Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Ozaukee County. The report is a PDF (Adobe Acrobat) document and includes a total of 31.00 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 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: ROYAL ADULT FAMILY HOME (0015599)
Address: 244 S ROYAL AVE, BELGIUM, WI 53004
License Status: REGULAR
Licensed/Certified/Registered 6/25/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130037       End Date: 4/23/2019       Type: ABBREVIATED       Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: NEW CARE FAMILY SERVICES CEDARBURG HOUSE LLC (0015352)
Address: W54 N519 HIGHLAND DR, CEDARBURG, WI 53012
License Status: REGULAR
Licensed/Certified/Registered 11/12/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131080 End Date: 5/15/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9CYT12 Served 8/12/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.09(1)(d)7</td>
<td>RESIDENT RECORD-MEDICAL EXAMINATIONS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.09(1)(d)8</td>
<td>RESIDENT RECORD-ISP</td>
<td>Corrected</td>
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</tbody>
</table>

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Survey ID: 0129722  End Date: 1/9/2019  Type: ABBREVIATED  Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CYT11  Served 4/17/2018

<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>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<td>5/13/19</td>
<td>Yes</td>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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<td>8/6/19</td>
<td>No</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>5/13/19</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
<td>8/6/19</td>
<td>No</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td></td>
<td>5/13/19</td>
<td>Yes</td>
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Enforcement History (NEW CARE FAMILY SERVICES CEDARBURG HOUSE LLC--0015352)

Date: 8/6/2019  SOD #9CYT12  Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 4/3/2019  SOD #9CYT11  Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: WESTLAWN ADULT FAMILY HOME (0015790)
Address: W65N447 WESTLAWN AVE, CEDARBURG, WI 53012
License Status: REGULAR
Licensed/Certified/Registered 9/17/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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

Facility Name: WILL STARR CEDARBURG HOUSE (0014405)
Address: N50 W7050 WESTERN RD, CEDARBURG, WI 53012
License Status: REGULAR
Licensed/Certified/Registered 11/5/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123663  End Date: 7/12/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122085  End Date: 12/8/2016  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #BH2411 Served 1/9/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>7/12/17</td>
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Corrected: Yes

Enforcement History (WILL STARR CEDARBURG HOUSE--0014405)
Date: 12/22/2016  SOD #BH2411  Appealed: No
Sanctions
COMPLY WITH REQUIREMENT

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<table>
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<tr>
<th>Date Complaint Received: 11/25/2016</th>
<th>Date Investigation Completed: 12/8/2016</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>BH2411</td>
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<tr>
<td>Date Complaint Received: 11/8/2016</td>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
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<td>BH2411</td>
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Facility Information

Facility Name: 5TH AVENUE (0012834)
Address: 950 5TH AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 5/28/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129192 End Date: 2/4/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: BREEZE COVE (0012309)
Address: 1256 1ST AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 6/1/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123742 End Date: 7/17/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: ELK FARM (0017176)
Address: 1669 ULAO PARKWAY SOUTH, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 6/27/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127278 End Date: 6/27/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 10 of 31 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: GRAFTON TERRACE (0015917)
Address: 1340 COUNTY C, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 1/13/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130535   End Date: 6/10/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: WILLOW COURT ADULT FAMILY HOME (0015909)
Address: 1740 16TH AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 1/5/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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 Family Home

Facility Name:  ABUNDANCE OF LIFE INC MEQUON TERRACE (0015307)
Address:  6935 PIONEER RD, MEQUON, WI 53097
License Status:  REGULAR
Licensed/Certified/Registered 10/30/2014  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131056  End Date: 5/21/2019  Type: STANDARD  Purpose: SURVEY
Results:  ENFORCEMENT ACTION
Statement of Deficiency:  #21H711  Served 8/11/2019

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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Survey ID: 0126528  End Date: 4/19/2018  Type: OTHER  Purpose: DESK REVIEW
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126282  End Date: 3/2/2018  Type: OTHER  Purpose: COMPLAINT
Results:  STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency:  #QYX711  Served 3/28/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<th>Corrected</th>
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<tbody>
<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
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<td>4/19/18</td>
<td>Yes</td>
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</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0121507 End Date: 10/3/2016 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121330 End Date: 9/12/2016 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #2O8S11 Served 9/24/2016

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>10/3/16</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>10/3/16</td>
<td>Yes</td>
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Enforcement History (ABUNDANCE OF LIFE INC MEQUON TERRACE--0015307)
Date: 8/5/2019 SOD #21H711 Appealed: No
Sanctions
OTHER SANCTION

Complaint History (ABUNDANCE OF LIFE INC MEQUON TERRACE--0015307)
Date Complaint Received: 2/16/2018 Date Investigation Completed: 3/2/2018
Subject Area(s) Result SOD #
PROGRAM SERVICES SUBSTANTIATED QYX711
Facility Information

Facility Name: EXELCARE ADULT HOME INC EXELCARE 3 (0017717)
Address: 12051 N BRIARHILL RD, MEQUON, WI 53097
License Status: REGULAR
Licensed/Certified/Registered 7/15/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130881 End Date: 7/15/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: HIAWATHA HOUSE AFH (0017095)
Address: 4415 WEST HIAWATHA DR, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 6/18/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127202   End Date: 6/18/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: MEQUON TERRACE II (0017790)
Address: 6726 W MEQUON RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 8/15/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Facility Information

Facility Name: NEW CARE FAMILY SERVICES LLC MEQUON II (0016535)
Address: 9945 N WAUWATOSA ROAD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 3/9/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tr>
<td>0126547</td>
<td>4/17/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>Results</td>
<td></td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tr>
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<td>COMPLAINT</td>
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<tr>
<td>Results</td>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
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<th>Purpose</th>
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<tr>
<td>0122682</td>
<td>3/9/2017</td>
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<td>SURVEY</td>
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<td>Results</td>
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### Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

| Complaint History (NEW CARE FAMILY SERVICES LLC MEQUON II--0016535) |
|---|---|---|
| Date Complaint Received: 2/28/2018 | Date Investigation Completed: 4/17/2018 | Result | SOD # |
| Subject Area(s) | PROGRAM SERVICES | NOT SUBSTANTIATED |
| Subject Area(s) | STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |
| Date Complaint Received: 7/6/2017 | Date Investigation Completed: 7/27/2017 | Result | SOD # |
| Subject Area(s) | RESIDENT RIGHTS | NOT SUBSTANTIATED |

This is Page 19 of 31 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: NEW CARE FAMILY SERVICES LLC (0014836)
Address: 7625 W MEQUON RD, MEQUON, WI 53097
License Status: REGULAR
Licensed/Certified/Registered 10/14/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127513  End Date: 7/16/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126878  End Date: 4/16/2018  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #ZPGM11 Served 5/31/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>7/11/18</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>5/1/18</td>
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</table>

Enforcement History (NEW CARE FAMILY SERVICES LLC--0014836)

Date: 5/31/2018  SOD #ZPGM11  Appealed: No
Sanctions
OTHER SANCTION

This is Page 20 of 31 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

<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>

Date Complaint Received: 2/28/2018
Date Investigation Completed: 4/16/2018

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**Facility Information**

Facility Name: SKY RESIDENTIAL GRACE (0012067)
Address: 4413 W GRACE AVE, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 9/4/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

Survey ID: 0130465   End Date: 5/13/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Facility Name: SUCCESSFUL CARE ADULT FAMILY HOME (0017319)</td>
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<tr>
<td>Address: 6929 W DONGES BAY RD, MEQUON, WI 53092</td>
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<tr>
<td>License Status: REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered 6/4/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0130522</td>
</tr>
<tr>
<td>End Date: 6/4/2019</td>
</tr>
<tr>
<td>Type: INITIAL</td>
</tr>
<tr>
<td>Purpose: SURVEY</td>
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</table>

Results: LICENSE/CERT/REGISTRATION ISSUED
### Facility Information

Facility Name: WILL STARR MEQUON HOUSE (0015015)
Address: 7412 W DONGES BAY RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 5/8/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

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<th>End Date</th>
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<th>Purpose</th>
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<tbody>
<tr>
<td>0127785</td>
<td>8/14/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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<td>0126417</td>
<td>3/20/2018</td>
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<td>VERIFICATION VISIT</td>
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#### Results:

- Survey ID: 0127785 End Date: 8/14/2018 Type: OTHER Purpose: VERIFICATION VISIT
  - Results: NO STATEMENT OF DEFICIENCY ISSUED
- Survey ID: 0126417 End Date: 3/20/2018 Type: OTHER Purpose: VERIFICATION VISIT
  - Results: ENFORCEMENT ACTION

**Statement of Deficiency:** #LRZ912 Served 4/10/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(4m)(b)intro</td>
<td>CAREGIVER HIRING AND CONTRACTING PROCESS</td>
<td>8/14/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Disclaimer

This is Page 24 of 31 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Survey ID: 0125085  End Date: 8/17/2017  Type: STANDARD  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRZ911  Served 12/6/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>Verified: 3/15/18  Corrected: Yes</td>
</tr>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>Verified: 3/15/18  Corrected: Yes</td>
</tr>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>Verified: 3/15/18  Corrected: Yes</td>
</tr>
</tbody>
</table>

Enforcement History (WILL STARR MEQUON HOUSE--0015015)

Date: 4/10/2018  SOD #LRZ912  Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 11/13/2017  SOD #LRZ911  Appealed: No

Sanctions
SUBMIT POC (SOD APPEAL ONLY)

Complaint History (WILL STARR MEQUON HOUSE--0015015)

Date Complaint Received: 5/25/2017  Date Investigation Completed: 8/17/2017

Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Facility Information

Facility Name: AFH-245 (0013011)
Address: 245 THOMAS DR, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 2/24/2010 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129160 End Date: 1/29/2019 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: CHESTNUT ADULT FAMILY CARE HOME (390237)
Address: 415 W CHESTNUT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 4/1/1999 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128415  End Date: 10/24/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123399  End Date: 6/6/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CHESTNUT ADULT FAMILY CARE HOME--390237)

Date Complaint Received: 10/9/2018  Date Investigation Completed: 10/24/2018
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: NORTHCREST (0014734)
Address: 247 THOMAS DR, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 9/17/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126695 End Date: 5/7/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: STANFORD HOUSE (0013556)
Address: 1118 STANFORD ST, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 12/23/2010 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126874 End Date: 5/29/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

<table>
<thead>
<tr>
<th>Facility Name:  FRANSEE LANE (0014028)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:  116 W FRANSEE LN, SAUKVILLE, WI 53080</td>
</tr>
<tr>
<td>License Status:  REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 1/26/2012  12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: 0122927 | End Date: 4/7/2017 | Type: STANDARD | Purpose: SURVEY |
|-------------------------------------------------------------|
| Results: NO STATEMENT OF DEFICIENCY ISSUED |
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>MAPLE LANE (0015300)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>342 S MAPLE LN, SAUKVILLE, WI 53080</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>12/18/2014 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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Survey History

| Survey ID: | 0129103 |
| End Date: | 1/15/2019 |
| Type: | ABBREVIATED |
| Purpose: | SURVEY |
| Results: | NO STATEMENT OF DEFICIENCY ISSUED |