

**SHEBOYGAN COUNTY  
Community Based  
Residential Facilities  
(CBRF)**

**Prepared By:  
Sheboygan County Health  
&  
Human Services  
Aging and Disability  
Resource Center  
2009**

As of February 1, 2008 the Family Care Program provides managed long term care in Sheboygan County. Entitlement for the Family Care benefit will take place in February 2011.

When an individual seeks written materials from a Community Based Residential Facility they are to include information about the Aging and Disability Resource Center (ADRC). The CBRF is to make a referral to the Aging and Disability Resource Center for a Pre-Admission Consultation. Staff from the Aging and Disability Resource Center will contact the individual to offer the Pre-Admission Consultation. This service is voluntary and does not impact on admission to any CBRF.

## WHAT IS A COMMUNITY-BASED RESIDENTIAL FACILITY?

A **CBRF** is a community living facility that provides room and board, supervision and supportive services to persons who are unable to live independently in the community or who choose to live in these facilities. It is intended that these facilities be as “**home-like**” as possible, and be located in or near the individual’s community. The primary goal is to assist individuals in achieving the highest level of independent functioning of which they are capable.

Homes and facilities providing residential care, supervision, treatment and services to five or **more** adults are required to license as **community-based residential facilities**. This licensing is divided into “**classes**”. The “**class**” is determined by the resident’s ability to move about (ambulating), and to follow directions (mental capacity), and to act independently for self-preservation under emergency conditions.

The “**Classes**” of **CBRFs** are (three categories), **Class A**, **Class B** and **Class C**.

### They are defined as follows:

**CLASS A AMBULATORY (AA).** A **Class A Ambulatory CBRF** may serve only residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

**CLASS A SEMI-AMBULATORY (AS).** A **Class A Semi-Ambulatory CBRF** may serve residents who are ambulatory or semi-ambulatory and are is mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

**CLASS A NON-AMBULATORY (ANA).** A **Class A Non-Ambulatory CBRF** may serve residents who are ambulatory, semi-ambulatory or non-ambulatory, but only if they are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

**CLASS B.** A **Class B** licensed facility may admit and retain residents appropriate for a **Class A** facility.

**CLASS C AMBULATORY (CA).** A **Class C Ambulatory CBRF** may serve only residents who are ambulatory, but one or more of whom are not mentally or physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

**CLASS C SEMI-AMBULATORY (CS).** A **Class C Semi-ambulatory CBRF** may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

**CLASS C NON-AMBULATORY (CNA).** A **Class C Non-ambulatory CBRF** may serve residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

**Class C** licensed facility may admit and retain residents appropriate for a **Class A** or **B** licensed facility as long as the facility's physical accessibility accommodations are compatible with each resident's level of mobility.

The Department of Health and Family Services has a consumer information website on CBRF's:  
<http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm>  
<http://dhfs.wisconsin.gov/bqaconsumer/Assistedliving/CBRFchoose.htm>

**Name of CBRF:** Arbor View Communities

**Address:** 1900 Arbor Lane, Plymouth, Wi 53073

**Residence Director:** Mandi Stelloh **Name of Licensee:**

**Phone:**920-893-4200 **Fax:** 920-893-4221

**E-Mail:** **Website:**

**Profit**  **Non-Profit**

**Cost of care:** **Room & Board:** **Wk/Mo.**

**Care & Supervision:** **Wk./Mo.**

**Levels of care licensed for:** CNA

**Visiting hours:** Any

**Distance to bus service:**

**Categories of applicants accepted:**

- Men**  **Alzheimer's**  **Blind**
- Women**  **Deaf**  **Drug Abusers**
- Age Limitations**

**Number of beds:** Private: 20

**Type of payment:**  Private  Contract with Community Care

**Church Services Offered:**  Yes  No

**Services included in room rate:**

- Special Diet  Soap & Towel  Personal Laundry  Barber
- Hairdresser  Field Trips  Transportation  Arts/Crafts

**Meal times:**

Breakfast: 7-9 am Lunch: 12pm Supper: 5pm  
 Snacks Served: 2pm/Bedtime Main Meal: Lunch

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

- Radio  Television  Chair
- Bedspread  Telephone  Wall decoration

**Additional comments:**

**Name of CBRF:** BEECHWOOD REST HOME

**Address:** N1495 West Highway A, Kewaskum, WI 53040

**Residence Director:** Scott Rammer, NHA **Name of Licensee:** Delores Rammer

**Phone:** 920-994-4717 **Fax:** 920-994-4932

**E-Mail:** beechwd@kmoraine.com **Website:**

**Profit**     **Non-Profit**

**Cost of care:**                      **Room & Board:** \$20.96 Daily

**Care & Supervision:** \$60.06 Daily

**Levels of care licensed for:** AS

**Visiting hours:** Reasonable hours

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private: 7    Double:

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: 7:30 am

Lunch: 12pm

Supper: 5:15 pm

Snacks Served: daily

Main Meal: 12:00

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:**

**Name of CBRF:** BELGIUM GARDENS

**Address:** 432 S. Heritage Street, Belgium, WI 53004

**Residence Director:** Tina Thull, RN

**Phone:** (262) 285-3660    **Fax:** (262) 285-3669    **E-Mail:** belgiumgardens@hotmail.com

**Profit**     **Non-Profit**

**Advance Payment Required:**  Yes     No  
If **yes**, is this refundable or applicable to monthly payment:

**Cost of daily care:**     Private     Double     Other

**Levels of care licensed for:** Alzheimer's, Dementia, Frail Elderly, Physical Disabilities

**Number of rooms:**    Private: 20    Double: 2    Other

**Visiting hours:** Anytime    **Distance to bus service:** 8 miles

**Categories of applicants accepted:**

**Men**     **Alzheimer's**     **Blind**  
 **Women**     **Deaf**     **Drug Abusers**  
 **Age Limitations** – 35 and up

**Number of beds:** Private: 20    Double: 2    Other:

**Type of payment:**  Private     Wmap     Other

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts & Crafts

**Meal times:**

Breakfast: 8:00 a.m.    Dinner: 12:00 Noon    Supper: 5:00 p.m.  
Snacks Served:    Main Meal:

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes     No

**May residents bring the following items to be placed in "own room?"**

Radio     Television     Chair  
 Bedspread     Telephone     Wall decoration

**Additional Comments:** Art therapist and social worker on staff. Christian-based facility.  
Chaplin on staff



**Name of CBRF:** CEDAR GROVE GARDENS II

**Address:** 626 Van Altena Avenue, Cedar Grove, WI 53013

**Residence Director:** Mary Reed

**Phone:** (920) 668-8600 **Fax:** (920) 668-8607

**E-Mail:** [belgiumgardens@hotmail.com](mailto:belgiumgardens@hotmail.com)

**Profit**     **Non-Profit**

**Cost of care:** \$3,500-\$4,500.00 monthly

**Levels of care licensed for:** 4 levels

**Visiting hours:** not limited

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private: 20

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: 8am                                      Lunch: 12pm                                      Supper: 5pm  
Snacks Served:                                      Main Meal: 12pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                                       Television                                       Chair  
 Bedspread                                       Telephone                                       Wall decoration

**Additional comments:**

**Name of CBRF:** Countryside Manor - East

**Address:** 4221 Kadlec Drive

**Residence Director:** Lea Ann Thibodeau **Name of Licensee:** CRC

**Phone:** 920-452-2408 **Fax:** 920-452-2118

**E-Mail:** lthibodeau@crlcares.com

**Website:** crlcares.com

**Profit**     **Non-Profit**

**Private Room:** \$3,937.00 monthly **Semi-Private Room:** \$3,796.00 monthly

**Special family rate:** \$780.00 monthly (second person if no assistance is needed in the same room)

**Levels of care licensed for:** Class C

**Visiting hours:** Open

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**

**Alzheimer's**

**Blind**

**Women**

**Deaf**

**Drug Abusers**

**Age Limitations**

**Number of beds:**            Private 12    Double 4

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet

Soap & Towel

Personal Laundry

Barber

Hairdresser

Field Trips

Transportation

Arts/Crafts

**Meal times:**

Breakfast: 8 am

Lunch: Noon

Supper: 5pm

Snacks Served: as desired

Main Meal: Noon

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio

Television

Chair

Bedspread

Telephone

Wall decoration

**Additional comments:** Countryside Manor East is dementia specific care facility with RN oversight, and wheelchair lift van service. Respite care offered.

**Name of CBRF:** Countryside Manor - West

**Address:** 4228 Kadlec Drive

**Residence Director:** Lea Ann Thibodeau    **Name of Licensee:** CRC

**Phone:** 920-452-2408    **Fax:** 920-452-2118

**E-Mail:** lthibodeau@crlcares.com    **Website:** crlcares.com

**Profit**     **Non-Profit**

**Private Room:** \$4,218.00 per month    **Semi-Private:** \$3,937.00 per month

**Special family rate:** \$780.00 monthly (second person if no assistance is needed in the same room)

**Levels of care licensed for:** Class C

**Visiting hours:** Open

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private 12    Double 16

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: 8 am    Lunch: Noon    Supper: 5pm

Snacks Served: as desired    Main Meal: Noon

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:** Country side manor west is a dementia specific care facility with RN oversight and a wheel chair lift van. Each room has a private bath, individual heat/air control and kitchenette. All exits are secure and monitored via cameras. Respite care offered.

**Name of CBRF:** GABLES OF WALDO

**Address:** 1102 W. First Street, Waldo, WI 53093

**Residence Director:** Pamela Zastrow

**Name of Licensee:** Jeffrey Mueller

**Phone:** (920) 528-8800    **Fax:** (920) 528-7007    **E-Mail:** gables@execpc.com

**Profit**     **Non-Profit**

**Advance Payment Required:**  Yes     No

If **yes**, is this refundable or applicable to monthly payment:

**Cost of care:** \$3,495.00-\$6,650.00     Other – Individual fees

**Levels of care licensed for:** C

**Number of rooms:** 8 - Private

**Visiting hours:** Any

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations - Elderly**

**Number of beds:** Private: 8

**Type of payment:**  Private     Wmap     Other

**Services included in room rate:**

Special Diet                       Soap & Towel                       Personal Laundry                       Barber  
 Hairdresser                       Field Trips                                       Transportation                       Arts & Crafts

**Meal times:**

Breakfast: 8:00 a.m.                      Dinner: 12:00 Noon                      Supper: 5:00 p.m.  
Snacks Served: 8:00 p.m.                      Main Meal: Supper

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes     No

**May residents bring the following items to be placed in "own room?"**

Radio                                       Television                                       Chair  
 Bedspread                                       Telephone                                       Wall decoration

**Additional Comments:**





**Name of CBRF:** Harbor Heights

**Address:** 505 South Water Street, Sheboygan, WI 53081

**Residence Director:** Stephanie Lynn **Name of Licensee:**

**Phone:** 920-451-6923 **Fax:** 920-451-1140

**E-Mail:** [harborheights1@gmail.com](mailto:harborheights1@gmail.com) **Website:** harborheightssheboygan.com

**Profit**  **Non-Profit**

**Cost of care:** All – Monthly Inclusive Rates: \$2200.00 - \$4865.00

**Levels of care licensed for:** Class CNA

**Visiting hours:**

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**  **Alzheimer's**  **Blind**  
 **Women**  **Deaf**  **Drug Abusers**  
 **Age Limitations**

**Number of beds:** Private: 42 Double

**Type of payment:**  Private  Contract with Community Care

**Church Services Offered:**  Yes  No

**Services included in room rate:**

Special Diet  Soap & Towel  Personal Laundry  Barber  
 Hairdresser  Field Trips  Transportation  Arts/Crafts

**Meal times:**

Breakfast: 8-9:30am Lunch: 12pm Supper: 5pm  
Snacks Served: Main Meal: Lunch

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio  Television  Chair  
 Bedspread  Telephone  Wall decoration

**Additional comments:**

**Name of CBRF:** HARBOR HOUSE

**Address:** 2629 Indiana Avenue, Sheboygan, WI 53081

**Residence Director:** Pam LaFond, LPN **Name of Licensee:** Harbor Sr. Concepts

**Phone:** (920) 838-3474 **Fax:** (414) 292-4484

**E-Mail:** [conniethimmig@harborassisted.com](mailto:conniethimmig@harborassisted.com) **Website:** harborassisted.com

**Profit**     **Non-Profit**

**Cost of care:**                      **Room & Board:** \$3650.00 plus level of care per month  
**Care & Supervision:**                      **Wk./Mo.**

**Levels of care licensed for:** C-NA

**Visiting hours:** Any time

**Distance to bus service:** 1 block

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private: 17    Double: 1

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: Served in the A.M.    Lunch: 12pm                      Supper: 5pm  
Snacks Served: 3X per day    Main Meal: 12pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:**

Nurse on site. Clergy visit regularly. Oversight by Geriatric Nurse Practitioner/Geriatricians from UW Madison.

**Name of CBRF:** HARBOR HOUSE II

**Address:** 2611 Indiana Avenue, Sheboygan, WI 53081

**Residence Director:** Pam LaFond, LPN **Name of Licensee:** Harbor Sr. Concepts

**Phone:** (920) 838-3474 **Fax:** (414) 292-4484

**E-Mail:** [conniethimmig@harborassisted.com](mailto:conniethimmig@harborassisted.com) **Website:** harborassisted.com

**Profit**     **Non-Profit**

**Cost of care:**                      **Room & Board:** \$3650.00 plus level of care per month  
**Care & Supervision:**                      **Wk./Mo.**

**Levels of care licensed for:** C-NA

**Visiting hours:** Any time

**Distance to bus service:** 1 block

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private: 8    Double:

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: Served in the A.M.    Lunch: 12pm                      Supper: 5pm  
Snacks Served: 3X per day    Main Meal: 12pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:**

Nurse on site. Clergy visit regularly. Oversight by Geriatric Nurse Practitioner/Geriatricians from UW Madison.





**Name of CBRF:** HARVEST HOME ASSISTED

**Address:** 1007 N. Wisconsin Drive, Howards Grove, WI 53083

**Residence Director:** Beth Pahmeier      **Name of Licensee:**

**E-Mail:** bpahmeier@wi.twcbc.com

**Website:**

**Profit**       **Non-Profit**

**Cost of care:**                      **Room & Board:** \$3,095 Monthly minimum

**Care & Supervision:**                      **Wk./Mo.**

**Levels of care licensed for:** Class C5

**Visiting hours:**

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:**                      Private : 8      Double

**Type of payment:**       Private       Contract with Community Care

**Church Services Offered:**       Yes       No

**Services included in room rate:**

Special Diet       Soap & Towel       Personal Laundry       Barber  
 Hairdresser       Field Trips       Transportation       Arts/Crafts

**Meal times:**

Breakfast: 8 am                      Lunch: 12pm                      Supper: 5pm  
Snacks Served: Yes                      Main Meal: 12pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:**

**Name of CBRF:** HOMETOWN RETIREMENT

**Address:** 920 North 26<sup>th</sup> Street, Sheboygan, WI 53081

**Residence Director:** Connie M. Froh      **Name of Licensee:** Tim Herr

**Phone:** 920-452-5554      **Fax:** 920-458-0942

**E-Mail:** [hometownretirement@ymail.com](mailto:hometownretirement@ymail.com)      **Website:** www.homtowntirement.com

Profit       Non-Profit

**Cost of care:**                      **Room & Board:** \$800.00 Monthly  
**Care & Supervision:** \$1900.00 Monthly

**Levels of care licensed for:** A Limited to Semi Ambulatory

**Visiting hours:** Any                                      **Distance to bus service:** ½ block

**Categories of applicants accepted:**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Men             | <input checked="" type="checkbox"/> Alzheimer's – Early Stages | <input checked="" type="checkbox"/> Blind - Possible |
| <input checked="" type="checkbox"/> Women           | <input type="checkbox"/> Deaf                                  | <input type="checkbox"/> Drug Abusers                |
| <input checked="" type="checkbox"/> Age Limitations |  |  |

**Number of beds:**                      Private: 13      Double

**Type of payment:**       Private       Contract with Community Care

**Church Services Offered:**       Yes       No

**Services included in room rate:**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Special Diet | <input checked="" type="checkbox"/> Soap & Towel | <input checked="" type="checkbox"/> Personal Laundry | <input type="checkbox"/> Barber                 |
| <input type="checkbox"/> Hairdresser             | <input checked="" type="checkbox"/> Field Trips  | <input checked="" type="checkbox"/> Transportation   | <input checked="" type="checkbox"/> Arts/Crafts |

**Meal times:**

Breakfast: 8am                      Lunch: 12pm                      Supper: 5pm  
Snacks Served: Yes always available                      Main Meal: 12pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Radio     | <input checked="" type="checkbox"/> Television | <input checked="" type="checkbox"/> Chair           |
| <input checked="" type="checkbox"/> Bedspread | <input checked="" type="checkbox"/> Telephone  | <input checked="" type="checkbox"/> Wall decoration |

**Additional comments:** Long term employees; Home environment with family atmosphere; Meals are homemade

**Name of CBRF:** KINDREDHEARTS

**Address:** 112 South River Blvd., Plymouth, WI 53073

**Residence Director:** Kari Helland      **Name of Licensee:** KindredHearts of Plymouth

**Phone:** (920) 893-8334      **Fax:** (920) 892-2894      **E-Mail:** [kfhelland@khearts.com](mailto:kfhelland@khearts.com)

**Profit**       **Non-Profit**

**Advance Payment Required:**  Yes - \$500.00 to hold a room       No

If yes, is this refundable or applicable to monthly payment: Yes

**Cost of monthly care:**  Private - \$2,835.00       Double       Other –

**Levels of care licensed for:** Non-ambulatory

**Number of rooms:**      Private: 15      Double:      Other:

**Visiting hours:** Anytime      **Distance to bus service:**

**Categories of applicants accepted:**

- Men       Alzheimer's       Blind
- Women       Deaf       Drug Abusers
- Age Limitations – Elderly       Psychiatric as long as no danger to self or others

**Number of beds:** 15      Private: 15      Double:      Other:

**Type of payment:**  Private       Other – Long term care insurance

**Services included in room rate:**

- Special Diet       Soap & Towel       Personal Laundry       Barber
- Hairdresser       Field Trips       Transportation       Arts & Crafts

**Meal times:**

Breakfast: Flexible      Dinner: 12:00 Noon      Supper: 5:00 p.m.  
Snacks Served: 3/day      Main Meal: Dinner

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes       No

**May residents bring the following items to be placed in "own room?"**

- Radio       Television       Chair
- Bedspread       Telephone       Wall decoration

**Additional Comments:** The rooms are furnished but families are welcome to bring in their own if they choose. Owned by Physician Medical Director, on staff nurse to coordinate residents health care. A full range of daily activities for all abilities.

**Name of CBRF:** Libby's House

**Address:** 2581 Valley Road, Plymouth, WI 53073

**Residence Director:** Christine Thill RN

**Phone:** 920-893-2754/ 920-946-8730 **Fax:** 920-893-2954

**E-Mail:** [cthillrn@libbyshouse.com](mailto:cthillrn@libbyshouse.com) **Website:** www.libbyshouse.com

**Profit**     **Non-Profit**

**Cost of daily care:** Based on need

**Levels of care licensed for:** Frail elderly, Advance Age, Irreversible Dementia

**Number of beds:** Private 18 Suites 2

**Visiting hours:** Open/Overnight acceptable in delicate situations

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations**

**Type of payment:**  Private     contract with Community Car

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Church Services     Transportation     Arts & Crafts

**Meal times:**

Breakfast: 7-9am                                      Dinner: 12:30                                      Supper: 5:30

Snacks Served: 24 hrs                                      **Main Meal**

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes     No

Gated Courtyard

**May residents bring the following items to be placed in "own room?"**

Radio                                       Television                                       Chair  
 Bedspread                                       Telephone                                       Wall decoration

**Additional comments:** Libby's House is founded on a true understanding of the unique needs of seniors. We celebrate the whole person, respecting the mind, body and spirit. We have spacious common areas; living room with fire place, family room, sun room, activity room private dining room and spa tub room and salon

**Name of CBRF:** Libby's House East Senior Assisted Living

**Address:** 2653 Valley Road, Plymouth, Wi 53073

**Residence Director:** Christine Thill, RN

**Phone:** 920-892-8324/920-946-8730 **Fax:** 920-892-8370

**E-Mail:** cthillrn@libbyshouse.com **Website:** www.libbyshouse.com

**Profit**      **Non-Profit**

**Cost of care:** Based on

**Levels of care licensed for:** Frail elderly, Advanced Age, Irreversible Dementia

**Visiting hours:** Open/Overnight acceptable in delicate situations

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations**

**Number of beds:** Private 14 Suites 6

**Type of payment:**  Private      Contract with Community Care

**Services included in room rate:**

Special Diet      Soap & Towel      Personal Laundry      Barber  
 Hairdresser      Church Services      Transportation      Arts/Crafts

**Meal times:**

Breakfast: 7-9                      Lunch: 12:30pm                      Supper: 5:30pm

Snacks Served: 24 hrs.     Main Meal: 12:30pm

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:** Libby's House is founded on a true understanding of the unique needs of seniors. We celebrate the whole person, respecting the mind, body and spirit. We have spacious common areas; living room with fire place, family room, sun room, activity room private dining room and spa tub room and salon

**Name of CBRF:** Sheboygan Senior Community

**Address:** 930 North 6<sup>th</sup> Street, Sheboygan, WI 53081

**Residence Director:** Michael Basch

**Phone:**      **Fax:** **E-Mail:**

**Profit**       **Non-Profit**

**Levels of care licensed for:**

**Number of rooms:** 65      **Private:**

**Visiting hours:**

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**

**Alzheimer's**

**Blind**

**Age Limitations**

**Women**

**Deaf**

**Drug Abusers**

**Number of beds:**      **Private:** 65

**Type of payment:**       **Private**       **Contract with Community Care**

**Church Services Offered:**       **Yes**

**Services included in room rate:**

**Special Diet**

**Bedding/Towels**

**Personal Laundry**

**Cable TV**

**Hairdresser**

**Field Trips**

**Transportation**

**Arts & Crafts**

**Meal times:**

**Breakfast:** 7:30

**Dinner:** Noon

**Supper:** 4:30

**Snacks Served:** Yes

**Main Meal:** Dinner

**Is there a patio, porch, and/or yard residents can be safely outdoors?**       **Yes**       **No**

**May residents bring the following items to be placed in "own room?"**

**Radio**

**Television**

**Chair**

**Bedspread**

**Telephone**

**Wall decoration**

**Additional Comments**

**Name of CBRF:** Pine Haven Christian Home

**Address:** 531 Giddings Avenue, Sheboygan Falls, WI 53085

**Residence Director:** Jeff Jenkins    **Name of Licensee:**

**Phone:** 920-467-2401    **Fax:** 920-467-7273

**E-Mail:** pine@pinehaven.org    **Website:** www.pinehaven.org

Profit     Non-Profit

**Cost of care:**                      **Room & Board: \$78.00 Daily**  
**Care & Supervision:**                      **Wk./Mo.**

**Levels of care licensed for:** CNA

**Visiting hours:** Anytime    **Distance to bus service:** At door

**Categories of applicants accepted:**

Men                       Alzheimer's                       Blind  
 Women                       Deaf                       Drug Abusers                       Age Limitations

**Number of beds:** 140

**Type of payment:**  Private     Contract with Community Care

**Church Services Offered:**     Yes     No

**Services included in room rate:**

Special Diet     Soap & Towel     Personal Laundry     Barber  
 Hairdresser     Field Trips     Transportation     Arts/Crafts

**Meal times:**

Breakfast: 7:30-8am                      Lunch: 11:45-12:15pm                      Supper: 5-5:30 pm  
Snacks Served: throughout the day                      Main Meal: Lunch

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes  No

**May residents bring the following items to be placed in "own room?"**

Radio                       Television                       Chair  
 Bedspread                       Telephone                       Wall decoration

**Additional comments:**



**Name of CBRF:** WOODLAND MANOR

**Address:** 851 Fond du Lac, Sheboygan Falls, WI 53085

**Residence Director:** Lea Ann Thibodeau    **Name of Licensee:** CRC

**Phone:** 920-254-0673    **Fax:** 920-452-2118

**E-Mail:** lthibodeau@crlcares.com    **Website:** crlcares.com

**Profit**     **Non-Profit**

**Cost of monthly care:**     Private - \$3,088.00     Double - \$2,616.00

**Special family rate:** \$780.00 monthly (second person if no assistance is needed in the same room)

**Levels of care licensed for:** Class C

**Visiting hours:** open

**Distance to bus service:**

**Categories of applicants accepted:**

**Men**                       **Alzheimer's**                       **Blind**  
 **Women**                       **Deaf**                                       **Drug Abusers**  
 **Age Limitations**

**Type of payment:**     Private     Contract with Community Care

**Services included in room rate:**

Special Diet                       Soap & Towel                       Personal Laundry                       Barber  
 Hairdresser                       Field Trips                                       Transportation                       Arts & Crafts

**Meal times:**

Breakfast: 8:00 a.m.                      Dinner: Noon                      Supper: 5:00 p.m.  
Snacks Served: as desired                      Main Meal: Noon

**Is there a patio, porch, and/or yard residents can be safely outdoors?**  Yes     No

**May residents bring the following items to be placed in "own room?"**

Radio                                       Television                                       Chair  
 Bedspread                                       Telephone                                       Wall decoration

**Additional Comments:** Woodland manor is a very home like environment with RN oversight, and a wheel chair lift van service. Respite care offered.