

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

**Notes**

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

**The report includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 34 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: WAUKESHA

**Facility Information**

**Facility Name:** BOOTH HOUSE (0012912)  
**Address:** 903 SUMMIT AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/20/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106811    **End Date:** 08/12/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106236    **End Date:** 04/27/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0WNG11    Served 05/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)2	LEVEL OF SUPERVISION	08/12/2010	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	08/12/2010	Yes

**Survey ID:** 0105050    **End Date:** 10/20/2009    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 2 of 34 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: WAUKESHA

**Enforcement History (BOOTH HOUSE)**

**Date: 05/11/2010**      **SOD #0WNG11**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 08/12/2010

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

**Complaint History (BOOTH HOUSE)**

**Date Complaint Received: 04/05/2010**

**Date Investigation Completed: 04/27/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	0WNG11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	0WNG11
QUALITY OF LIFE	SUBSTANTIATED	0WNG11

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

**Facility Information**

**Facility Name:** CHCS - DEER CROSSING AFH (0013600)  
**Address:** 2827 N UNIVERSITY AVE #103, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108634    **End Date:** 05/26/2011    **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: WAUKESHA

**Facility Information**

**Facility Name:** CHCS - FOX CROSSING AFH (0013571)  
**Address:** 2821 N UNIVERSITY DRIVE #102, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/02/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108651    **End Date:** 06/02/2011    **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: WAUKESHA

**Facility Information**

**Facility Name:** CHCS GENESEE CROSSING ADULT FAMILY HOME (0012797)

**Address:** S31 W28969 WEST SUNSET DRIVE, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/18/2009

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109311    **End Date:** 09/08/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #26EN12    Served 10/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0108219    **End Date:** 03/16/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #26EN11    Served 03/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	08/16/2011	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	08/16/2011	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	08/16/2011	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	08/16/2011	Yes
88.10(3)(q)	MEDICATIONS	08/16/2011	Yes

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

**Survey ID: 0103989**      **End Date: 05/13/2009**      **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: WAUKESHA

**Enforcement History (CHCS GENESEE CROSSING ADULT FAMILY HOME)**

**Date: 10/06/2011      SOD #26EN12      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 03/23/2011      SOD #26EN11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/16/2011

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

**Complaint History (CHCS GENESEE CROSSING ADULT FAMILY HOME)**

**Date Complaint Received: 07/08/2011**

**Date Investigation Completed: 09/08/2011**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
ABUSE  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** CRESTWOOD GROUP HOME (0011674)  
**Address:** 301 CRESTWOOD DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0103850    **End Date:** 04/16/2009    **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: WAUKESHA

**Facility Information**

**Facility Name:** GENESEE OAK (0012412)  
**Address:** S28W30753 WILD BERRY LN, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/21/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0107430    **End Date:** 10/28/2010    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106233    **End Date:** 05/06/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6S0W12    Served 05/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	10/28/2010	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/28/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/28/2010	Yes

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### Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Adult Family Home

COUNTY: WAUKESHA

**Survey ID: 0104415    End Date: 07/16/2009    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #6S0W11    Served 07/27/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	05/06/2010	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	05/06/2010	Yes

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

**Complaint History (GENESEE OAK)**

**Date Complaint Received: 09/17/2010**

**Date Investigation Completed: 10/28/2010**

Subject Area(s)  
SUPERVISION  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/29/2009**

**Date Investigation Completed: 07/16/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
6S0W11

**Date Complaint Received: 06/23/2009**

**Date Investigation Completed: 07/16/2009**

Subject Area(s)  
SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
6S0W11

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

**Facility Information**

**Facility Name:** GREEN VALLEY (390147)  
**Address:** 1128 GREEN VALLEY DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/03/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108746    **End Date:** 05/20/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103885    **End Date:** 04/22/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #04FM12    Served 04/30/2009

<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	05/20/2011	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	05/20/2011	Yes

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

**Enforcement History (GREEN VALLEY)**

**Date: 04/28/2009**      **SOD #04FM12**      **Enforcement Appealed: No**  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 05/20/2011

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

**Facility Information**

**Facility Name:** KINGDOM HOMES CAMBRIDGE (0013880)  
**Address:** 201 CAMBRIDGE AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109491    **End Date:** 10/27/2011    **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: WAUKESHA

**Facility Information**

**Facility Name:** LANDER II (0013627)  
**Address:** 2820 LANDER LN, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/30/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0108241    **End Date:** 03/28/2011    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW  
**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: WAUKESHA

**Facility Information**

**Facility Name:** LSS LOWELL HOUSE (0012169)  
**Address:** 914 LOWELL DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/07/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104899      **End Date:** 09/24/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT  
**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: WAUKESHA

**Facility Information**

**Facility Name:** MANHATTAN (390229)  
**Address:** 2031 MANHATTAN DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106199    **End Date:** 04/29/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7DLM11    Served 05/18/2010

<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: WAUKESHA

**Facility Information**

**Facility Name:** MICHIGAN (0009604)  
**Address:** 1505 MICHIGAN AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/25/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109282    **End Date:** 08/31/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PQQV15    Served 10/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0104309    **End Date:** 06/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PQQV14    Served 07/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	08/31/2011	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	08/31/2011	Yes
88.05(2)(a)	DIFFICULTY WALKING	08/31/2011	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	08/31/2011	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/31/2011	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	08/31/2011	Yes

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

**Enforcement History (MICHIGAN)**

<b>Date: 07/02/2009</b>	<b>SOD #PQQV14</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 08/31/2011
COMPLY WITH REQUIREMENT		--Facility Compliant 08/31/2011

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

**Facility Information**

**Facility Name:** OAKDALE 2 (0011899)  
**Address:** 1737 OAKDALE DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/18/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0104117    **End Date:** 06/02/2009    **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: WAUKESHA

**Facility Information**

**Facility Name:** OAKMONT I (0013789)

**Address:** 421 CENTURY OAK DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/25/2011

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109094      **End Date:** 08/25/2011      **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: WAUKESHA

**Facility Information**

**Facility Name:** OAKMONT II (0013788)  
**Address:** 419 CENTURY OAK DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/25/2011  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109096    **End Date:** 08/25/2011    **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: WAUKESHA

**Facility Information**

**Facility Name:** OAKWOOD HOUSE WEST (0008937)  
**Address:** 637 MADISON ST, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/10/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**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: WAUKESHA

**Facility Information**

**Facility Name:** PRAIRIE MOOR (0013369)  
**Address:** 148 N MORELAND BLVD, WAUKESHA, WI 53183  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/31/2010  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106955    **End Date:** 08/30/2010    **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI BLACKHAWK MEN (0013282)

**Address:** 1502 BLACKHAWK TRAIL, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/22/2010

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106682      **End Date:** 07/22/2010      **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI BLACKHAWK WOMEN (0013283)

**Address:** 1500 BLACKHAWK TRAIL, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/22/2010

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0106683      **End Date:** 07/22/2010      **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI CAVALIER DR (0008696)  
**Address:** 1109 CAVALIER DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/25/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0103472    **End Date:** 02/04/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**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: WAUKESHA

**Facility Information**

**Facility Name: ST COLETTA OF WI CHIPPEWA (0008623)**

**Address: 1216 CHIPPEWA DR, WAUKESHA, WI 53186**

**License Status: REGULAR**

**Licensed/Certified/Registered 03/31/1999**

**Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888**

**Survey History**

**Survey ID: 0105448      End Date: 12/30/2009      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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI GREENWAY TERRACE (0008522)

**Address:** 1339 GREENWAY TERRACE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/1998

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0105445      **End Date:** 12/30/2009      **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI MOHAWK (0011571)

**Address:** 1236 CHIPPEWA DR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/24/2006

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0103471    **End Date:** 02/03/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**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: WAUKESHA

**Facility Information**

**Facility Name:** SUNSET VIEW ADULT FAMILY HOME (0008570)

**Address:** W280 S3461 TOWNLINE RD, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/19/1999

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

**Survey ID:** 0109789      **End Date:** 12/28/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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