

## Provider Inspection Summary

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

Ozaukee

### 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 17.00 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  
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** 04/09/2019 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0147117    **End Date:** 07/15/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2N7I11    Served 07/26/2024

Deficiencies Cited  
89.23(3)(f)

Subject Area  
SERVICES

Compliance  
Verified  
9/9/24

Corrected

**Survey ID:** 0140260    **End Date:** 07/26/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HAMILTON HOUSE SENIOR LIVING INC--0017502)

**Date Complaint Received: 05/22/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 07/15/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/20/2022**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 07/26/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/28/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 07/26/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/03/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 07/26/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/31/2022**

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 07/26/2022**

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/25/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 07/26/2022**

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

**This is Page 3 of 17 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 01/22/2022 to 01/21/2025  
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** 06/15/2010 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0144219    **End Date:** 09/06/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143292    **End Date:** 03/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WQ7211    Served 06/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	9/6/23	Yes

### Enforcement History (LASATA CROSSINGS ASSISTED LIVING--0013268)

**Date:** 06/08/2023    **SOD #**WQ7211    **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---U 267 89.34(16)

**This is Page 4 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (LASATA CROSSINGS ASSISTED LIVING--0013268)

**Date Complaint Received:** 11/09/2022

**Date Investigation Completed:** 03/31/2023

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result

SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

WQ7211  
WQ7211

**This is Page 5 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** VILLAGE POINTE COMMONS THE PARAMOUNTE (0016282)

**Address:** 101 WALNUT DR, GRAFTON, WI 53024

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0146935      **End Date:** 05/24/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OE6211      Served 07/19/2024

Deficiencies Cited  
89.23(3)(f)

Subject Area  
SERVICES

Compliance  
Verified  
9/2/24

Corrected  
Yes

**Survey ID:** 0144745      **End Date:** 11/06/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143831      **End Date:** 07/27/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 6 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0142712    **End Date:** 01/23/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FDD211    Served 04/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	7/27/23	Yes

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

**Date:** 04/07/2023    **SOD #**FDD211    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34 16

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

**Date Complaint Received:** 03/11/2024

**Date Investigation Completed:** 05/24/2024

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
SUBSTANTIATED

SOD #  
OE6211

**Date Complaint Received:** 01/12/2023

**Date Investigation Completed:** 01/23/2023

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 10/10/2022

**Date Investigation Completed:** 01/23/2023

Subject Area(s)  
RESIDENT RIGHTS  
OTHER

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
FDD211  
FDD211

**This is Page 7 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CHARTER SENIOR LIVING OF MEQUON (0017780)

**Address:** 10803 N PORT WASHINGTON ROAD, MEQUON, WI 53092

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0144223    **End Date:** 09/07/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142835    **End Date:** 02/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VWLC11    Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	6/3/23	Yes

**Survey ID:** 0141364    **End Date:** 09/22/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #R29F11    Served 11/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	1/23/22	
89.23(2)(a)2.a	SERVICES	1/23/22	
89.27(1)	SERVICE AGREEMENT	1/23/22	
89.28(1)	RISK AGREEMENT	1/23/22	

**This is Page 8 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CHARTER SENIOR LIVING OF MEQUON--0017780)

**Date Complaint Received: 03/27/2023**

**Date Investigation Completed: 09/07/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/07/2023**

**Date Investigation Completed: 02/22/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
VWLC11

**Date Complaint Received: 10/10/2022**

**Date Investigation Completed: 02/22/2023**

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/26/2022**

**Date Investigation Completed: 09/22/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 9 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Lumia of Mequon Assisted Living (0019697)  
**Address:** 11900 N Port Washington Road, Mequon, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/11/2023 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143675      **End Date:** 07/11/2023      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 10 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** NEWCASTLE PLACE (0018619)  
**Address:** 12600 N PORT WASHINGTON RD, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2021 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0147832    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146210    **End Date:** 01/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #V23H11    Served 04/23/2024

Deficiencies Cited  
89.23(3)(f)

Subject Area  
SERVICES

Compliance  
Verified  
6/27/24

Corrected  
Yes

**This is Page 11 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (NEWCASTLE PLACE--0018619)

**Date Complaint Received: 07/25/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 07/30/2024**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/17/2023**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 01/24/2024**

Result

NOT SUBSTANTIATED

SOD #

**This is Page 12 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SENIOR LIVING MEQUON I (0018676)  
**Address:** 6751 W MEQUON RD, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/20/2021 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0144974    **End Date:** 11/29/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139611    **End Date:** 05/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SENIOR LIVING MEQUON I--0018676)

**Date Complaint Received:** 08/14/2023

**Date Investigation Completed:** 11/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 06/21/2023

**Date Investigation Completed:** 11/29/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**This is Page 13 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TEROVA SENIOR LIVING OF MEQUON (0018248)  
**Address:** 10995 N MARKET STREET, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2020 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0148544    **End Date:** 10/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Survey ID:** 0144044    **End Date:** 08/22/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (TEROVA SENIOR LIVING OF MEQUON--0018248)

<u>Date Complaint Received:</u>	<u>Date Investigation Completed:</u>
10/02/2024	10/30/2024
<u>Subject Area(s)</u>	<u>Result</u> <u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED              4G2011
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED              4G2011

<u>Date Complaint Received:</u>	<u>Date Investigation Completed:</u>
09/20/2024	10/30/2024
<u>Subject Area(s)</u>	<u>Result</u> <u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED              4G2011
PROGRAM SERVICES	SUBSTANTIATED              4G2011

**This is Page 14 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HARBOR CLUB (0016547)

**Address:** 333 W WALTERS ST, PORT WASHINGTON, WI 53024

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0144043      **End Date:** 08/22/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 15 of 17 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 01/22/2022 to 01/21/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LINCOLN VILLAGE (0015963)  
**Address:** 1330 W LINCOLN AVE, PORT WASHINGTON, WI 53074  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/19/2016 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

<b>Survey ID:</b> 0146921	<b>End Date:</b> 07/10/2024	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0138675	<b>End Date:</b> 02/09/2022	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

### Complaint History (LINCOLN VILLAGE--0015963)

<b>Date Complaint Received:</b> 04/22/2024	<b>Date Investigation Completed:</b> 07/10/2024
<u>Subject Area(s)</u>	<u>Result</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED
	<u>SOD #</u>

***This is Page 16 of 17 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 01/22/2022 to 01/21/2025  
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** 11/01/2018 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0147231      **End Date:** 08/05/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 17 of 17 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.***