

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility  
COUNTY: WAUKESHA

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Waukesha County.**

**The report includes only facilities located within the City of Oconomowoc. 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 11 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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** ANDREW HOME (0009790)  
**Address:** 909 OLD TOWER RD, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102890    **End Date:** 10/22/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**This is Page 2 of 11 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 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** ANTHONY HOME (0009786)  
**Address:** 1231 BLUE DAHLIA RD, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** AUSTIN HALL (0009717)  
**Address:** 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102242    **End Date:** 08/01/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** CASEY HOUSE (0010138)  
**Address:** 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

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

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For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** CURTIS HALL (0009718)  
**Address:** 36100 GENESEE LAKE RD, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0106198    **End Date:** 04/26/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LANG HOME (0010990)  
**Address:** 1234 NEWPORT DR, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/25/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102743      **End Date:** 10/14/2008      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name: ROGERS MEM HOSP HERRINGTON RECOVERY CENTER (0012890)**

**Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066**

**License Status: REGULAR**

**Licensed/Certified/Registered 09/28/2009**

**Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474**

**Survey History**

**Survey ID: 0104888      End Date: 09/25/2009      Type: INITIAL      Purpose: SURVEY**

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

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Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name: ROGERS MEM HOSP TURTLE POND RECOVERY CENTER (310664)**

**Address: 34700 VALLEY RD, OCONOMOWOC, WI 53066**

**License Status: REGULAR**

**Licensed/Certified/Registered 06/01/1998**

**Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474**

**Survey History**

**Survey ID: 0106530    End Date: 06/17/2010    Type: ABBREVIATED    Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** STEPPING STONE (0010475)

**Address:** 700-702 HICKORY CREEK DR, OCONOMOWOC, WI 53066

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2004

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0105456    **End Date:** 01/07/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103003    **End Date:** 11/13/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #R8IL11    Served 12/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

#### Complaint History (STEPPING STONE)

**Date Complaint Received: 09/12/2008**

**Date Investigation Completed: 11/13/2008**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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