Notes

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

Facility Name:  EASTER SEALS ADULT DAY SERV AT KENOSHA YMCA (0012623)
Address:  7101 53RD ST, KENOSHA, WI 53144
License Status:  REGULAR
Licensed/Certified/Registered 1/22/2009  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127291            End Date: 6/6/2018            Type: ABBREVIATED            Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: FOUR SEASONS (0015934)
Address: 1326 35TH STREET, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 2/9/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Day Care Facility

Facility Information

Facility Name: LAKE VIEW RECPLEX (0014605)
Address: 9900 TERWALL TERRACE, PLEASANT PRAIRIE, WI 53158
License Status: REGULAR
Licensed/Certified/Registered 10/10/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129356  End Date: 11/2/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127697  End Date: 6/18/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #YK9811  Served 8/10/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tr>
<td>I.a.(1)(a)</td>
<td>PROGRAM-DEFINITION</td>
<td>10/31/18</td>
<td>Yes</td>
<td></td>
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<tr>
<td>I.b.(4)</td>
<td>HEALTH STATEMENT</td>
<td>10/31/18</td>
<td>Yes</td>
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<tr>
<td>I.c.(1)</td>
<td>ASSESSMENT AND SERVICE PLAN</td>
<td>10/31/18</td>
<td>Yes</td>
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<td>II.a.(4)</td>
<td>PERSONNEL-HEALTH EXAMINATION</td>
<td>10/31/18</td>
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<td>II.d.(2)</td>
<td>TRAINING-ORIENTATION.</td>
<td>10/31/18</td>
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Enforcement History (LAKE VIEW RECPLEX--0014605)

Date: 8/7/2018  SOD #YK9811  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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.