

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 6 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: SHEBOYGAN

**Facility Information**

**Facility Name:** CEDAR BAY AT ELKHART LAKE (0012455)  
**Address:** 101 CEDAR LN, ELKHART LAKE, WI 53020  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/16/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102541    **End Date:** 09/16/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**This is Page 2 of 6 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 (REGISTERED)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TERRACE ESTATES (0011389)  
**Address:** 1231 EISNER AVE, SHEBOYGAN, WI 53083  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104857      **End Date:** 08/26/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103202      **End Date:** 12/16/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (TERRACE ESTATES)**

**Date Complaint Received: 07/23/2009**

**Date Investigation Completed: 08/26/2009**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

**Date Complaint Received: 12/03/2008**

**Date Investigation Completed: 12/16/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** PRAIRIE CROSSING - A PINE HAVEN COMMUNITY (0012021)

**Address:** 1280 PINE HAVEN LN, SHEBOYGAN FALLS, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/28/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107849      **End Date:** 01/07/2011      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103636      **End Date:** 02/23/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (PRAIRIE CROSSING - A PINE HAVEN COMMUNITY)**

**Date Complaint Received: 10/12/2010**

**Date Investigation Completed: 01/07/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 11/25/2008**

**Date Investigation Completed: 02/23/2009**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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