Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Ozaukee County.

The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HAMILTON HOUSE SENIOR LIVING INC (0017502)
Address: W76 N629 WAUWATOSA RD, CEDARBURG, WI 53012
License Status: REGULAR
Licensed/Certified/Registered 4/9/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129829   End Date: 4/9/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LASATA CROSSINGS ASSISTED LIVING (0013268)
Address: W79N673 WAUWATOSA RD, CEDARBURG, WI 53012
License Status: REGULAR
Licensed/Certified/Registered 6/15/2010  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126607  End Date: 4/23/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: VILLAGE POINTE COMMONS THE PARAMOUNTE (0016282)
Address: 101 WALNUT DR, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 12/1/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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>0128306</td>
<td>10/12/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128149</td>
<td>9/19/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125137</td>
<td>11/17/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #SEKU11 Served 9/26/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.34(16)</td>
<td>TENANT RIGHTS</td>
<td>10/12/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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## Provider Inspection Summary

**Residential Care Apartment Complex (CERTIFIED)**

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

### Complaint History (VILLAGE POINTE COMMONS THE PARAMOUNTE--0016282)

<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>9/11/2018</td>
<td>9/19/2018</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>SEKU11</td>
</tr>
<tr>
<td>11/8/2017</td>
<td>11/17/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: VILLAGE POINTE COMMONS THE PINNACLE (0016283)
Address: 101 WALNUT CIRCLE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 7/27/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131162 End Date: 8/13/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123777 End Date: 7/25/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

**Facility Name:** HIGHLANDS AT NEWCASTLE PLACE (THE) (0016287)  
**Address:** 12600 NORTH PORT WASHINGTON RD, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 1/10/2017 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

## Survey History

**Survey ID:** 0132682  
**End Date:** 2/5/2020  
**Type:** OTHER  
**Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

## Complaint History (HIGHLANDS AT NEWCASTLE PLACE (THE)--0016287)

<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>
</tbody>
</table>

**Date Complaint Received:** 11/7/2019  
**Date Investigation Completed:** 2/5/2020

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This is Page 7 of 14 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>MEADOWMERE NORTHSHORE (0017780)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>10803 N PORT WASHINGTON ROAD, MEQUON, WI 53092</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>1/1/2020 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
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Survey History

<table>
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<tr>
<th>Survey ID:</th>
<th>0132265</th>
<th>End Date:</th>
<th>12/30/2019</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: CHOW--DESK REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: SARAH CHUDNOW CAMPUS (0010817)
Address: 10995 N MARKET ST, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 3/2/2005 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131853 End Date: 10/3/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SARAH CHUDNOW CAMPUS--0010817)

Date Complaint Received: 9/4/2019 Date Investigation Completed: 10/3/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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**Provider Inspection Summary**

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

Residential Care Apartment Complex (CERTIFIED)

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>WRIGHT HOUSE SENIOR LIVING INC (0017216)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>6751 W MEQUON RD, MEQUON, WI 53092</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified</td>
<td>Licensed/Certified/Registered 9/6/2018 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

<table>
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<th>0128040</th>
<th>End Date</th>
<th>9/6/2018</th>
<th>Type</th>
<th>INITIAL</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Results</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
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### Facility Information

Facility Name: HARBOR CLUB (0016547)
Address: 333 W WALTERS ST, PORT WASHINGTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 3/1/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130353</td>
<td>5/16/2019</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
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<tr>
<td>0123748</td>
<td>7/20/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0122778</td>
<td>3/1/2017</td>
<td>INITIAL</td>
<td>CHOW--LICENSURE</td>
</tr>
</tbody>
</table>

- **Results:** NO STATEMENT OF DEFICIENCY ISSUED
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED
- **Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (HARBOR CLUB--0016547)

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
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<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td>3/11/2019</td>
<td>5/16/2019</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td>5/24/2017</td>
<td>7/20/2017</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

Facility Information

Facility Name: LINCOLN VILLAGE (0015963)
Address: 1330 W LINCOLN AVE, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 1/19/2016 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128903</td>
<td>11/7/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0126597</td>
<td>4/23/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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<td>0125506</td>
<td>9/22/2017</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
</tr>
</tbody>
</table>

Results:

- NO STATEMENT OF DEFICIENCY ISSUED for Survey ID 0128903
- NO STATEMENT OF DEFICIENCY ISSUED for Survey ID 0126597
- ENFORCEMENT ACTION for Survey ID 0125506

Statement of Deficiency:

#J4KN11 Served 12/26/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>89.23(2)(a)1</td>
<td>SERVICES</td>
<td>4/23/18</td>
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</tbody>
</table>

Enforcement History (LINCOLN VILLAGE--0015963)

Date: 12/26/2017
SOD #J4KN11
Appealed:
Sanctions
FORFEITURE---89.23 (2)(a)1
<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>11/1/2018</td>
<td>11/7/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>6/5/2017</td>
<td>9/22/2017</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>J4KN11</td>
</tr>
<tr>
<td>3/13/2017</td>
<td>9/22/2017</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>J4KN11</td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILLOWBROOK PLACE (0017394)
Address: 205 GREEN BAY ROAD, THIENSVILLE, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 11/1/2018 12:00:00 AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128406  End Date: 10/25/2018  Type: ABBREVIATED  Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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