

**2008**

**CONSUMERS GUIDE  
TO NURSING HOMES  
IN SHEBOYGAN COUNTY**

**Prepared by:**  
**Sheboygan County Aging and  
Disability Resource Center**

## PURPOSE OF THIS GUIDE

First of all, is a nursing home really necessary? Could you manage at home with assistance? To consider the alternatives to nursing home care, see Page 5 in this handout.

If you determine that nursing home care is the best alternative, you will now need to look at which facility will be best for you.

Choosing a nursing home is a difficult task. Usually you have no prior experience with nursing homes and suddenly are confronted with the need to select a nursing home that best meets your needs. It is important that the home is safe and clean and qualified personnel who are kind, sensitive, and interested in your needs give that quality of care.

The cost of nursing home care, location, and range of services is vitally important to people today.

It is nearly impossible to adequately evaluate the facilities available without some basis for comparison. This guide has been prepared to assist you in choosing the proper facility by providing information about each nursing home in Sheboygan County.

### What information is needed before looking for a home?

Nursing homes in Wisconsin are licensed according to the level of nursing care they provide: skilled, intermediate, residential, and personal care facility. If you are not familiar with the differences between levels of care, contact your physician or hospital discharge planner for an explanation of levels of care and seek advice for your situation. There is currently a website that provides an overview of nursing homes at:

[www.dhfs.state.wi.us/bqaconsumer/nursinghomes/cirindex.htm](http://www.dhfs.state.wi.us/bqaconsumer/nursinghomes/cirindex.htm)

### Ask the family doctor the following questions:

- What kind of nursing home is needed?
- What types of medication and treatment are needed?
- If physical therapy and/or occupational therapy will be prescribed?

This information will guide you in selecting the most suitable nursing home and in discussing your needs with the nursing home administrator.

Wisconsin law also requires that the prospective nursing home resident have a complete physical examination and chest x-ray prior to admission to a licensed nursing home.

## **What Should You Look For In A Nursing Home?**

It is best to personally visit several nursing homes before making your final selection. If unable to visit the home yourself, ask a relative or friend, who is your advocate, to gather information for you.

When you visit a nursing home, you should remember to look for these indicators of quality of care:

- Does the appearance of patients in the home reflect kindness and good care?
- Are the appearances of the employees neat and clean?
- Does it appear that the employees are kind, patient, and interested in their responsibilities?
- Is the building itself clean, odor free, and well maintained?
- What is provided in each room?
- Is adequate closet space provided?
- Is the location of the bathroom convenient and clean?
- Does the home have a pleasant sitting room for patients?
- Is the dining room cheerful and welcoming?
- Does the menu have a lot of variety?
- Do they provide a special diet?
- Are snacks available to residents?
- Are the stairways and corridors lighted and handicapped accessible?
- Are the exits clear?
- What provisions have been put in place in case of a fire?
- What is the availability of employees in the event there is an emergency?

During your tour of the facility, you should discuss the continuation of medical care with the administrator. If you are unable to meet with the administrator in person, set up a time when you could meet with him. You should retain your personal physician, if at all possible. The administrator can provide better care for you if all your needs are known. Give the administrator a true and complete picture of your needs, habits, and behavior.

Some additional questions you should ask the administrators:

- Does the facility provide twenty-four hour nursing services?
- Is the staff qualified to give complete and adequate care?
- Is there an Occupational and Physical Therapist available when ordered by a doctor?
- Are residents encouraged to get out of bed, get dressed, and socialize with others?
- Will the staff teach residents how to dress and feed themselves if necessary?
- Will the staff encourage the resident to participate in recreational and social activities?
- Does the facility have a policy regarding religious activities?
- Does clergy make regular visits?

## What Is The Financial Aspect Of Nursing Home Care?

Don't hesitate to discuss financial issues with the nursing home administrator or your physician. You may also wish to contact the Division of Economic Support at (920) 208-5800, the Social Security Administrator at (920) 458-2133, and the Aging and Disability Resource Center at (920) 459-3095 to determine whether or not you would be eligible for Medicaid or Medicare.

### Cost

Generally, nursing home costs include all services except for: physician visits, medicines, and special treatments (these medical services may be covered by Medicare and Medicaid for those residents who qualify). Some facilities may have a written contract regarding fees and adjustment of unused balances. Daily or monthly costs may or may not include haircuts, shampoos, personal laundry, etc.

### Medicare

A federal "insurance" program for people over 65 years of age, Medicare, under certain conditions, pays for limited short-term care in a skilled facility. Medicare requires that a nursing home be certified as meeting certain standards of cleanliness, staffing, record keeping, etc., in order to be reimbursed for care provided to a Medicare recipient. At the present time, Rocky Knoll, Golden living, Meadowview, Morningside, Sunny Ridge, Beach Health Care, and Sheboygan Progressive Health Care Center are Medicare certified. However, Medicare will still pay for specific forms of therapy in other facilities.

### Medicaid

This is an assistance program through which the federal government and state share in payments for the medical care of certain categories of needy or low-income people.

*Medicaid only pays for either skilled care or intermediate care (SNF, ICF I & II).*

In order to be reimbursed for providing care to a Medicaid recipient, Medicaid must certify a nursing home as meeting certain standards of cleanliness, staffing, record keeping, etc.

### Private Pay

If you are able, you must pay for nursing home care yourself. The administrator will be able to explain in detail what terms of payment are acceptable. You and your family will feel more secure if all questions are explored and answered to your satisfaction before you select a nursing home.

## **Are There Alternatives To Nursing Homes?**

The decision to enter a nursing home should not be made prematurely. If the decision to enter a nursing home is made solely because the individual has difficulties managing alone at home, perhaps you should consider some of the alternatives available in Sheboygan County.

Sheboygan County has several agencies which provide various services that can enable the elderly to continue to live in their home with independence and dignity. These agencies and their services are listed below. The Aging and Disability Resource Center of Sheboygan County will assist you in obtaining these services.

### Other services that may be of assistance:

Senior Housing Units: To qualify for senior housing units, you must be income eligible and be able to perform regular housekeeping duties. There are also many CBRF's (Community Based Residential Facilities) or group homes that provide 24 hour non-medical care. There is a wide variety of housing options available in Sheboygan County. Contact the Aging and Disability Resource Center for information about their locations.

Other Local Agencies: The following agencies will provide counseling and will advise and assist prospective nursing home residents and/or their families, particularly in situations of stress.

- Aging and Disability Resource Center (920) 459-3095
- Catholic Charities (920) 458-5726
- Lutheran Social Services (920) 458-4161
- Advocacy Programs of Family Services (920) 458-8840

### Care after nursing home stay:

If a stay in the nursing home is to be short term, it may be necessary for you to arrange home health care services. The Aging and Disability Resource Center of Sheboygan County is glad to assist you in arranging for your return home.

### NURSING HOME RATES FOR 2007

<p><b>Beechwood Rest Home</b>  N1495 Highway A  Kewaskum, WI 53040  (920) 994-4717</p>	<p>\$190/Private/Daily  \$185/Semi-Private/Daily</p>
<p><b>Golden Living Center</b>  3129 Michigan Avenue  Sheboygan, WI 53081  (920) 458-1155</p>	<p>\$235/Private/Daily  \$187/Semi-Private/Daily</p>
<p><b>Meadowview Manor</b>  3613 South 13<sup>th</sup> Street  Sheboygan, WI 53081  (920) 458-4040</p>	<p>\$249/Private/Daily  \$207/Semi-Private/Daily</p>
<p><b>Morningside Health Center</b>  3431 North 13<sup>th</sup> Street  Sheboygan, WI 53083  (920) 457-5046</p>	<p>\$204/Semi-Private/Daily</p>
<p><b>Pine Haven Christian Home</b>  531 Giddings Avenue  Sheboygan Falls, WI 53085  (920) 467-2401</p>	<p>\$220/Private  \$208/Semi-Private</p>
<p><b>Plymouth Care Center, LLC</b>  916 East Clifford Street  Plymouth, WI 53073  (920) 893-4777</p>	<p>\$195/Daily</p>

<b>Rocky Knoll Health Center</b> N7153 Rocky Knoll Parkway Plymouth, WI 53073 (920) 467-6464	\$354 Intensive skilled \$205 Skilled Semi Private \$245 Short Term Rehab \$225 Skilled- Private
<b>Sheboygan Progressive Care Center</b> 1902 Mead Avenue Sheboygan, WI 53081 (920) 458-8333	\$253/Private/Daily \$209/Semi-Private/Daily
<b>Sheboygan Senior Community Lighthouse Commons/Beach Health Care Center</b> 930 North 6 <sup>th</sup> Street Sheboygan, WI 53081 (920) 458-2137	\$202/Private/Daily \$187/Semi-Private/Daily
<b>Sunny Ridge Health Care and Rehabilitation Center</b> 3014 Erie Avenue Sheboygan, WI 53081 (920) 459-3028	\$220.00 Daily + \$75.00 Bed Tax Monthly \$200.00 Daily + \$75.00 Bed Tax Monthly
<b>Willowdale Nursing &amp; Rehabilitation Center</b> 1610 Hoover Street New Holstein, WI 53061 920-898-5664	\$250.00 Daily/Private \$176-194.00 Daily/Semi-Private

<b>Name:</b>	<b>Beechwood Rest Home</b>
<b>Address/City/State/Zip:</b>	N1495 Nighway A, Kewaskum, WI 53040
<b>Phone:</b>	(920) 994-4717/(262)626-4258
<b>Administrator:</b>	Scott Rammer - email: beechwood@kmorane.com

<b>Ownership:</b>	Proprietary
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled, Intermediate, Personal, and Residential
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$190.00 Semi-Private: \$185.00 Medicare-Certified:
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	26
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input checked="" type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input checked="" type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Library/Reading Room <input type="checkbox"/> Bookmobile <input type="checkbox"/> Outside Activity

	<input type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input type="checkbox"/> Resident Transportation <input type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations
<b>List your facility's most important activities:</b>	Bible study, bingo, arts and crafts, and picnics.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input type="checkbox"/> If more than a one story building, ability to go from one floor to another

Personnel	Hours Per Week/Month
Medical Director	As Needed
Physical Therapist	Contracted
Physical Therapy Aides	Contracted
Occupational Therapist	Contracted
Occupational Therapy Assistants	Contracted
Dentist	Consultant
Podiatrist	
Dietician	4/week
Social Worker	24/week
Social Worker Assistant	16/week
Activities Director	40/week

<b>Physical Environment:</b>	Number of Rooms: <u>      17      </u> Private: <u>      7      </u> Double: <u>      10      </u> Other: <u>                    </u>
<b>Visiting Hours:</b>	8:00 a.m. to 8:00 p.m.
<b>Meal Times:</b>	Breakfast: 7:30 a.m. Dinner: 12:15 p.m. Supper: 5:30 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: Daily
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often:

<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	

<b>Name:</b>	<b>Golden Living Center</b>
<b>Address/City/State/Zip:</b>	3129 Michigan Avenue, Sheboygan, WI 53081
<b>Phone:</b>	(920) 458-1155 – Fax – (920) 458-1173
<b>Administrator:</b>	Tracy Londre'

<b>Ownership:</b>	Corporation
<b>Is advance payment required:</b>	<input checked="" type="checkbox"/> Yes (for private pay only) <input type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled, Intermediate
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$235.00 Semi-Private: \$187.00 Medicare-Certified: All beds
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input checked="" type="checkbox"/> Age Limitation: <u>18+</u>
<b>Number of beds:</b>	64
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input checked="" type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input checked="" type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Library/Reading Room <input type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Programs of all types are scheduled 7 days/week; programs include activities suitable for each cognitive level of functioning.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	8/month
Physical Therapist	Part Time
Physical Therapy Aides	Full Time
Occupational Therapist	Full Time
Occupational Therapy Assistants	Part Time
Dentist	As Needed
Podiatrist	As Needed
Dietician	Full Time
Social Worker	One full-time, One part-time
Social Worker Assistant	8/day
Activities Director	Full Time
Chaplain	8/day

<b>Physical Environment:</b>	Number of Rooms: <u>26</u> Private: <u>1</u> Double: <u>12</u> Other: <u>13 3-bed wards</u>
<b>Visiting Hours:</b>	Anytime
<b>Meal Times:</b>	Breakfast: 7:30 a.m. Dinner: 12:00 p.m. Supper: 5:30 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: 10:00 am, 3pm & 6:30pm Upon request
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Lutheran and Catholic held weekly

<p><b>Can the residents bring the following items to be placed in their own room?</b></p>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<p><b>Additional Comments:</b></p>	<p>Golden Living is a Golden Ventures Healthcare Facility and has earned 5 corporate E-Awards for excellence. These awards are granted to Beverly facilities for quality patient care and services.</p>

<b>Name:</b>	<b>Meadowview Manor</b>
<b>Address/City/State/Zip:</b>	3613 South 13 <sup>th</sup> Street, Sheboygan, WI 53081
<b>Phone:</b>	(920) 458-4040/Fax – (920) 458-0474
<b>Administrator:</b>	Sondra Norder

<b>Ownership:</b>	Extendicare Health Services Incorporated
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	ICF, SNF, ISN
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$249.00 Semi-Private: \$207.00 Medicare-Certified:
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	74
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input checked="" type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input checked="" type="checkbox"/> Field Trips <input checked="" type="checkbox"/> Cable TV
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Bingo, music, church, men's group, and community outings. Exercise group, crafts, cooking, gardening, bird watching, pet visits
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	As Needed
Physical Therapist	40/week
Physical Therapy Aides	40/week
Occupational Therapist	40/week
Occupational Therapy Assistants	40/week
Dentist	As Needed
Podiatrist	As Needed
Dietician	16/week
Social Worker	40/week
Social Worker Assistant	
Activities Director	40/week

<b>Physical Environment:</b>	Number of Rooms: <u>    40    </u> Private: <u>    6    </u> Double: <u>    34    </u> Other: <u>            </u>
<b>Visiting Hours:</b>	Anytime
<b>Meal Times:</b>	Breakfast: 8:00 a.m. Dinner: 12:00 p.m. Supper: 5:15 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: Daily
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes all three weekly: Catholic, Lutheran, Protestant

<p><b>Can the residents bring the following items to be placed in their own room?</b></p>	<p> <input checked="" type="checkbox"/> Radio                      <input checked="" type="checkbox"/> Television Set  <input checked="" type="checkbox"/> Bedspread                <input checked="" type="checkbox"/> Telephone Option  <input checked="" type="checkbox"/> Bureau                      <input checked="" type="checkbox"/> Chair  <input checked="" type="checkbox"/> Wall Decoration </p>
<p><b>Additional Comments:</b></p>	<p>Rehabilitation, respite care offered. Pets maybe admitted with resident in private rooms. Special home cooked meals daily</p>

<b>Name:</b>	<b>Morningside Health Center</b>
<b>Address/City/State/Zip:</b>	3431 North 13 <sup>th</sup> Street, Sheboygan, WI 53083
<b>Phone:</b>	(920) 457-5046
<b>Administrator:</b>	Raeline Springstrol

<b>Ownership:</b>	Proprietary
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: Semi-Private: \$204.00 Medicare-Certified:
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's <input checked="" type="checkbox"/> Age Limitation: <u>18+</u>
<b>Number of beds:</b>	72
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input checked="" type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input checked="" type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input checked="" type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Bowling, horse racing, bean bags, bingo, happy hour, musical entertainment, music hour, pet visits, dice games, exercise. Residents council, food committee. Current events, occasional outings, holiday celebrations, and movies.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	4 month
Physical Therapist	Daily
Physical Therapy Aides	Daily
Occupational Therapist	Daily
Occupational Therapy Assistants	Daily
Dentist	Monthly
Podiatrist	1 time every 4 weeks
Dietician	10/week
Social Worker	30/week
Social Worker Assistant	Daily
Activities Director	40/week

<b>Physical Environment:</b>	Number of Rooms: <u>    36    </u> Double: <u>    36    </u>
<b>Visiting Hours:</b>	Anytime
<b>Meal Times:</b>	Breakfast: 7:45-9 a.m. Dinner: 11:45-1 p.m. Supper: 4:45-6 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: Available 24 hours/day
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>religious services?</b>	If yes, how often: Catholic – 1 time weekly and communion on Sundays. Reformed – Sunday. Rosary – weekly.
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	

<b>Name:</b>	<b>Pine Haven Christian Home</b>
<b>Address/City/State/Zip:</b>	531 Giddings Avenue, Sheboygan Falls, WI 53085
<b>Phone:</b>	(920) 467-2401/Fax – (920) 467-7273
<b>Administrator:</b>	Jeff Jenkins

<b>Ownership:</b>	Non-Profit
<b>Is advance payment required:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private:      \$220.00  Semi-Private: \$208.00  Medicare-Certified:
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	71
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input checked="" type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities

	<input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations
<b>List your facility's most important activities:</b>	Weekly bible studies, hymn songs, musical programs, special events/holiday celebrations, bingo, daily coffee times, movies, occasional outings, pet visits, happy hour, and exercise.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

Personnel	Hours Per Week/Month
Medical Director	On Call
Physical Therapist	30/week
Physical Therapy Aides	40/week
Occupational Therapist	40/week
Occupational Therapy Assistants	15/week
Dentist	On Call
Podiatrist	10/week
Dietician	12/week
Social Worker	70/week
Social Worker Assistant	
Activities Director	40/week

<b>Physical Environment:</b>	Number of Rooms: <u>      49      </u> Private: <u>      27      </u> Double: <u>      22      </u> Other: <u>                  </u>
<b>Visiting Hours:</b>	10:00 a.m. to 8:00 p.m.
<b>Meal Times:</b>	Breakfast: 8:00 a.m. Dinner: 11:45 a.m. Supper: 5:15 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: Morning, afternoon, evenings, and per request.
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>completely private visits?</b>	
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: 2 times/week
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	

<b>Name:</b>	<b>Plymouth Care Center, LLC</b>
<b>Address/City/State/Zip:</b>	916 East Clifford Street, Plymouth, WI 53073
<b>Phone:</b>	(920) 893-4777 – Carrie Gahan, Social Services/Admissions; FAX: (920) 893-2460
<b>Administrator:</b>	Pam Brown

<b>Ownership:</b>	Profit
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	\$195.00/Daily
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	60
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Community outings (band concerts, fishing, boat rides, circus, county fair, sporting events), bowling, bingo, music programs, coffee hour, birthday parties, intergenerational programs, current events, pet visits, cooking & baking, exercise class, trivia, church services, bible class, morning coffee groups, specialized small group and individual activities for residents with dementia or other special needs, reality orientation programming as appropriate.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	As Needed
Physical Therapist	Upon MD Order
Physical Therapy Aides	Upon MD Order
Occupational Therapist	Upon MD Order
Occupational Therapy Assistants	Upon MD Order
Dentist	Referral As Needed
Podiatrist	Referral As Needed
Dietician	On Staff
Social Worker	40/week
Speech Pathologist	Upon MD Order
Activities Director	40/week

<b>Physical Environment:</b>	Number of Rooms: <u>    60    </u> Private: <u>    60    </u> Double: <u>          </u> Other: <u>          </u>
<b>Visiting Hours:</b>	Accommodations for visitors.
<b>Meal Times:</b>	Breakfast: 8:00 a.m. Dinner: 12:00 p.m. Supper: 5:00 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When:
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Mass Sunday mornings, other services weekly.
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set (20" or less) <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration (Built in bureau is provided)
<b>Additional Comments:</b>	Medicare certified, contracts with local hospice.

<b>Name:</b>	<b>Rocky Knoll Health Care Center</b>
<b>Address/City/State/Zip:</b>	N7135 Rocky Knoll Parkway, Plymouth, WI 53073
<b>Phone:</b>	(920) 467-6464/(920) 893-6441 Fax: (920) 893-0555 Medical Records: (920) 893-9234
<b>Administrator:</b>	Michael Taubenheim, NHA Administrator

<b>Ownership:</b>	Non-Profit – Sheboygan County Owned & Operated
<b>Is advance payment required:</b>	<input checked="" type="checkbox"/> Yes (for private pay only) <input type="checkbox"/> No 30 days X daily rate requested on day of admission. If Medicaid & in a private room, the private room differential is requested on day of admission.
<b>Licensed levels of care:</b>	Skilled Nursing
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes – 195 certified beds <input type="checkbox"/> No
<b>VA Certified;</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	\$354 Intensive skilled \$205 Skilled Semi Private \$245 Short Term Rehab \$225 Skilled- Private
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> Mentally Retarded (with special approval only) <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's <input checked="" type="checkbox"/> Age Limitation: <u>May need special approval if under age 65</u>
<b>Number of beds:</b>	195
<b>Rates based on level of care?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Services included in the room rate:</b>	<input type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input checked="" type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry

	<input checked="" type="checkbox"/> Soap & Towel <input checked="" type="checkbox"/> Arts/Crafts Supplies	<input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Bookmobile <input checked="" type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Resident Transportation <input checked="" type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations	<input checked="" type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Outside Activity <input checked="" type="checkbox"/> Arts/Crafts Activities
<b>List your facility's most important activities:</b>	Church services, bingo, pet visits, morning coffee group, sing along, exercise activities, van rides, current events, Bible classes, "Pretty Nails", baking groups, pool table, dart board, slot machines, "On The Rocks Lounge", country store, beauty shop, barber services, and musical entertainment.	
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another	

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	On Call
Physical Therapist	Contracted Service – 6 days/week
Physical Therapy Aides	Contracted Service – 6 days/week
Occupational Therapist	Contracted Service – 6 days/week
Chaplain	2 days/week
Dentist	Contracted Service – visits regularly
Director of Social Services	
Dietician	Part-time
Social Worker	3 full-time
Speech Pathologist	Contracted Service – 6 days/week
Activities Director	Full-time director and 6 full-time activity therapists/assistants

<b>Physical Environment:</b>	Number of Rooms: <u>      154      </u> Private: <u>      113      </u> Double: <u>      41      </u> Other: <u>                  </u>
<b>Visiting Hours:</b>	Accommodations for visitors at all times as needed if it does not interfere with the rights of others.
<b>Meal Times:</b>	Buffet-style meals are served on units 7:00 a.m. to

	9:00 a.m., 11:00 a.m. to 1:00 p.m., and 4:00 p.m. to 6:00 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: As requested
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Mass Sunday morning plus other services weekly
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option * <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration (*Telephone is provided in Woodland Village with free local calls, long distance calls are at the expense of the resident.)
<b>Additional Comments:</b>	Dementia Unit with outdoor courtyard. Contract with several hospice organizations that will provide hospice care in facility in residents own room.

<b>Name:</b>	<b>Sheboygan Progressive Care Center</b>
<b>Address/City/State/Zip:</b>	1902 Mead Avenue, Sheboygan, WI 53081
<b>Phone:</b>	(920) 458-8333
<b>Administrator:</b>	Liz Reis, Executive Director

<b>Ownership:</b>	Proprietary
<b>Is advance payment required:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled, Intermediate, Personal
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$253.00 Semi-Private: \$209.00 Medicare-Certified:
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's <input checked="" type="checkbox"/> Age Limitation: <u>18+</u>
<b>Number of beds:</b>	120
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input checked="" type="checkbox"/> Library/Reading Room <input type="checkbox"/> Bookmobile <input type="checkbox"/> Outside Activity <input type="checkbox"/> Reality Orientation <input checked="" type="checkbox"/> Arts/Crafts Activities <input checked="" type="checkbox"/> Resident Transportation <input type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Large groups, small groups, and one-to-one programs, religious services, socials, readings, movies, outings, special interest focus groups, bingo, music, pet therapy, special events, current news, intergenerational programs.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Admissions Coordinator	40/week
Medical Director	On Call
Nursing Director	40/week
Physical Therapist	40 & 40/week
Physical Therapy Aides	40/week
Occupational Therapist	40 & 40/week
Occupational Therapy Assistants	40/week
Dentist	On Call
Podiatrist	On Call
Dietician	30/week
Social Worker	40 & 40/week
Speech Pathologist	40 & 40/week
Activities Director	40/week
Chaplain	On Call

<b>Physical Environment:</b>	Number of Rooms: <u>      72      </u> Private: <u>      24      </u> Double: <u>      48      </u> Other: <u>                  </u>
<b>Visiting Hours:</b>	Unrestricted
<b>Meal Times:</b>	Breakfast: 8:15 a.m. Dinner: 12:15 p.m. Supper: 5:15 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: 10:00 a.m., 2:00 p.m., bedtime, more frequently as needed

<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: 6-7 times/week
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	<p>We specialize in short term rehabilitation therapy with a high turnover of patients returning to their homes. Our rehabilitation program is directed by our staff Psychiatrist, Dr. Steven Santino.</p> <p>We have also recently added hospice suites and a palliative care family lounge.</p>

<b>Name:</b>	<b>Sheboygan Senior Community Lighthouse Commons &amp; Beach Health Care Center</b>
<b>Address/City/State/Zip:</b>	930 North 6 <sup>th</sup> Street, Sheboygan, WI 53081
<b>Phone:</b>	(920) 458-2137
<b>Administrator:</b>	Michael Basch

<b>Ownership:</b>	Non-Profit
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled, Intermediate
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$202.00 Semi-Private: \$187.00
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	74
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input checked="" type="checkbox"/> Catheter Care <input checked="" type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input checked="" type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input checked="" type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input type="checkbox"/> Field Trips
<b>Activities:</b>	<input type="checkbox"/> Resident Council <input type="checkbox"/> Library/Reading Room <input type="checkbox"/> Bookmobile <input type="checkbox"/> Outside Activity <input type="checkbox"/> Reality Orientation <input type="checkbox"/> Arts/Crafts Activities <input type="checkbox"/> Resident Transportation <input type="checkbox"/> Remotivation Therapy <input type="checkbox"/> Activities by community organizations

<b>List your facility's most important activities:</b>	Entertainment, crafts, religious programs, bingo, games, exercise classes, Friendly voices – resident choir.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Admissions Coordinator	
Medical Director	
Nursing Director	
Physical Therapist	
Physical Therapy Aides	
Occupational Therapist	
Occupational Therapy Assistants	
Dentist	
Podiatrist	
Dietician	
Social Worker	
Speech Pathologist	
Activities Director	
Chaplain	

<b>Physical Environment:</b>	Number of Rooms: <u>    53    </u> Private: <u>    23    </u> Double: <u>    30    </u> Other: <u>            </u>
<b>Visiting Hours:</b>	11:00 a.m. to 8:00 p.m.
<b>Meal Times:</b>	Breakfast: 8:30 a.m. Dinner: 12:30 p.m. Supper: 5:30 p.m.
<b>Snacks Served:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No When:
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Catholic, Protestant, Bible Study, Rosary, 1 time per week
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair – no cloth <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	



<b>List your facility's most important activities:</b>	Bingo, Sunnyfest Summer Carnival, Some Enchanted Evening Dinner, formal spring cotillion, Fast Food Fest, service (community) club, PACE exercise, physically challenged and support group.
<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input checked="" type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input checked="" type="checkbox"/> If more than a one story building, ability to go from one floor to another

<b>Personnel</b>	<b>Hours Per Week/Month</b>
Medical Director	As Needed
Physical Therapist	As Needed
Physical Therapy Aides	As Needed
Occupational Therapist	As Needed
Occupational Therapy Assistants	As Needed
Dentist	8/week
Podiatrist	As Needed
Dietician	32/week
Social Worker	3 full time – 40/week
Social Worker Assistant	
Activities Director	40/week
Speech Pathologist	As Needed
Chaplain	As Needed
Respiratory Therapist	7 days week/24 hours day
Marketing Director/Admissions	40/week

<b>Physical Environment:</b>	Number of Rooms: _____ Private: _____ Double: _____ Other: _____
<b>Visiting Hours:</b>	Open all hours
<b>Meal Times:</b>	Breakfast: 7:15 – 8:45 a.m. Dinner: 11:15 a.m.-12:45 p.m. Supper: 4:30-6:30 p.m.
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: As requested
<b>Patio, porch, yard where</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>residents can be outside safely?</b>	
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Varies
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	Alzheimer's Unit, Hospice/Respite Care, Rehabilitation/Subacute Unit, Dementia Unit

<b>Name:</b>	<b>Willowdale Nursing &amp; Rehabilitation Center</b>
<b>Address/City/State/Zip:</b>	1610 Hoover Street, New Holstein, Wi 53061
<b>Phone:</b>	920-898-5706
<b>Administrator:</b>	Tia Bowe

<b>Ownership:</b>	Proprietary
<b>Is advance payment required:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Licensed levels of care:</b>	Skilled
<b>Medicaid Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medicare Certified:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly/Daily Rates:</b>	Private: \$250.00 Semi-Private: \$194.00 Medicare-Certified: Same
<b>Categories of Applicants Accepted:</b>	<input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> Mentally Retarded <input checked="" type="checkbox"/> Totally Blind <input checked="" type="checkbox"/> Totally Deaf <input type="checkbox"/> Drug Abusers <input checked="" type="checkbox"/> Alzheimer's – Early Stages <input type="checkbox"/> Age Limitation: _____
<b>Number of beds:</b>	49
<b>Rates based on level of care?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Services included in the room rate:</b>	<input type="checkbox"/> Catheter Care <input type="checkbox"/> Skin Care <input type="checkbox"/> Lab Tests <input type="checkbox"/> Dental Services <input checked="" type="checkbox"/> Hand Feeding <input type="checkbox"/> Special Diet <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Over-the-counter drugs <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walker <input checked="" type="checkbox"/> Personal Laundry <input checked="" type="checkbox"/> Soap & Towel <input type="checkbox"/> Barber/Hairdresser <input checked="" type="checkbox"/> Arts/Crafts Supplies <input type="checkbox"/> Field Trips
<b>Activities:</b>	<input checked="" type="checkbox"/> Resident Council <input type="checkbox"/> Library/Reading Room <input checked="" type="checkbox"/> Bookmobile <input type="checkbox"/> Outside Activity <input type="checkbox"/> Reality Orientation <input type="checkbox"/> Arts/Crafts Activities <input type="checkbox"/> Resident Transportation <input type="checkbox"/> Remotivation Therapy <input checked="" type="checkbox"/> Activities by community organizations
<b>List your facility's most important activities:</b>	Bingo

<b>Wheelchair accessibility:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Can residents in wheelchairs do the following: <input checked="" type="checkbox"/> Drink from water fountain <input checked="" type="checkbox"/> Eat in main dining room <input type="checkbox"/> Reach light fixtures <input checked="" type="checkbox"/> Read bulletin boards <input type="checkbox"/> If more than a one story building, ability to go from one floor to another
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Personnel	Hours Per Week/Month
Medical Director	2 hrs/weekly
Physical Therapist	40 hrs/weekly
Physical Therapy Aides	
Occupational Therapist	40 hrs/weekly
Occupational Therapy Assistants	
Dentist	As needed
Podiatrist	As needed
Dietician	40 hrs/weekly
Social Worker	32 hrs/weekly
Social Worker Assistant	40 hrs/weekly
Activities Director	

<b>Physical Environment:</b>	Number of Rooms: <u>24</u> Private: <u>1</u> Double: <u>21</u> Other: <u>2</u>
<b>Visiting Hours:</b>	24/7
<b>Meal Times:</b>	Breakfast: 7:30 am Dinner: Noon Supper: 5pm
<b>Snacks Served:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When: Daily
<b>Patio, porch, yard where residents can be outside safely?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place where residents can have completely private visits?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chapel or room designated for religious services?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: Twice Weekly
<b>Can the residents bring the following items to be placed in their own room?</b>	<input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> Television Set <input checked="" type="checkbox"/> Bedspread <input checked="" type="checkbox"/> Telephone Option <input checked="" type="checkbox"/> Bureau <input checked="" type="checkbox"/> Chair <input checked="" type="checkbox"/> Wall Decoration
<b>Additional Comments:</b>	