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 2/8/2017 to 2/8/2020

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
## Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

**Adult Family Home**

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>NEW CARE FAMILY SERVICES CEDARBURG HOUSE LLC (0015352)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>W54 N519 HIGHLAND DR, CEDARBURG, WI 53012</td>
</tr>
<tr>
<td>License Status:</td>
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</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>11/12/2014  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

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<tr>
<td>Type:</td>
<td>OTHER</td>
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<tr>
<td>Purpose:</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td>Results:</td>
<td>ENFORCEMENT ACTION</td>
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</table>

### Statement of Deficiency:

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<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></td>
</tr>
<tr>
<td>88.09(1)(d)8</td>
<td>RESIDENT RECORD-ISP</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

Results: ENFORCEMENT ACTION

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

<table>
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<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<tr>
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<td>Corrected</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>8/6/19</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>5/13/19</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>5/13/19</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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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

Survey ID: 0131994    End Date: 11/7/2019    Type: STANDARD    Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
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
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name: BREEZE COVE (0012309)</th>
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</thead>
<tbody>
<tr>
<td>Address: 1256 1ST AVE, GRAFTON, WI 53024</td>
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<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered: 6/1/2008 12:00:00AM</td>
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<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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Survey History

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<tr>
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</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

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## Facility Information

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

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## Facility Information

**Facility Name:** ABOUNDANCE 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

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<thead>
<tr>
<th>Survey ID</th>
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<td>0132700</td>
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<td>COMPLAINT/VV</td>
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<td>0131056</td>
<td>5/21/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
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<tr>
<td>0126528</td>
<td>4/19/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

### Statement of Deficiency: #21H712 Served 2/18/2020

- **Deficiencies Cited:** 88.07(2)(b)5, 88.10(3)(q)  
- **Subject Area:** MONITORING HEALTH, MEDICATIONS

### Statement of Deficiency: #21H711 Served 8/11/2019

- **Deficiencies Cited:** 88.05(3)(a)  
- **Subject Area:** HOME ENVIRONMENT

### Statement of Deficiency: #21H712 Served 2/18/2020

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

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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</thead>
<tbody>
<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>Verified: 4/19/18  Corrected: Yes</td>
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</table>

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: 7/10/2019  Date Investigation Completed: 9/23/2019

Subject Area(s)  Result  SOD #
PROGRAM SERVICES  SUBSTANTIATED  21H712

Date Complaint Received: 2/16/2018  Date Investigation Completed: 3/2/2018

Subject Area(s)  Result  SOD #
PROGRAM SERVICES  SUBSTANTIATED  QYX711

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Facility Information

Facility Name: CARING HOMES LLC (0017815)
Address: 919 W SIERRA LN, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 1/8/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132367   End Date: 1/8/2020   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>COMMUNITY SUPPORTIVE HOME CARE (0017903)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1835 DONGES BAY ROAD, MEQUON, WI 53092</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>3/4/2020 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
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Facility Information

Facility Name: EXCELCARE ADULT HOME INC EXCELCARE 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
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

Survey History

Survey ID: 0131187    End Date: 8/15/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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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

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### Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<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>2/28/2018</td>
<td>4/17/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>7/6/2017</td>
<td>7/27/2017</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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## 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

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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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**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>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>7/11/18</td>
<td>Yes</td>
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<td>88.05(3)(d)</td>
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## Enforcement History (NEW CARE FAMILY SERVICES LLC--0014836)

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<th>OTHER SANCTION</th>
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<tr>
<td>5/31/2018</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

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

<table>
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<tr>
<th>Date Complaint Received: 2/28/2018</th>
<th>Date Investigation Completed: 4/16/2018</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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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

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Facility Information

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

Survey History

Survey ID: 0130522   End Date: 6/4/2019   Type: INITIAL   Purpose: SURVEY
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

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>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</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>

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 2/8/2017 to 2/8/2020

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

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #
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
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

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

Type: ABBREVIATED            Purpose: SURVEY
Survey ID: 0123399        End Date: 6/6/2017
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 #
PORT WASHINGTON PROGRAM SERVICES         NOT SUBSTANTIATED

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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 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: FRANSEE LANE (0014028)</td>
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<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>

<table>
<thead>
<tr>
<th>Survey History</th>
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</thead>
<tbody>
<tr>
<td>Survey ID: 0122927 End Date: 4/7/2017 Type: STANDARD Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

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Facility Information

Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Name: MAPLE LANE (0015300)
Address: 342 S MAPLE LN, SAUKVILLE, WI 53080
License Status: REGULAR
Licensed/Certified/Registered 12/18/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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

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