

## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Waupaca County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 47.00 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 5/17/2020 to 5/17/2023

Adult Day Care Center

### Facility Information

**Facility Name:** CAHOOTS ADULT DAY SERVICE LLC (0018365)

**Address:** 506 WISCONSIN ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/27/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0135598      **End Date:** 1/27/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

**This is Page 2 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

### Facility Information

**Facility Name:** CLARITY CARE PINE STREET (0010521)

**Address:** 359 PINE STREET, MANAWA, WI 54949

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0136630      **End Date:** 6/25/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

### Facility Information

**Facility Name:** PARTRIDGE (0011239)

**Address:** 530 PARTRIDGE DRIVE, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0142990      **End Date:** 4/19/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PARTRIDGE--0011239)

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

**Date Investigation Completed:** 4/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

### Facility Information

**Facility Name:** PHEASANT (0011240)

**Address:** 531 PHEASANT DRIVE, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2005 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES 118 (0010753)

**Address:** N2349 ASHLEY COURT, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0140881      **End Date:** 9/29/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

### Facility Information

**Facility Name:** GOLKE ADULT FAMILY HOME (0018217)

**Address:** E397 GOLKE ROAD, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/24/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0143244    **End Date:** 4/3/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6T8R11    Served 6/2/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	7/17/23	Yes

**Survey ID:** 0135300    **End Date:** 11/24/2020    **Type:** INITIAL    **Purpose:** SURVEY

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

### Complaint History (GOLKE ADULT FAMILY HOME--0018217)

**Date Complaint Received:** 9/20/2022

**Date Investigation Completed:** 4/3/2023

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
6T8R11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS CLINTONVILLE I (0015437)

**Address:** 59 INDUSTRIAL AVE, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/16/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0141838      **End Date:** 1/11/2023      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140131      **End Date:** 4/15/2022      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U9HL13      Served 7/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/10/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/10/23	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/10/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	1/10/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/10/23	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/10/23	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/10/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/23	Yes
83.38(1)(b)	SUPERVISION	1/10/23	Yes

Survey ID: 0137407 End Date: 7/29/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U9HL12 Served 10/5/2021

Deficiencies Cited	Subject Area	Compliance	Corrected
		Verified	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/15/22	
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	3/21/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/21/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/21/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/15/22	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/21/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/15/22	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/21/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/21/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/21/22	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS CLINTONVILLE I--0015437)

**Date:** 7/14/2022      **SOD #**U9HL13      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

**Date:** 10/5/2021      **SOD #**U9HL12      **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.12(4)(c)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.48(1)(b)

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 6/26/2020

**SOD #**U9HL11

**Appealed:**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(4)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.59(2)(a)

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS CLINTONVILLE I--0015437)

**Date Complaint Received: 10/4/2022**

**Date Investigation Completed: 1/11/2023**

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: 7/6/2022**

**Date Investigation Completed: 1/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 4/15/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

U9HL13

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

**Date Investigation Completed: 4/15/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

U9HL13

**Date Complaint Received: 5/6/2021**

**Date Investigation Completed: 7/29/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

U9HL12

**Date Complaint Received: 8/6/2020**

**Date Investigation Completed: 7/29/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

U9HL12

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS CLINTONVILLE II (0017857)

**Address:** 61 INDUSTRIAL AVE, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/25/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0141833      **End Date:** 1/11/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139080      **End Date:** 2/8/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OR4V11      Served 3/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	5/13/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	5/13/22	

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS CLINTONVILLE II--0017857)

**Date Complaint Received: 8/16/2022**

**Date Investigation Completed: 1/11/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 8/5/2022**

**Date Investigation Completed: 1/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 1/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 7/6/2022**

**Date Investigation Completed: 1/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/22/2020**

**Date Investigation Completed: 2/8/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OR4V11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** KINDREDHEARTS CLINTONVILLE (0009720)

**Address:** 76 GREEN TREE ROAD, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0142469    **End Date:** 3/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140609    **End Date:** 5/23/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I98113    Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	3/13/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/13/23	Yes
83.25	CONTINUING EDUCATION	3/13/23	Yes
83.28(7)	ADVANCED DIRECTIVES	3/13/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	3/13/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/13/23	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0135319    **End Date:** 12/1/2020    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I98112    Served 12/17/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	5/16/22	Yes

**Survey ID:** 0134864    **End Date:** 9/22/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (KINDREDHEARTS CLINTONVILLE--0009720)

**Date:** 8/31/2022    **SOD #I98113**    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21 (1-3)  
FORFEITURE---83.25  
FORFEITURE---83.48(3)(a)  
FORFEITURE---83.48(8)(b)

**Date:** 12/17/2020    **SOD #I98112**    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.48(4)(g)

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (KINDREDHEARTS CLINTONVILLE--0009720)

**Date Complaint Received: 2/15/2023**

**Date Investigation Completed: 3/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/6/2021**

**Date Investigation Completed: 5/23/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
PROGRAM SERVICES

NOT SUBSTANTIATED  
SUBSTANTIATED

198113

**Date Complaint Received: 8/16/2021**

**Date Investigation Completed: 5/23/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/29/2021**

**Date Investigation Completed: 5/23/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/3/2020**

**Date Investigation Completed: 9/22/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MCKINLEY HOUSE (0013397)

**Address:** 75 N PARK ST, CLINTONVILLE, WI 54927

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0142969      **End Date:** 4/13/2023      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140748      **End Date:** 9/1/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LJMQ12      Served 9/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/6/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/6/23	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139304    **End Date:** 1/18/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LJMQ11    Served 4/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/1/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/1/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/1/22	Yes
83.35(2)	TEMPORARY SERVICE PLAN	9/1/22	Yes

### Enforcement History (MCKINLEY HOUSE--0013397)

**Date:** 9/14/2022    **SOD #**LJMQ12    **Appealed:**    **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.36(1)(a)

**Date:** 4/20/2022    **SOD #**LJMQ11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.35(2)

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MCKINLEY HOUSE--0013397)

**Date Complaint Received: 5/10/2023**

**Date Investigation Completed: 6/6/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 4/17/2023**

**Date Investigation Completed: 6/6/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/18/2022**

**Date Investigation Completed: 4/13/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 4/13/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 8/10/2022**

**Date Investigation Completed: 9/1/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

LJMQ12

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

**Date Investigation Completed: 1/18/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

LJMQ11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 7/19/2020**

**Date Investigation Completed: 1/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LJMQ11

**Date Complaint Received: 6/19/2020**

**Date Investigation Completed: 1/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 5/18/2020**

**Date Investigation Completed: 1/18/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WILLOWS (THE) (0017306)

**Address:** 515 W IOLA STREET, IOLA, WI 54945

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0141074      **End Date:** 10/13/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WILLOWS (THE)--0017306)

**Date Complaint Received:** 8/7/2021

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 6/13/2021

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MANAWA ASSISTED LIVING (0014496)

**Address:** 401 EAST 4TH ST, MANAWA, WI 54949

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/13/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0136854      **End Date:** 7/22/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (MANAWA ASSISTED LIVING--0014496)

**Date Complaint Received:** 6/11/2021

**Date Investigation Completed:** 7/22/2021

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** CLARITY CARE BEACON (0013395)

**Address:** 307 W COOK ST, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0137164      **End Date:** 9/2/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** KINDREDHEARTS NEW LONDON (0009724)

**Address:** 1706 TAUBEL ROAD, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0142716    **End Date:** 1/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OE9113    Served 4/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS		

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138969    **End Date:** 11/29/2021    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OE9112    Served 3/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.19	ORIENTATION	1/26/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/26/23	Yes
83.25	CONTINUING EDUCATION	1/26/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	1/26/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	1/26/23	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	1/26/23	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	1/26/23	Yes

---

**Survey ID:** 0134852    **End Date:** 9/18/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0134319    **End Date:** 6/2/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OE9111    Served 7/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.42(2)	RESIDENT RECORDS SAFEGUARDED	11/23/21	Yes
83.45(4)	PEST CONTROL	11/23/21	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (KINDREDHEARTS NEW LONDON--0009724)

**Date:** 4/10/2023      **SOD #**OE9113      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.48(4)(f)

**Date:** 3/14/2022      **SOD #**OE9112      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.48(4)(f)  
FORFEITURE---83.48(8)(b)

**Date:** 7/20/2020      **SOD #**OE9111      **Appealed:**

Sanctions

FORFEITURE---83.45(4)

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (KINDREDHEARTS NEW LONDON--0009724)

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

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OE9113

**Date Complaint Received: 8/31/2020**

**Date Investigation Completed: 9/18/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 5/20/2020**

**Date Investigation Completed: 6/2/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OE9111

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OE9111

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OE9111

PROGRAM SERVICES

SUBSTANTIATED

OE9111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

OE9111

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MONARCH MEADOWS AT ST JOSEPH RESIDENCE (0017393)

**Address:** 107 E BECKERT ROAD, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2020 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** TRINITY TERRACE (410429)

**Address:** 1835 DIVISION STREET, NEW LONDON, WI 54961

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0139273      **End Date:** 4/14/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** BETHANY HOME INC (0016965)

**Address:** 1226 BERLIN ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2019 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** GARDEN PARK HOUSE (410133)

**Address:** 109 WEST LAKE STREET, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0142600    **End Date:** 3/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138855    **End Date:** 3/2/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138149    **End Date:** 1/4/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SWRZ11    Served 1/5/2022

Deficiencies Cited  
83.14(2)(a)

Subject Area  
LICENSEE ENSURES FACILITY COMPLIES  
WITH LAWS

Compliance  
Verified  
3/2/22

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0138958    **End Date:** 11/10/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UCYT11    Served 3/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	3/27/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/27/23	Yes

### Enforcement History (GARDEN PARK HOUSE--410133)

**Date:** 3/14/2022    **SOD #**UCYT11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19

**Date:** 1/5/2022    **SOD #**SWRZ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (GARDEN PARK HOUSE--410133)

**Date Complaint Received:** 1/25/2023    **Date Investigation Completed:** 3/27/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

**Date Complaint Received:** 12/30/2020    **Date Investigation Completed:** 11/10/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	UCYT11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PARK VISTA THE LEGACY (0016379)

**Address:** 1403 CHURCHILL ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/10/2016 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WAUPACA ELDER CARE HOME (0017545)

**Address:** 510 RIVER ST, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0143028    **End Date:** 11/1/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZN7J11    Served 5/11/2023

<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		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		
83.39(3)	HAND WASHING		

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (WAUPACA ELDER CARE HOME--0017545)

**Date:** 5/11/2023      **SOD #** ZN7J11      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h) Rights of Residents: Med

FORFEITURE---83.38(1)9g) Health Monitoring

### Complaint History (WAUPACA ELDER CARE HOME--0017545)

**Date Complaint Received:** 6/25/2022      **Date Investigation Completed:** 11/1/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

ZN7J11

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

**Date Investigation Completed:** 11/1/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 10/28/2021

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

Subject Area(s)

LICENSE CAPACITY OR CLASS

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

ZN7J11

ZN7J11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WHISTLING PINES INC (0012366)

**Address:** 121 CTY HWY QQ, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/14/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0141477    **End Date:** 10/12/2022    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3QBZ12    Served 12/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	2/10/23	

**Survey ID:** 0137997    **End Date:** 10/26/2021    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3QBZ11    Served 12/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	10/11/22	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	10/11/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	10/11/22	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (WHISTLING PINES INC--0012366)

**Date:** 12/16/2021      **SOD #**3QBZ11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

FORFEITURE---83.48(8)(b)

### Complaint History (WHISTLING PINES INC--0012366)

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

**Date Investigation Completed:** 10/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed:** 10/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

3QBZ12

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** STRONG HAVEN (0009441)

**Address:** N3501 HWY 110, WEYAUWEGA, WI 54983

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2002 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ASTER ASSISTED LIVING OF CLINTONVILLE (0015337)

**Address:** 38 N MAIN ST, CLINTONVILLE, WI 54929

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/2/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142549    **End Date:** 3/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140945    **End Date:** 6/7/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4YER11    Served 10/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	3/21/23	Yes
89.23(2)(c)	SERVICES	3/21/23	Yes
89.23(3)(f)	SERVICES	3/21/23	Yes
89.23(4)(b)1	SERVICES	3/21/23	Yes
89.28(2)(a)1	RISK AGREEMENT	3/21/23	Yes

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (ASTER ASSISTED LIVING OF CLINTONVILLE--0015337)

**Date:** 10/6/2022      **SOD #**4YER11      **Appealed:**

#### Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(a)2.c

FORFEITURE---89.23(2)(c)

FORFEITURE---89.23(4)(b)1.

FORFEITURE---89.28(2)(a)2

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (ASTER ASSISTED LIVING OF CLINTONVILLE--0015337)

**Date Complaint Received: 4/20/2023**

**Date Investigation Completed: 6/5/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/12/2022**

**Date Investigation Completed: 3/22/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/9/2022**

**Date Investigation Completed: 6/7/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
4YER11

**Date Complaint Received: 5/6/2022**

**Date Investigation Completed: 6/7/2022**

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

Result  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
4YER11  
4YER11  
  
4YER11

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

**Date Investigation Completed: 6/7/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/19/2022**

**Date Investigation Completed: 6/7/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
4YER11  
4YER11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 12/27/2021**

**Date Investigation Completed: 6/7/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED

4YER11  
4YER11

**Date Complaint Received: 6/9/2021**

**Date Investigation Completed: 6/7/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/29/2021**

**Date Investigation Completed: 6/7/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4YER11

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** OAKS (THE) (0019101)

**Address:** 505 WEST IOLA ST, IOLA, WI 54945

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/8/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140429      **End Date:** 8/2/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WASHINGTON CENTER (THE) (0011417)  
**Address:** 500 W WASHINGTON ST, NEW LONDON, WI 54961  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/22/2006 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143116      **End Date:** 5/9/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141137      **End Date:** 10/24/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WASHINGTON CENTER (THE)--0011417)

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

**Date Investigation Completed:** 5/9/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 6/4/2021

**Date Investigation Completed:** 10/24/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** BETHANY PINES (0010360)

**Address:** 50 SHADOW WOODS LANE, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/1998 12:00:00AM

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

### Survey History

No survey activity during the period 5/17/20 to 5/17/23

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## Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PARK VISTA RETIREMENT LIVING WAUPACA (0015200)

**Address:** 950 COUNTY RD QQ, WAUPACA, WI 54981

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/10/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0138915      **End Date:** 3/3/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PARK VISTA RETIREMENT LIVING WAUPACA--0015200)

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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