

## 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 Waushara County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 21.00 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 Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** HIDDEN PINES INC (0012249)

**Address:** N5085 18TH ROAD, WILD ROSE, WI 54984

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/21/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0142193      **End Date:** 2/15/2023      **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:** PRESTON PLACE CBRF (0014632)

**Address:** 401 PRESTON LN, REDGRANITE, WI 54970

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142779      **End Date:** 4/13/2023      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141466      **End Date:** 9/13/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UG3H12      Served 12/1/2022

<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	4/13/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/13/23	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:** 0139249    **End Date:** 1/19/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UG3H11    Served 4/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	9/12/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/12/22	Yes
83.19	ORIENTATION	9/12/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/12/22	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	9/12/22	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	9/12/22	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/12/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/12/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/12/22	Yes
83.38(1)(b)	SUPERVISION	9/12/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/12/22	No
83.47(2)(d)	FIRE DRILLS	9/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/12/22	Yes

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**Survey ID:** 0135376    **End Date:** 12/17/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0134902    **End Date:** 9/17/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**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)

### Enforcement History (PRESTON PLACE CBRF--0014632)

**Date:** 12/1/2022      **SOD #**UG3H12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)

**Date:** 4/15/2022      **SOD #**UG3H11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.27(2)(c)  
FORFEITURE---83.31(4)(a)  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.38(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)

### Complaint History (PRESTON PLACE CBRF--0014632)

**Date Complaint Received: 4/13/2023**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/3/2022**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/26/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 1/19/2022**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
UG3H11

**Date Complaint Received: 11/24/2020**

**Date Investigation Completed: 12/17/2020**

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 12/17/2020**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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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: 9/3/2020**

**Date Investigation Completed: 9/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 9/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 8/4/2020**

**Date Investigation Completed: 9/17/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/6/2020**

**Date Investigation Completed: 9/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 6/22/2020**

**Date Investigation Completed: 9/17/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

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:** ARBOR PINES INC (0012367)

**Address:** 540 W PRAIRIE STREET, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/10/2008 12:00:00AM

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

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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:** HEARTLAND HOUSE CBRF (0014477)

**Address:** 668 W CUMMINGS RD, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142324      **End Date:** 2/27/2023      **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:** HORIZON HOUSE (0017595)

**Address:** 402 E DIVISION ST, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0143001      **End Date:** 5/9/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0133809      **End Date:** 6/3/2020      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HORIZON HOUSE--0017595)

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

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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:** SILVER LAKE HAVEN (0018786)

**Address:** N2641 17TH LANE, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/12/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140137      **End Date:** 7/12/2022      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SILVER LAKE MANOR (0018787)

**Address:** N2641 17TH LANE, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/5/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141492      **End Date:** 12/5/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

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

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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:** TOWNLINE ROAD RESIDENCE (410059)

**Address:** 130 S TOWNLINE RD, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/1988 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:** ROSEMORE VILLAGE (0018214)

**Address:** 830 HIGH STREET, WILD ROSE, WI 54984

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/5/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0137476    **End Date:** 7/27/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L0PY11    Served 10/14/2021

<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		
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE		

**Survey ID:** 0134400    **End Date:** 8/5/2020    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

### Enforcement History (ROSEMORE VILLAGE--0018214)

**Date:** 10/14/2021    **SOD #**L0PY11    **Appealed:**    **Decision:** PENDING

#### Sanctions

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

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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 (ROSEMORE VILLAGE--0018214)

**Date Complaint Received: 7/15/2021**

**Date Investigation Completed: 7/27/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 5/24/2021**

**Date Investigation Completed: 7/27/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

L0PY11

**Date Complaint Received: 5/13/2021**

**Date Investigation Completed: 7/27/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 1/25/2021**

**Date Investigation Completed: 7/27/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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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:** PRESTON PLACE RCAC (0014633)  
**Address:** 401 PRESTON LN, REDGRANITE, WI 54970  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/10/2013 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142771      **End Date:** 4/13/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140798      **End Date:** 9/13/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138358      **End Date:** 1/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135335      **End Date:** 12/17/2020      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0134934 End Date: 9/17/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XR4T11 Served 10/6/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	12/15/20	Yes
89.34(17)	TENANT RIGHTS	12/15/20	Yes

### Enforcement History (PRESTON PLACE RCAC--0014633)

Date: 10/6/2020 SOD #XR4T11 Appealed: No

#### Sanctions

OTHER SANCTION

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## Provider Inspection Summary

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

### Complaint History (PRESTON PLACE RCAC--0014633)

**Date Complaint Received: 4/5/2023**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 6/29/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 5/26/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)

Result

SOD #

DEATH BY PSYCHOTROPIC DRUGS  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 4/8/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 2/21/2022**

**Date Investigation Completed: 9/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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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: 2/1/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 9/13/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 7/15/2021**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

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

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/24/2020**

Subject Area(s)

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 12/17/2020**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 9/8/2020**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 9/17/2020**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/22/2020**

Subject Area(s)

PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 9/17/2020**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/5/2020**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 9/17/2020**

Result

NOT SUBSTANTIATED

SOD #

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***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** HEARTLAND HOUSE RCAC (0014478)  
**Address:** 668 W CUMMINGS RD, WAUTOMA, WI 54982  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/17/2013 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142325      **End Date:** 2/27/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HEARTLAND HOUSE RCAC--0014478)

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

### Facility Information

**Facility Name:** SILVER LAKE MANOR (0018785)  
**Address:** N2641 17TH LANE, WAUTOMA, WI 54982  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/22/2023 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142555      **End Date:** 3/22/2023      **Type:** INITIAL      **Purpose:** DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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