

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Brown

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Centers in Brown County. The report is a PDF (Adobe Acrobat) document and includes a total of 3.00 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 5/15/2020 to 5/15/2023

Adult Day Care Center

Facility Information

Facility Name: ADULT DAY SERVICES:DAYBREAK/REFLECTIONS/CROSSROADS (400003)

Address: 2900 CURRY LN, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 4/5/1990 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136197 **End Date:** 5/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 3 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 5/15/2020 to 5/15/2023

Adult Day Care Center

Facility Information

Facility Name: ALZHEIMERS ADULT DAY PROGRAM (0011303)

Address: 1538 WESTERN AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 2/28/2006 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139441 **End Date:** 4/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2PLM11 Served 5/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
105.14(9)(a)1-3.	SAFETY: EMERGENCY PLAN	6/17/22	

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