

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 35 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN II GERMANTOWN (0008965)  
**Address:** N116 W16105 MAIN ST, GERMANTOWN, WI 53022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/07/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106745    **End Date:** 07/06/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**This is Page 2 of 35 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** REM JAMES COURT (0011980)  
**Address:** 908 JAMES CT, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104139      **End Date:** 06/01/2009      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** SYMICEK AFH (390224)  
**Address:** 834 CENTER ST, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107896    **End Date:** 01/28/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W4WK11 Served 02/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(d)11	RESIDENT FUNDS	01/17/2012	Yes

**Survey ID:** 0103333    **End Date:** 01/22/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Enforcement History (SYMICEK AFH)**

<b>Date: 02/04/2011</b>	<b>SOD #W4WK11</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
OTHER SANCTION		--Facility Compliant 01/17/2012

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** WINK HOME LLC (0013821)  
**Address:** 1354 - 1356 PATTON DR, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/10/2011  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0109071    **End Date:** 08/10/2011    **Type:** OTHER    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: RICHFIELD AFH (0012333)**

**Address: 2425 STATE ROAD 175, RICHFIELD, WI 530769718**

**License Status: REGULAR**

**Licensed/Certified/Registered 05/27/2008**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** CLA SLINGER ADULT FAMILY HOME (390105)  
**Address:** 3941 ELAINES WAY, SLINGER, WI 53086  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1993  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104912    **End Date:** 09/21/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #74IG11    Served 10/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** 17TH AVENUE ADULT FAMILY HOME (390116)  
**Address:** 233 S 17TH AVE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1996  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104332    **End Date:** 06/11/2009    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0CJ212    Served 07/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Enforcement History (17TH AVENUE ADULT FAMILY HOME)**

**Date: 07/07/2009      SOD #0CJ212      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** BOBOLINK HOME (0013151)  
**Address:** 834 BOBOLINK LN, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/03/2010  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0105638    **End Date:** 02/03/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: DENNIS PATH ADULT FAMILY HOME (0008801)**

**Address: 6874 DENNIS PATH, WEST BEND, WI 53095**

**License Status: REGULAR**

**Licensed/Certified/Registered 08/27/1999**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** ELLENBECKER ADULT FAMILY HOME (0011481)  
**Address:** 7463 BROOKHAVEN DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/16/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104627    **End Date:** 07/27/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEYH11    Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	08/15/2009	Yes

**Survey ID:** 0104132    **End Date:** 05/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Enforcement History (ELLENBECKER ADULT FAMILY HOME)**

<b>Date: 07/30/2009</b>	<b>SOD #PEYH11</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 08/15/2009
COMPLY WITH REQUIREMENT		--Facility Compliant 08/15/2009

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HANS STREET (0011237)  
**Address:** 1507 HANS ST, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0109224    **End Date:** 09/12/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X2Z411    Served 09/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Complaint History (HANS STREET)**

**Date Complaint Received: 06/08/2011**

**Date Investigation Completed: 09/12/2011**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
MEDICATIONS

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

X2Z411

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HIL CARRIE LANE (0009693)  
**Address:** 1628 CARRIE LN, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104688    **End Date:** 08/10/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HIL DRAKE HOUSE (0009694)  
**Address:** 1630 CARRIE LN, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104691    **End Date:** 08/10/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HIL MAGELLAN HOUSE (0009776)  
**Address:** 212 S 16TH AVE, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** LEE AVENUE AFH (0012493)  
**Address:** 1231 LEE AVE, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107267    **End Date:** 09/30/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZRES11    Served 10/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** LEGATE AFH (0011201)

**Address:** 299 W PARADISE DR, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/09/2006

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** MEADOWBROOK HOME (0014003)  
**Address:** 818 MEADOWBROOK DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/20/2011  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0109846    **End Date:** 12/20/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** NEXT STEP IN RESIDENTIAL SER 7TH AVE HOUSE (0013689)

**Address:** 659 S 7TH AVE, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/03/2011

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

**Survey History**

**Survey ID:** 0108540    **End Date:** 05/03/2011    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** NEXT STEP IN RESIDENTIAL SER SHERMAN WAY (0013883)

**Address:** 733 SHERMAN WAY, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/2011

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

**Survey History**

**Survey ID:** 0109715      **End Date:** 11/29/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** PAMME COURT ADULT FAMILY HOME (0009141)  
**Address:** 1545 PAMME CT, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/11/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: PEOPLESERVE LLC 5TH AVE (0011478)**

**Address: 443 S 5TH AVE, WEST BEND, WI 53095**

**License Status: REGULAR**

**Licensed/Certified/Registered 07/01/2006**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** PS LLC - EDER LANE (0011175)  
**Address:** 1620/1622 EDER LANE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** PS LLC - HILLCREST (0011184)  
**Address:** 1017 HILLCREST ST, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/15/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** REM SUNSET RIDGE (0011979)  
**Address:** 1825 SUNSET RIDGE DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104030    **End Date:** 05/14/2009    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN II JUDITH COURT (0009473)  
**Address:** 706 JUDITH CT, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/03/2001  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107501    **End Date:** 11/15/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** RESPECTFUL LIVING LLC DIANE DR (0013942)  
**Address:** 6799 DIANE DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/30/2011  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0109689    **End Date:** 11/30/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** RESPECTFUL LIVING LLC TOWER LANE (0013943)

**Address:** 932 TOWER LN, WEST BEND, WI 53090

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/30/2011

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

**Survey History**

**Survey ID:** 0109693      **End Date:** 11/30/2011      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** TESSAR ADULT FAMILY HOME (0011710)  
**Address:** 1613 JEFFERSON ST, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/12/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: VILLA PARK (0011299)**

**Address: 1031 VILLA PARK DR, WEST BEND, WI 53090**

**License Status: REGULAR**

**Licensed/Certified/Registered 01/01/2006**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** WASHINGTON HOME (0012010)  
**Address:** 2030 E WASHINGTON ST, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0106765      **End Date:** 07/06/2010      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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