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0142801    **End Date:** 11/1/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #T4HQ11    Served 4/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/2/23	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	6/2/23	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	6/2/23	Yes
83.47(2)(d)	FIRE DRILLS	6/2/23	Yes

### Complaint History (FOX HOLLOW--0014721)

**Date Complaint Received:** 11/5/2021

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

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
T4HQ11

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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:** LIVING TREE ESTATES LLC (0010721)

**Address:** N1916 GREENVILLE DRIVE, GREENVILLE, WI 54942

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0143359    **End Date:** 3/28/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #P01X11    Served 6/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	7/29/23	Yes

**Survey ID:** 0142515    **End Date:** 10/26/2022    **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)

#### Complaint History (LIVING TREE ESTATES LLC--0010721)

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

**Date Investigation Completed: 3/28/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

P01X11

**Date Complaint Received: 10/26/2021**

**Date Investigation Completed: 10/26/2022**

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 CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** Shiloh Assisted Living Greenville (0019387)

**Address:** W7098 Buttercup Ct, Greenville, WI 54942

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 6/9/2023 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 AA (AMBULATORY)

### Facility Information

**Facility Name:** AQUA VIEW (410266)

**Address:** BOX 400 W9449 GIVENS RD, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0140348      **End Date:** 8/2/2022      **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 HORTONVILLE (0016767)

**Address:** 112 HARRIS WAY, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/24/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0143052    **End Date:** 12/19/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8DXE13    Served 5/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.15(1)	ADMINISTRATOR QUALIFICATIONS		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.39(1) INFECTION CONTROL PROGRAM  
83.42(2) RESIDENT RECORDS SAFEGUARDED  
83.45(3) TOXIC SUBSTANCES

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**Survey ID: 0140169    End Date: 2/2/2022    Type: OTHER    Purpose: SURVEY/SELF REPORT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8DXE12    Served 7/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/9/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/19/22	No
83.39(1)	INFECTION CONTROL PROGRAM	12/19/22	No
83.39(3)	HAND WASHING	11/9/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	11/9/22	Yes

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**Survey ID: 0135868    End Date: 3/9/2021    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #8DXE11    Served 3/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	5/9/21	

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**Survey ID: 0135079    End Date: 11/5/2020    Type: STANDARD    Purpose: SURVEY/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 (CARE PARTNERS ASSISTED LIVING HORTONVILLE--0016767)

**Date:** 5/15/2023      **SOD #**8DXE13      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14 2a  
FORFEITURE---83.36 1a  
FORFEITURE---83.38 1  
FORFEITURE---83.39 1

**Date:** 7/18/2022      **SOD #**8DXE12      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.39(1)  
FORFEITURE---83.39(3)

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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 HORTONVILLE--0016767)

**Date Complaint Received: 11/1/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
8DXE13

**Date Complaint Received: 10/5/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
8DXE13

**Date Complaint Received: 9/14/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
8DXE13  
8DXE13  
8DXE13  
8DXE13  
8DXE13  
8DXE13

**Date Complaint Received: 9/1/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
8DXE13  
8DXE13

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

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES

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)

**Date Complaint Received: 7/14/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/19/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/8/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/1/2022**

**Date Investigation Completed: 12/19/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
8DXE13

**Date Complaint Received: 1/14/2022**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
8DXE12

**Date Complaint Received: 12/29/2021**

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

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
8DXE12  
8DXE12

**Date Complaint Received: 12/13/2021**

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

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
SUBSTANTIATED

SOD #  
8DXE12

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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: 12/7/2021**

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8DXE12

**Date Complaint Received: 10/25/2021**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DXE12

**Date Complaint Received: 10/6/2021**

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/1/2021**

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 4/13/2021**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8DXE12

RESIDENT RIGHTS

SUBSTANTIATED

8DXE12

**Date Complaint Received: 2/24/2021**

**Date Investigation Completed: 3/9/2021**

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)

**Date Complaint Received: 2/10/2021**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 3/9/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 3/9/2021**

Result  
SUBSTANTIATED

SOD #  
8DXE11

**Date Complaint Received: 11/2/2020**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 11/5/2020**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/14/2020**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 11/5/2020**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/16/2020**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 11/5/2020**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/26/2020**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 11/5/2020**

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 AA (AMBULATORY)

#### Facility Information

**Facility Name:** DELLVIEW (410293)

**Address:** N2784 HWY 15, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/1993 12:00:00AM

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

#### Survey History

**Survey ID:** 0140347    **End Date:** 8/2/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139288    **End Date:** 3/16/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8IMT11    Served 4/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	8/2/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/2/22	Yes

#### Enforcement History (DELLVIEW--410293)

**Date:** 4/18/2022    **SOD #**8IMT11    **Appealed:** No

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 AA (AMBULATORY)

### Facility Information

**Facility Name:** FIELDSTONE HOUSE (0009276)

**Address:** 495 W NYE ST, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/1/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0142055      **End Date:** 2/3/2023      **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:** SYLVAN VIEW (410275)

**Address:** W9405 GIVENS RD, HORTONVILLE, WI 54944

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0139677    **End Date:** 4/28/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #90PX11    Served 5/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	7/15/22	
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	7/15/22	

### Complaint History (SYLVAN VIEW--410275)

**Date Complaint Received:** 4/19/2021

**Date Investigation Completed:** 4/28/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 8/27/2020

**Date Investigation Completed:** 4/28/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
90PX11

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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:** AGAPE 3 - 12TH ST (410039)

**Address:** 412 E 12TH ST, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1987 12:00:00AM

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

### Survey History

**Survey ID:** 0141314      **End Date:** 11/9/2022      **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:** AGAPE 7 FIELDCREST (410189)

**Address:** 3003 FIELDCREST, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/20/1989 12:00:00AM

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

### Survey History

**Survey ID:** 0139530      **End Date:** 5/10/2022      **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 CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** CHIVALRY CASTLE (0019085)

**Address:** 49 EAGLES CT, KAUKAUNA, WI 54130

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/30/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141495    **End Date:** 11/30/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION 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:** LANDINGS OF KAUKAUNA (THE) (0016337)

**Address:** 793 TARRAGON DRIVE, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0140661    **End Date:** 8/29/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #99WT11    Served 9/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/22/22	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/22/22	
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/22/22	

**Survey ID:** 0139436    **End Date:** 4/12/2022    **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 CNA (NONAMBULATORY)

**Survey ID: 0138158**    **End Date: 1/5/2022**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XDLO11    Served 1/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/12/22	Yes

**Survey ID: 0135562**    **End Date: 2/3/2021**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0134416**    **End Date: 8/3/2020**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (LANDINGS OF KAUKAUNA (THE)--0016337)

**Date: 1/6/2022**    **SOD #XDLO11**    **Appealed: No**

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 (LANDINGS OF KAUKAUNA (THE)--0016337)

**Date Complaint Received: 8/11/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 7/26/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 5/31/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

99WT11

PROGRAM SERVICES

SUBSTANTIATED

99WT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

99WT11

**Date Complaint Received: 5/19/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 4/21/2022**

**Date Investigation Completed: 8/29/2022**

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)

**Date Complaint Received: 2/18/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/19/2021**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/6/2021**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 2/3/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/13/2020**

**Date Investigation Completed: 8/3/2020**

Subject Area(s)  
PROGRAM SERVICES

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:** LANDINGS OF KAUKAUNA MC (THE) (0016336)

**Address:** 795 TARRAGON DRIVE, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0140664    **End Date:** 8/29/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PXEX11    Served 9/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/22/22	

**Survey ID:** 0139435    **End Date:** 4/12/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138154    **End Date:** 1/4/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6L1C11    Served 1/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/12/22	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: 0135474    End Date: 1/20/2021    Type: OTHER    Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134156    End Date: 7/7/2020    Type: OTHER    Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (LANDINGS OF KAUKAUNA MC (THE)--0016336)

Date: 1/5/2022    SOD #6L1C11    Appealed: No

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 (LANDINGS OF KAUKAUNA MC (THE)--0016336)

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

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 8/2/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 6/1/2022**

**Date Investigation Completed: 8/29/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 1/20/2021**

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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST PAUL MANOR (0016072)

**Address:** 316 E 14TH ST, KAUKAUNA, WI 54130

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0139814    **End Date:** 6/8/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ST PAUL MANOR--0016072)

**Date Complaint Received:** 8/11/2021

**Date Investigation Completed:** 6/8/2022

Subject Area(s)  
PROGRAM SERVICES

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:** ASPIRE SENIOR LIVING (0016636)

**Address:** 825 COBBLESTONE LN, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0140666      **End Date:** 9/6/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138484      **End Date:** 1/24/2022      **Type:** STANDARD      **Purpose:** SURVEY/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)

### Complaint History (ASPIRE SENIOR LIVING--0016636)

**Date Complaint Received: 6/3/2022**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/28/2022**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/13/2021**

**Date Investigation Completed: 1/24/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/3/2020**

**Date Investigation Completed: 1/24/2022**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/1/2020**

**Date Investigation Completed: 1/24/2022**

Subject Area(s)  
RESIDENT RIGHTS

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:** FRONTIDA ASSISTED LIVING OF KIMBERLY I (0016997)

**Address:** 820 SCHELFHOUT LANE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0137439    **End Date:** 9/8/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F31S11    Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/25/21	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/25/21	

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** FRONTIDA ASSISTED LIVING OF KIMBERLY II (0016998)

**Address:** 816 SCHELFHOUT LANE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0137436    **End Date:** 9/8/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #SSKH11    Served 10/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/22/21	

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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:** KIMBERLY PLACE (0010891)

**Address:** 314 W KIMBERLY AVE, KIMBERLY, WI 54136

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/27/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0139365    **End Date:** 3/29/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #S32111    Served 4/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	6/11/22	
83.45(1)(d)	HAZARDS	6/11/22	

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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 6 MOASIS (0018218)

**Address:** 425 MOASIS DRIVE, LITTLE CHUTE, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/15/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0137879    **End Date:** 11/30/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135039    **End Date:** 10/15/2020    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

### Complaint History (AGAPE 6 MOASIS--0018218)

**Date Complaint Received:** 12/1/2020

**Date Investigation Completed:** 11/30/2021

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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY VILLA ASSISTED LIVING (0018624)

**Address:** 1415 WEST MAIN STREET, LITTLE CHUTE, WI 54140

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/30/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0142730    **End Date:** 3/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141289    **End Date:** 11/3/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136649    **End Date:** 6/30/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION 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)

### Complaint History (COUNTRY VILLA ASSISTED LIVING--0018624)

**Date Complaint Received: 12/14/2022**

**Date Investigation Completed: 3/31/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/17/2022**

**Date Investigation Completed: 11/3/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/26/2022**

**Date Investigation Completed: 11/3/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 11/3/2022**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/22/2022**

**Date Investigation Completed: 11/3/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
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:** GOOD SHEPHERD SERVICES DBA FOREST GLEN CBRF (0015244)

**Address:** 721 BRONSON RD, SEYMOUR, WI 54165

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0139863    **End Date:** 6/15/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (GOOD SHEPHERD SERVICES DBA FOREST GLEN CBRF--0015244)

**Date Complaint Received:** 4/14/2022

**Date Investigation Completed:** 6/15/2022

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 1/22/2021

**Date Investigation Completed:** 6/15/2022

Subject Area(s)  
RESIDENT RIGHTS  
OTHER

Result  
NOT SUBSTANTIATED  
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:** SHEPHERDS INN (0013175)

**Address:** 621 W FACTORY ST, SEYMOUR, WI 54165

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/26/2010 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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