

Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Ozaukee

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 42.00 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 01/22/2022 to 01/21/2025

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 06/25/2015 12:00:00AM

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

Survey History

Survey ID: 0139662 **End Date:** 05/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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: 0145793 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144949 **End Date:** 09/07/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CYT18 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	2/29/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	2/29/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/29/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	2/29/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/29/24	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	2/29/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/29/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0143335 **End Date:** 03/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CYT17 Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/7/24	No

Survey ID: 0141922 **End Date:** 11/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CYT16 Served 01/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	3/20/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	3/20/23	No
88.05(3)(i)	BATHROOM LOCK	3/20/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	3/20/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/20/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/20/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0140790 End Date: 08/15/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9CYT15 Served 09/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	11/23/22	Yes
88.04(2)(a)	RESPONSIBILITIES	11/23/22	
88.05(3)(a)	HOME ENVIRONMENT	11/23/22	
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/23/22	
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/23/22	
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/23/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	11/23/22	
88.06(3)(f)	REVIEW OF ISP	11/23/22	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	11/23/22	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	11/23/22	Yes
88.09(1)(a)	RESIDENT RECORDS	11/23/22	Yes
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS	11/23/22	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	11/23/22	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (NEW CARE FAMILY SERVICES CEDARBURG HOUSE LLC--0015352)

Date: 12/04/2023 **SOD #**9CYT18 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/14/2023 **SOD #**9CYT17 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/24/2023 **SOD #**9CYT16 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY

Date: 09/19/2022 **SOD #**9CYT15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (NEW CARE FAMILY SERVICES CEDARBURG HOUSE LLC--0015352)

Date Complaint Received: 05/03/2022

Date Investigation Completed: 08/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

9CYT15
9CYT15

Date Complaint Received: 02/10/2022

Date Investigation Completed: 08/15/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

9CYT15
9CYT15

Date Complaint Received: 02/02/2022

Date Investigation Completed: 08/15/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9CYT15

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Westlawn (0019960)

Address: W65 N447 WESTLAWN AVENUE, Cedarburg, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

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

Survey History

Survey ID: 0145564 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Wilson House (0019971)

Address: 233 N Wilson St, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

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

Survey History

Survey ID: 0147835 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145566 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Wilson House--0019971)

Date Complaint Received: 04/29/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: 5TH AVENUE (0012834)

Address: 950 5TH AVE, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 05/28/2009 12:00:00AM

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

Survey History

Survey ID: 0141451 **End Date:** 09/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QNF111 Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	1/14/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: BREEZE COVE (0012309)

Address: 1256 1ST AVE, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008 12:00:00AM

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

Survey History

Survey ID: 0145106 **End Date:** 10/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T19C11 Served 12/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/10/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: STEPPING STONE GROUP HOME LLC (0018872)

Address: 111 WEST HIGHLAND DRIVE, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/02/2022 12:00:00AM

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

Survey History

Survey ID: 0138647 **End Date:** 02/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Willow Court (0019962)

Address: 1740 16th Avenue, Grafton, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

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

Survey History

Survey ID: 0145565 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HOMES HEDGEWOOD (0019201)

Address: 10919 N HEDGEWOOD LANE, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 12/12/2022 12:00:00AM

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

Survey History

Survey ID: 0145655 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141613 **End Date:** 12/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (CARING HOMES HEDGEWOOD--0019201)

Date Complaint Received: 12/19/2023

Date Investigation Completed: 02/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HOMES HILLVIEW (0018877)

Address: 8414 W HILLVIEW DR, MEQUON, WI 53097

License Status: REGULAR

Licensed/Certified/Registered 04/04/2022 12:00:00AM

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

Survey History

Survey ID: 0146673 **End Date:** 06/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146353 **End Date:** 02/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9UYI11 Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/23/24	
88.06(3)(d)1	DESCRIPTION OF SERVICES	6/23/24	
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	6/23/24	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/23/24	

Survey ID: 0139153 **End Date:** 04/04/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (CARING HOMES HILLVIEW--0018877)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/19/2023

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HOMES LLC (0017815)

Address: 919 W SIERRA LN, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 01/08/2020 12:00:00AM

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

Survey History

Survey ID: 0145849 **End Date:** 03/11/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144220 **End Date:** 07/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3GHJ11 Served 09/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	3/11/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/11/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/11/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	3/11/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/11/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/11/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	3/11/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/11/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/11/24	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	3/11/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/11/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (CARING HOMES LLC--0017815)

Date: 09/14/2023 **SOD #**3GHJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CARING HOMES LLC--0017815)

Date Complaint Received: 12/19/2023

Date Investigation Completed: 03/11/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HOMES PINEHURST (0020044)

Address: 11404 N PINEHURST CIR, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 03/25/2024 12:00:00AM

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

Survey History

Survey ID: 0145991 **End Date:** 03/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: COMMUNITY SUPPORTIVE HOME CARE (0017903)

Address: 1835 DONGES BAY ROAD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 03/04/2020 12:00:00AM

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

Survey History

Survey ID: 0148628 **End Date:** 11/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JTWX13 Served 01/30/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0146443 **End Date:** 03/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JTWX12 Served 05/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/6/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/6/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144885 End Date: 09/25/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JTWX11 Served 11/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	3/4/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	2/26/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/4/24	No
88.10(3)(q)	MEDICATIONS	2/26/24	Yes

Enforcement History (COMMUNITY SUPPORTIVE HOME CARE--0017903)

Date: 05/17/2024 SOD #JTWX12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Date: 11/27/2023 SOD #JTWX11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Complaint History (COMMUNITY SUPPORTIVE HOME CARE--0017903)

Date Complaint Received: 01/17/2024 Date Investigation Completed: 03/04/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	JTWX12

Date Complaint Received: 06/15/2023 Date Investigation Completed: 09/25/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	JTWX11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Compassionate Adult Family Home LLC (0019709)

Address: 6935 W Pioneer Rd, Mequon, WI 53097

License Status: REGULAR

Licensed/Certified/Registered 01/23/2024 12:00:00AM

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

Survey History

Survey ID: 0145440 **End Date:** 01/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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 07/15/2019 12:00:00AM

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

Survey History

Survey ID: 0142819 **End Date:** 04/14/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: HIAWATHA HOUSE AFH (0017095)

Address: 4415 WEST HIAWATHA DR, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 06/18/2018 12:00:00AM

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

Survey History

Survey ID: 0148167 **End Date:** 11/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140402 **End Date:** 08/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HIAWATHA HOUSE AFH--0017095)

Date Complaint Received: 09/20/2024

Date Investigation Completed: 11/19/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: HORIZON MANOR INC (0020197)

Address: 4413 W GRACE AVE, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 04/22/2024 12:00:00AM

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

Survey History

Survey ID: 0146364 **End Date:** 04/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/15/2019 12:00:00AM

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

Survey History

Survey ID: 0142764 **End Date:** 04/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Mequon Terrace III (0019789)

Address: 6720 W Mequon Rd, Mequon, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 08/30/2023 12:00:00AM

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

Survey History

Survey ID: 0144080 **End Date:** 08/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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 03/09/2017 12:00:00AM

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

Survey History

Survey ID: 0146979 **End Date:** 06/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NNC11 Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.10(3)(m)	FREEDOM FROM ABUSE		

Survey ID: 0144464 **End Date:** 08/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L2G411 Served 10/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	12/9/23	Yes

Survey ID: 0139427 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (NEW CARE FAMILY SERVICES LLC MEQUON II--0016535)

Date: 07/17/2024 **SOD #**0NNC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (NEW CARE FAMILY SERVICES LLC MEQUON II--0016535)

Date Complaint Received: 05/28/2024

Date Investigation Completed: 06/11/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	0NNC11
RESIDENT RIGHTS	SUBSTANTIATED	0NNC11
ADMINISTRATION	SUBSTANTIATED	0NNC11
RESIDENT RIGHTS	SUBSTANTIATED	0NNC11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: SUCCESSFUL CARE AFH (0018780)

Address: 4922 W WILLOW RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 08/01/2022 12:00:00AM

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

Survey History

Survey ID: 0140310 **End Date:** 07/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: WILL STARR MEQUON HOUSE (0015015)

Address: 7412 W DONGES BAY RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 05/08/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: 33 Fields (0020192)

Address: 2520 State Road 33, Port Washington, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 09/16/2024 12:00:00AM

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

Survey History

Survey ID: 0147621 **End Date:** 09/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: AFH 245 (0013011)

Address: 245 THOMAS DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 02/24/2010 12:00:00AM

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

Survey History

Survey ID: 0143499 **End Date:** 04/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OALS11 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	8/11/23	Yes
88.08	TERMINATION OF PLACEMENT	8/11/23	Yes

Survey ID: 0141450 **End Date:** 09/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WBMX11 Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	1/14/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (AFH 245--0013011)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 04/27/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
OALS11
OALS11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CHESTNUT ADULT FAMILY CARE HOME (390237)

Address: 415 W CHESTNUT, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 04/01/1999 12:00:00AM

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

Survey History

Survey ID: 0147972 **End Date:** 10/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138668 **End Date:** 02/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 08/06/2024

Date Investigation Completed: 10/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: NORTHCREST (0014734)

Address: 247 THOMAS DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 09/17/2013 12:00:00AM

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

Survey History

Survey ID: 0147638 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146480 **End Date:** 02/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5ZKZ11 Served 05/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	9/19/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/19/24	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	9/19/24	Yes

Enforcement History (NORTHCREST--0014734)

Date: 05/21/2024 **SOD #**5ZKZ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (NORTHCREST--0014734)

Date Complaint Received: 11/24/2023

Date Investigation Completed: 02/07/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	5ZKZ11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	5ZKZ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5ZKZ11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: PORT PLACE (0019969)

Address: 703 N Wisconsin St, Port Washington, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

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

Survey History

Survey ID: 0145555 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: FRANSEE LANE (0014028)

Address: 116 W FRANSEE LN, SAUKVILLE, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 01/26/2012 12:00:00AM

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

Survey History

Survey ID: 0147991 **End Date:** 10/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

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: 0148014 **End Date:** 10/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Riverwood (0019970)

Address: 1029 S Main St, Saukville, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

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

Survey History

Survey ID: 0145558 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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