

## Provider Inspection Summary

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

Wood

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 5.00 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:** ALICE & LOUISES II (0017158)

**Address:** 8679 STATE HWY 186, ARPIN, WI 54410

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0140713      **End Date:** 8/31/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BYVS11      Served 9/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/24/22	
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	10/24/22	
83.47(2)(e)	OTHER EVACUATION DRILLS	10/24/22	

**Survey ID:** 0135344      **End Date:** 12/18/2020      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ALICE & LOUISES II--0017158)

**Date Complaint Received: 5/11/2022**

**Date Investigation Completed: 8/31/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/14/2021**

**Date Investigation Completed: 8/31/2022**

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:** DELANEY HOME LLC (0011989)

**Address:** 5342 3RD AVENUE, PITTSVILLE, WI 54466

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0141037    **End Date:** 7/11/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6FEQ11    Served 10/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

### Enforcement History (DELANEY HOME LLC--0011989)

**Date:** 10/14/2022    **SOD #**6FEQ11    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Complaint History (DELANEY HOME LLC--0011989)

**Date Complaint Received:** 11/5/2020

**Date Investigation Completed:** 7/11/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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