Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 4.00 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 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: REENA SENIOR LIVING (0016702)
Address: 737 REENA AVE, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 5/22/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131206   End Date: 7/31/2019   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123324   End Date: 5/22/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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.

This is Page 2 of 4 total pages. If printing this report ensure that your printer is set to print only the desired pages.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HIGHLAND HOUSE (0015776)
Address: 161 GOEHL RD, WATERLOO, WI 53594
License Status: REGULAR
Licensed/Certified/Registered 9/1/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130049 End Date: 4/26/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129807 End Date: 3/7/2019 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #H26511 Served 4/13/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(am)</td>
<td>CRIMINAL HISTORY/PATIENT ABUSE RECORD SEARCH</td>
<td>4/17/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: RIVER VIEW PLATINUM LLC (0013914)
Address: 1301 E MAIN ST, WATERTOWN, WI 53094
License Status: REGULAR
Licensed/Certified/Registered 12/23/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127336  End Date: 6/28/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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.