

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex  
COUNTY: WASHINGTON

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 13 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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** ENGEL HAUS AT THE GABLES OF GERMANTOWN (THE) (0012015)

**Address:** N109W17110 AVA CIR, GERMANTOWN, WI 53022

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/08/2008

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

**Survey History**

**Survey ID:** 0105000    **End Date:** 09/04/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YPP611    Served 10/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

---

***This is Page 2 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Complaint History (ENGEL HAUS AT THE GABLES OF GERMANTOWN (THE))**

**Date Complaint Received: 04/20/2009**

**Date Investigation Completed: 09/04/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

**This is Page 3 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** EMERALD RIDGE ASSISTED LIVING LLC (0013778)

**Address:** 1025 BELL AVE, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/08/2012

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

**Survey History**

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

**This is Page 4 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** GARDENS OF HARTFORD (THE) (0013733)  
**Address:** 112 PEACE LUTHERAN PKWY, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/07/2011  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0108856    **End Date:** 07/07/2011    **Type:** INITIAL    **Purpose:** DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 5 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: LAKESHORE @ JACKSON CROSSINGS (THE) (0012397)**

**Address: N168 W22026 MAIN ST, JACKSON, WI 53037**

**License Status: REGULAR**

**Licensed/Certified/Registered 09/05/2008**

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

**Survey History**

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

***This is Page 6 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** KETTLE MORAIN GARDENS RCAC (0012401)  
**Address:** 1038 FOND DU LAC AVE, KEWASKUM, WI 53040  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/31/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

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

**This is Page 7 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** CEDAR BAY EAST (0010311)  
**Address:** 5577 HOME DRIVE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/04/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107322    **End Date:** 09/29/2010    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 8 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: WASHINGTON

**Complaint History (CEDAR BAY EAST)**

**Date Complaint Received: 01/25/2010**

**Date Investigation Completed: 09/29/2010**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**This is Page 9 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** CEDAR BAY WEST (0010312)  
**Address:** 5555 CEDAR BAY DR, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0109098    **End Date:** 08/24/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104158    **End Date:** 06/01/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 10 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Complaint History (CEDAR BAY WEST)**

**Date Complaint Received: 02/02/2011**

**Date Investigation Completed: 08/24/2011**

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

**Date Complaint Received: 03/05/2009**

**Date Investigation Completed: 06/01/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
MEDICATIONS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

***This is Page 11 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name: FIELDS OF WASHINGTON COUNTY (THE) (0011418)**

**Address: 675 E WASHINGTON ST, WEST BEND, WI 53095**

**License Status: REGULAR**

**Licensed/Certified/Registered 06/19/2006**

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

**Survey History**

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

***This is Page 12 of 13 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 01/01/2009 to 12/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** WEST BEND OPS LLC DBA LIGHTHOUSE OF WEST BEND (0013626)

**Address:** 2130 CONTINENTAL DR, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2011

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

**Survey History**

**Survey ID:** 0109500    **End Date:** 10/20/2011    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 13 of 13 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.***