Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Milwaukee County. The report is a PDF (Adobe Acrobat) document and includes a total of 37.00 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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ADULT CENTER FOR ENRICHMENT (0017623)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4848 S 76TH ST, GREENFIELD, WI 53221</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>8/2/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0131064</th>
<th>End Date:</th>
<th>8/2/2019</th>
<th>Type:</th>
<th>INITIAL</th>
<th>Purpose:</th>
<th>SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: CLEMENT MANOR ADULT DAY SERVICES (0008702)
Address: 3939 S 92ND ST, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 7/21/1999 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127847 End Date: 7/17/2018 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.
Facility Information

Facility Name: OPTIONS FOR COMMUNITY GROWTH INC (0012242)
Address: 11823 W JANESVILLE RD, HALES CORNERS, WI 53130
License Status: REGULAR
Licensed/Certified/Registered 1/7/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127493 End Date: 7/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #RXZX11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.d.(1)</td>
<td>STAFF TRAINING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III.a.(10)(b)</td>
<td>SANITATION-REFRIGERATED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III.a.(6)</td>
<td>SANITATION-MANUAL WASHING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III.b.(5)</td>
<td>SAFETY-EMERGENCIES PLAN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: ADULT DAY SERVICES OF WISCONSIN LLC (0014456)
Address: 206 E LINCOLN AVE, MILWAUKEE, WI 53207
License Status: REGULAR
Licensed/Certified/Registered 1/7/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127908   End Date: 8/8/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 37 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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: ALEXIAN VILLAGE ADULT DAY CARE GRANDVIEW ROOM (0011164)
Address: 9225 N 76TH ST, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 1/26/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128252 End Date: 8/31/2018 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #1QH211

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.f.(2)</td>
<td>SELF-ADMINISTERED MEDICATIONS</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>I.g.(2)</td>
<td>TRANSPORTATION-SAFE VEHICLES</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>II.d.(5)</td>
<td>TRAINING-WRITTEN RECORD</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>III.a.(10)(b)</td>
<td>SANITATION-REFRIGERATED</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>III.a.(10)(c)</td>
<td>SANITATION-FREEZER</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>III.c.(4)</td>
<td>FIRE ALARM &amp; SMOKE DETECTORS</td>
<td>11/19/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Complaint History (ALEXIAN VILLAGE ADULT DAY CARE GRANDVIEW ROOM--0011164)

Date Complaint Received: 8/23/2018 Date Investigation Completed: 8/31/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></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 8/11/2016 to 8/11/2019

Adult Day Care Facility

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ANCHORAGE HOMES ADULT DAY CENTER (0016227)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>6435 W CAPITOL DR, MILWAUKEE, WI 53216</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>9/12/2016 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

### Survey History

| Survey ID: | 0121300  |
| End Date:  | 9/12/2016 |
| 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.*
**Facility Information**

Facility Name: ANGEL HEARTS ADULT CARE CENTER (0017647)  
Address: 6661 W MILL RD, MILWAUKEE, WI 53218  
License Status: REGULAR  
Licensed/Certified/Registered 7/23/2019 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

<table>
<thead>
<tr>
<th><strong>Survey History</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0131028</td>
</tr>
<tr>
<td>End Date: 7/23/2019</td>
</tr>
<tr>
<td>Type: INITIAL</td>
</tr>
<tr>
<td>Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</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.
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>ANOTHER CHANCE 2 ADULT DAY CARE LLC (0016132)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>3916 N 24TH PLACE, MILWAUKEE, WI 53206</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered Date</td>
<td>8/5/2016  12:00:00AM</td>
</tr>
<tr>
<td>Regional Office</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

### Survey History

No survey activity during the period 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: BEKUS ADULT DAY PROGRAM LLC (0015861)
Address: 4425 N 63RD ST, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 10/12/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121495 End Date: 10/12/2016 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: BETHESDA SENIOR CENTER (0016110)
Address: 2845 W FOND DU LAC AVE, MILWAUKEE, WI 53210
License Status: REGULAR
Licensed/Certified/Registered 7/7/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: CATHOLIC CHARITIES ADULT DAY SERVICES (300012)
Address: 1919 N 60TH ST, MILWAUKEE, WI 53208
License Status: REGULAR
Licensed/Certified/Registered 11/23/1991 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0125535</td>
<td>12/27/17</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0124195</td>
<td>5/22/17</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #T0SJ11 Served 9/12/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.d.(5)</td>
<td>TRAINING-WRITTEN RECORD</td>
<td>Verified 12/27/17, Corrected Yes</td>
</tr>
</tbody>
</table>

Complaint History (CATHOLIC CHARITIES ADULT DAY SERVICES--300012)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/27/2017</td>
<td>5/25/2017</td>
<td>ADMINISTRATION</td>
<td>SUBSTANTIATED</td>
<td>T0SJ11</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.
Facility Information

Facility Name: COMMUNITY CARE ADULT DAY PROGRAM MILWAUKEE (0017313)
Address: 3220 W VLIET ST, MILWAUKEE, WI 53208
License Status: REGULAR
Licensed/Certified/Registered 3/28/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129709   End Date: 3/28/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: D&amp;D COMPASSIONATE ACTIVITY COMPANIONS LLC (0016683)</td>
</tr>
<tr>
<td>Address: 3611 N TEUTONIA AVE, MILWAUKEE, WI 53206</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 8/31/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0124158 End Date: 8/31/2017 Type: INITIAL Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: DISABILITIES UNLIMITED DAY PROGRAM SERVICES (0012209)
Address: 3808 W ELM ST, MILWAUKEE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 2/4/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122171 End Date: 12/20/2016 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DISABILITIES UNLIMITED DAY PROGRAM SERVICES--0012209)

Date Complaint Received: 11/14/2016 Date Investigation Completed: 12/20/2016

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></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.
**Facility Information**

Facility Name: GUARDIAN ANGELS ADULT DAY SERVICES, LLC (0017621)  
Address: 6816 W BROWN DEER RD, MILWAUKEE, WI 53223  
License Status: REGULAR  
Licensed/Certified/Registered 6/28/2019 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

Survey ID: 0130918  
End Date: 6/28/2019  
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.*
Facility Information

Facility Name: HENRIETTE JOHNSON CENTER (THE) (0016954)
Address: 5161 N HOPKINS ST, MILWAUKEE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 1/5/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125629 End Date: 1/5/2018 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.
Facility Information

Facility Name: HONEY MIL (0015947)
Address: 2722 W HIGHLAND BLVD, MILWAUKEE, WI 53208
License Status: REGULAR
Licensed/Certified/Registered 9/1/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121254  End Date: 9/1/2016  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: JEWISH HOME & CARE CENTER ADULT DAY CENTER (0009129)
Address: 1414 N PROSPECT AVE, MILWAUKEE, WI 53202
License Status: REGULAR
Licensed/Certified/Registered 9/8/2000 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129830  End Date: 2/1/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: KAAK LIVING (0017127)
Address: 5938 N 76TH ST, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 5/6/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130152 End Date: 5/6/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 20 of 37 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.
Facility Information

Facility Name: KAJSIAB SENIOR CENTER (0014273)
Address: 8421 W VILLARD AVE, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 9/13/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123057    End Date: 4/5/2017    Type: STANDARD    Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #R4MM11 Served 5/1/2017

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>SANITATION-PREMISES CLEAN</td>
</tr>
<tr>
<td>III.a.(11)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is Page 21 of 37 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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: MCHC SAKINA SENIOR CENTER (0015321)
Address: 803 W LAYTON AVENUE, MILWAUKEE, WI 53221
License Status: REGULAR
Licensed/Certified/Registered 5/7/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130021     End Date: 3/7/2019     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.
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Day Care Facility

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: MR ROBERTS ADULT DAY CARE (0016515)</td>
</tr>
<tr>
<td>Address: 9183 N 76TH ST, MILWAUKEE, WI 53233</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 7/11/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0123664 End Date: 7/11/2017 Type: INITIAL Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

This is Page 23 of 37 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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name:  NEW HOPE ADULT COMMUNITY CARE CENTER (0014754)
Address:  2433 W ROOSEVELT DR LOWER, MILWAUKEE, WI 53209
License Status:  REGULAR
Licensed/Certified/Registered 7/9/2014  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID:  0129972   End Date:  2/26/2019   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.
Facility Information

Facility Name: NORTHSIDE COMMUNITY CENTER (0013843)
Address: 5660 N TEUTONIA AVE, MILWAUKEE, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 8/3/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123896 End Date: 5/4/2017 Type: STANDARD 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.
Facility Information

Facility Name: ROSAS COMMUNITY ADULT CENTER (0015540)
Address: 4240 N 78TH STREET, MILWAUKEE, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 7/16/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129706   End Date: 2/6/2019   Type: ABBREVIATED   Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B92T11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.c.(3)</td>
<td>PLAN-REVIEWED &amp; UPDATED EVERY 6 MONTHS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.c.(4)</td>
<td>PLAN-QUARTERLY DOCUMENTING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.d.(3)</td>
<td>TRAINING-EMPLOYEES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.d.(4)</td>
<td>TRAINING-CONTINUING EDUCATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V.(2)</td>
<td>EVALUATION PROCESS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (ROSAS COMMUNITY ADULT CENTER--0015540)

Date: 4/1/2019   SOD #B92T11   Appealed: No
Sanctions
COMPLY WITH FACILITY PLAN OF CORRECTION

This is Page 26 of 37 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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: ST ANN CENTER FOR INTERGENERATIONAL CARE (0015781)
Address: 2450 W NORTH AVE, MILWAUKEE, WI 53205
License Status: REGULAR
Licensed/Certified/Registered 9/30/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128079</td>
<td>8/8/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125458</td>
<td>10/23/2017</td>
<td>STANDARD</td>
<td>SURVEY/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0124784</td>
<td>9/13/2017</td>
<td>STANDARD</td>
<td>SURVEY/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Complaint History (ST ANN CENTER FOR INTERGENERATIONAL CARE--0015781)

<table>
<thead>
<tr>
<th>Date Complaint Received: 10/2/2017</th>
<th>Date Investigation Completed: 10/23/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: ST ANN CTR FOR INTERGENERATIONAL CARE (0008513)
Address: 2801 E MORGAN AVE, MILWAUKEE, WI 53207
License Status: REGULAR
Licensed/Certified/Registered 1/14/1999 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126639   End Date: 4/5/2018   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122102   End Date: 12/7/2016   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST ANN CTR FOR INTERGENERATIONAL CARE--0008513)

Date Complaint Received: 8/29/2016   Date Investigation Completed: 12/7/2016

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: ST GABRIELS CHURCH OF GOD IN CHRIST (0009618)
Address: 5363 N 37TH ST, MILWAUKEE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 5/6/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128265    End Date: 8/2/2018    Type: OTHER    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127290    End Date: 6/5/2018    Type: STANDARD    Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST GABRIELS CHURCH OF GOD IN CHRIST--0009618)

Date Complaint Received: 5/15/2018    Date Investigation Completed: 6/5/2018
Subject Area(s)    Result    SOD #
PROGRAM SERVICES    NOT SUBSTANTIATED

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.
Facility Information

Facility Name: TSWV CHAO VANG CENTER LLC (0017492)
Address: 11010 W HAMPTON AVE, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 5/23/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130510     End Date: 5/23/2019     Type: INITIAL     Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: UNITED COMMUNITIES ADULT DAYCARE SERVICES (0016707)
Address: 5330 W LISBON AVENUE, MILWAUKEE, WI 53210
License Status: REGULAR
Licensed/Certified/Registered 5/9/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126708 End Date: 5/9/2018 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: UNITED COMMUNITY CENTER ADULT DAY CENTER (300022)
Address: 1028 S 9TH ST, MILWAUKEE, WI 53204
License Status: REGULAR
Licensed/Certified/Registered 2/29/1996 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124704 End Date: 8/10/2017 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (UNITED COMMUNITY CENTER ADULT DAY CENTER--300022)

Date Complaint Received: 7/12/2017 Date Investigation Completed: 8/10/2017
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

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 8/11/2016 to 8/11/2019

Adult Day Care Facility

Facility Information

Facility Name: EASTER SEAL S SOUTHEAST WI ADULT DAY SERV PROG (0011998)
Address: 7111 W CENTER ST, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 7/19/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130597  End Date: 2/19/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129910  End Date: 2/13/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #V9X911

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.a.(1)(a)</td>
<td>PROGRAM-DEFINITION</td>
<td></td>
<td></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.
Facility Information

Facility Name: LUTHER MANOR ADULT DAY SERVICES (300019)
Address: 4545 N 92ND ST, WAUWATOSA, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 4/1/1994 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130665</td>
<td>5/29/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td>Results:</td>
<td></td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
</tr>
<tr>
<td>0127907</td>
<td>8/8/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results:</td>
<td></td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
<td></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 8/11/2016 to 8/11/2019
Adult Day Care Facility

Facility Information

Facility Name: LUTHERAN HOME ADULT DAY SERVICES (THE) (300046)
Address: 7500 W NORTH AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 12/3/1997 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CURTIS CENTER (0015053)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>344-346 S CURTIS RD, WEST ALLIS, WI 53214</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>4/14/2014 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

### Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0122108</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>12/14/2016</td>
</tr>
<tr>
<td>Type:</td>
<td>OTHER</td>
</tr>
<tr>
<td>Purpose:</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Complaint History (CURTIS CENTER--0015053)

| Date Complaint Received: | 11/7/2016 |
| Date Investigation Completed: | 12/14/2016 |
| Subject Area(s): | RESIDENT RIGHTS |
| Result: | NOT SUBSTANTIATED |
| SOD #: | |

This is Page 36 of 37 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 8/11/2016 to 8/11/2019

Adult Day Care Facility

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>EASTER SEALS SOUTHEAST WI WEST ALLIS-ADS (0014547)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2222 S 114TH STREET, WEST ALLIS, WI 53227</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>3/22/2013 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

### Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0122964</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>2/23/2017</td>
</tr>
<tr>
<td>Type:</td>
<td>STANDARD</td>
</tr>
<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

*This is Page 37 of 37 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.*