

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex
COUNTY: KENOSHA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Kenosha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 4 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: KENOSHA

Facility Information

Facility Name: MEADOWMERE SOUTHPORT (0012244)
Address: 8351 SHERIDAN RD, KENOSHA, WI 53143
License Status: REGULAR
Licensed/Certified/Registered 01/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 2 of 4 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: KENOSHA

Facility Information

Facility Name: REGENT MANOR (0010734)
Address: 7905 36TH AVE, KENOSHA, WI 53142
License Status: REGULAR
Licensed/Certified/Registered 01/10/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0108544 **End Date:** 03/28/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J8K212

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
89.23(4)(a)2	SERVICES		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: KENOSHA

Complaint History (REGENT MANOR)

Date Complaint Received: 02/01/2011

Date Investigation Completed: 03/28/2011

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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