

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Ozaukee 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: LUTHER MANOR LAKEFIELD ADULT DAY CENTER (300053)

Address: 1193 LAKEFIELD RD, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 04/14/1998 12:00:00AM

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

Survey History

No survey activity during the period 10/11/13 to 10/10/16

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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: GOLDEN PEARL LLC (0014138)

Address: 138 S FOSTER DR, SAUKVILLE, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 04/10/2012 12:00:00AM

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

Survey History

Survey ID: 0115752 **End Date:** 06/04/2014 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #zehu11 Served 07/21/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.b.(4)	HEALTH STATEMENT		
I.g.(2)	TRANSPORTATION-SAFE VEHICLES		

Complaint History (GOLDEN PEARL LLC--0014138)

Date Complaint Received: 03/10/2014

Date Investigation Completed: 06/04/2014

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

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