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 15.00 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
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

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.
## 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
Provider Inspection Summary

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

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:** 12/1/2016  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>
<tr>
<td>0121908</td>
<td>12/1/2016</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

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

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

---

This is Page 4 of 15 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 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/11/2018</th>
<th>Date Investigation Completed: 9/19/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>SEKU11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 11/8/2017</th>
<th>Date Investigation Completed: 11/17/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>

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

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.
## Facility Information

Facility Name: FIVE STAR NORTHSHORE LLC D/B/A MEADOWMERE-NOR (0013000)
Address: 10803 N PORT WASHINGTON RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 10/1/2009 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>0126847</td>
<td>5/22/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125815</td>
<td>1/29/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125670</td>
<td>12/5/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0121397</td>
<td>9/14/2016</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Statement of Deficiency:

- **#4T2D11** Served 1/19/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.23(3)(f)</td>
<td>SERVICES</td>
<td>1/22/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**This is Page 7 of 15 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 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Enforcement History (FIVE STAR NORTHSHORE LLC D/B/A MEADOWMERE-NOR--0013000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 1/17/2018  SOD #4T2D11  Appealed:</td>
</tr>
<tr>
<td>Sanctions</td>
</tr>
<tr>
<td>FORFEITURE---83.23(3)(f)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint History (FIVE STAR NORTHSHORE LLC D/B/A MEADOWMERE-NOR--0013000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Complaint Received:  4/23/2018  Date Investigation Completed:  5/22/2018</td>
</tr>
<tr>
<td>Subject Area(s)  Result  SOD #</td>
</tr>
<tr>
<td>PROGRAM SERVICES  NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

| Date Complaint Received:  12/20/2017  Date Investigation Completed:  1/29/2018 |
| Subject Area(s)  Result  SOD # |
| RESIDENT RIGHTS  NOT SUBSTANTIATED  |

| Date Complaint Received:  11/8/2017  Date Investigation Completed:  12/5/2017 |
| Subject Area(s)  Result  SOD # |
| PROGRAM SERVICES  SUBSTANTIATED  4T2D11 |
| RESIDENT RIGHTS  NOT SUBSTANTIATED  |

This is Page 8 of 15 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.
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: 0122247  End Date: 1/10/2017  Type: OTHER  Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

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.
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

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WRIGHT HOUSE SENIOR LIVING INC (0017216)
Address: 6751 W MEQUON RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 9/6/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128040 End Date: 9/6/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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 8/11/2016 to 8/11/2019
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 3/1/2017  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130353  End Date: 5/16/2019  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123748  End Date: 7/20/2017  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122778  End Date: 3/1/2017  Type: INITIAL  Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (HARBOR CLUB--0016547)

Date Complaint Received: 3/11/2019  Date Investigation Completed: 5/16/2019
Subject Area(s)  Result  SOD #
PHYSICAL ENVIRONMENT/SAFETY  NOT SUBSTANTIATED

Date Complaint Received: 5/24/2017  Date Investigation Completed: 7/20/2017
Subject Area(s)  Result  SOD #
PHYSICAL ENVIRONMENT/SAFETY  NOT SUBSTANTIATED

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.
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>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128903</td>
<td>11/7/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0126597</td>
<td>4/23/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125506</td>
<td>9/22/2017</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statement of Deficiency: #J4KN11 Served 12/26/2017

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified 4/23/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (LINCOLN VILLAGE--0015963)

Date: 12/26/2017    SOD #J4KN11    Appealed: Sanctions
FORFEITURE---89.23 (2)(a)1

This is Page 13 of 15 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.
### Complaint History (LINCOLN VILLAGE--0015963)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/1/2018</td>
<td>11/7/2018</td>
</tr>
<tr>
<td>6/5/2017</td>
<td>9/22/2017</td>
</tr>
<tr>
<td>3/13/2017</td>
<td>9/22/2017</td>
</tr>
</tbody>
</table>

<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>SOD #</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>J4KN11</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>J4KN11</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 12:00:00AM
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