

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Ozaukee County.

The report is a PDF (Adobe Acrobat) document and includes a total of 28 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: EVELYNS II (0012107)
Address: W4171 CENTER ST, FREDONIA, WI 53021
License Status: REGULAR
Licensed/Certified/Registered 09/25/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107776 **End Date:** 12/23/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7IXY11 Served 01/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		

This is Page 2 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (EVELYNS II)

Date: 01/19/2011 SOD #7IXY11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 3 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: 5TH AVENUE (0012834)
Address: 950 5TH AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 05/28/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104099 **End Date:** 05/28/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 4 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: BREEZE COVE (0012309)
Address: 1256 1ST AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 06/01/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101800 **End Date:** 06/01/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: DONGES BAY HOME (0010207)
Address: 7412 W DONGES BAY RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 11/07/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106691 **End Date:** 07/06/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102231 **End Date:** 07/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SJ2F11 Served 08/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	06/17/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/17/2010	Yes

This is Page 6 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (DONGES BAY HOME)

Date Complaint Received: 11/13/2009

Date Investigation Completed: 07/06/2010

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

This is Page 7 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: HIAWATHA HOUSE (0010789)
Address: 4415 W HIAWATHA DR, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 01/04/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107046 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106141 **End Date:** 03/18/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8BZU11 Served 04/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	08/25/2010	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	08/25/2010	Yes

Survey ID: 0104687 **End Date:** 07/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Survey ID: 0103104 End Date: 11/27/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #89DM12 Served 01/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/15/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	07/15/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/15/2009	Yes

This is Page 9 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (HIAWATHA HOUSE)

Date: 04/26/2010 **SOD #8BZU11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/25/2010 12:00:00AM

Date: 12/17/2008 **SOD #89DM12** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT --Facility Compliant 07/15/2009 12:00:00AM

This is Page 10 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (HIAWATHA HOUSE)

Date Complaint Received: 02/24/2010

Date Investigation Completed: 03/18/2010

Subject Area(s)
RESTRAINTS
STAFF ADEQUACY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	8BZU11
SUBSTANTIATED	8BZU11

Date Complaint Received: 02/04/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)
MEDICATIONS
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

This is Page 11 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: SKY RESIDENTIAL - GRACE (0012067)
Address: 4413 W GRACE AVE, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 09/04/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107826 **End Date:** 01/06/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106348 **End Date:** 04/27/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105508 **End Date:** 11/30/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (SKY RESIDENTIAL - GRACE)

Date Complaint Received: 12/06/2010

Date Investigation Completed: 01/06/2011

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/08/2010

Date Investigation Completed: 04/27/2010

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

This is Page 13 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: WOODBRIDGE HOUSE/ALEXA MANOR (0012966)
Address: 7625 W MEQUON RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 02/24/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107615 **End Date:** 11/15/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V9H612 Served 02/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

Survey ID: 0106554 **End Date:** 06/24/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V9H611 Served 07/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	11/15/2010	Yes

Survey ID: 0105817 **End Date:** 02/24/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 14 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (WOODBRIIDGE HOUSE/ALEXA MANOR)

Date Complaint Received: 11/19/2010

Date Investigation Completed: 11/15/2010

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/15/2010

Date Investigation Completed: 11/15/2010

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

12/14/10

Date Complaint Received: 05/21/2010

Date Investigation Completed: 06/24/2010

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

This is Page 15 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: AFH-245 (0013011)
Address: 245 THOMAS DR, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 02/24/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0105792 **End Date:** 02/24/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 16 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: CHESTNUT ADULT FAMILY CARE HOME (390237)
Address: 415 W CHESTNUT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 04/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108133 **End Date:** 02/16/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SIH012 Served 03/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0102194 **End Date:** 07/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SIH011 Served 07/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	02/16/2011	Yes
88.05(3)(e)2.c	INSPECTIONS-CHIMNEY	02/16/2011	Yes

This is Page 17 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (CHESTNUT ADULT FAMILY CARE HOME)

Date: 03/11/2011 SOD #SIH012 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 18 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: EVELYNS ADULT FAMILY HOME (390137)
Address: 336 MICHAEL CT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 09/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107778 **End Date:** 12/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W6R913 Served 01/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.05(3)(e)2.c	INSPECTIONS-CHIMNEY		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

This is Page 19 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Survey ID: 0102691 End Date: 09/23/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W6R912 Served 10/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/30/2010	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/30/2010	Yes
88.05(2)(a)	DIFFICULTY WALKING	11/30/2010	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/30/2010	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	11/30/2010	Yes

This is Page 20 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (EVELYNS ADULT FAMILY HOME)

Date: 01/19/2011 **SOD #W6R913** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 10/15/2008 **SOD #W6R912** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/30/2010 12:00:00AM

This is Page 21 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: HIGHLAND ADULT FAMILY HOME (390068)
Address: 3987 HIGHLAND DR, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 06/07/1993
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106932 **End Date:** 08/09/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (HIGHLAND ADULT FAMILY HOME)

Date Complaint Received: 12/11/2009

Date Investigation Completed: 08/09/2010

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 23 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: STANFORD HOUSE (0013556)
Address: 1118 STANFORD ST, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 12/23/2010
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107704 **End Date:** 12/23/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: FRANSEE LANE GROUP HOME (390057)
Address: 116 W FRANSEE LN, SAUKVILLE, WI 53080
License Status: REGULAR
Licensed/Certified/Registered 02/27/1991
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107729 **End Date:** 01/07/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106845 **End Date:** 07/13/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8VKX11 Served 08/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/05/2011	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	01/07/2011	Yes
88.07(2)(b)2	TRANSPORTATION TO ACTIVITIES	01/07/2011	Yes
88.10(3)(h)	SOCIAL ACTIVITY CHOICE	01/07/2011	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	01/07/2011	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	01/07/2011	Yes

Survey ID: 0104292 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 25 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Survey ID: 0101549 End Date: 04/08/2008 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BMEJ12 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/10/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/10/2009	Yes

This is Page 26 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (FRANSEE LANE GROUP HOME)

Date: 08/17/2010	SOD #8VKX11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 01/05/2011 12:00:00AM	
NO NEW ADMISSIONS	--Facility Compliant 01/05/2011 12:00:00AM	

This is Page 27 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: OZAUKEE

Complaint History (FRANSEE LANE GROUP HOME)

Date Complaint Received: 09/04/2009

Date Investigation Completed: 07/13/2010

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

8VKX11

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)
ABUSE
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOF

This is Page 28 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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