

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: WAUKESHA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Waukesha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: BEST OF FRIENDS ADULT DAY SERVICES (0013087)

Address: 1755 CALHOUN RD, BROOKFIELD, WI 53055

License Status: REGULAR

Licensed/Certified/Registered 12/09/2010

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

Survey History

Survey ID: 0107623 **End Date:** 12/09/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: LSS GREATER MENOMONEE FALLS ADC (300028)
Address: W180 N7863 TOWN HALL RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 11/27/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102737 **End Date:** 10/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: CATHOLIC CHARITIES ADULT DAY SERS & RES CTR (0009131)

Address: 13700 W NATIONAL AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/25/2000

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

Survey History

Survey ID: 0106763 **End Date:** 08/02/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: NEXT STEP IN DAY SERVICES LLC (0012485)
Address: 16208 W ROGERS DR, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered: 10/09/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107345 **End Date:** 11/02/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U6MY11 Served 11/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
III.b.(5)	SAFETY-EMERGENCIES PLAN		
III.c.(1)	FIRE PROTECTION		
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		

Survey ID: 0105577 **End Date:** 01/26/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102689 **End Date:** 10/08/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: SHOREHAVEN ADULT DAY CENTER (0012270)
Address: 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 03/11/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106181 **End Date:** 04/28/2010 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: CARING PLACE (THE) (300037)
Address: 810 N EAST AVE, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 06/25/1990
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107621 **End Date:** 12/09/2010 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: CURATIVE SENIOR CARE CENTER (300058)
Address: 149 WISCONSIN AVE, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 11/24/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107239 **End Date:** 10/07/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 9 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
Adult Day Care Facility
COUNTY: WAUKESHA

Facility Information

Facility Name: LSS WAUKESHA ADULT DAY SERVICES (0011172)
Address: 2000 BLUEMOUND RD, WAUKESHA, WI 531862787
License Status: REGULAR
Licensed/Certified/Registered 12/08/2005
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107244 **End Date:** 10/06/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RR4I11 Served 10/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
FADC--III.B.(5)	ENVIRONMENT-SAFETY		

This is Page 9 of 9 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.