Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Racine County. The report is a PDF (Adobe Acrobat) document and includes a total of 7.00 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.
Facility Information

Facility Name: ABUNDANT BLESSINGS DAY SERVICES INC (0017399)
Address: 2308 RAYMOND AVE, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 10/2/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128225    End Date: 10/2/2018    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Day Care Facility

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:       BROWNS ADULT DAY CENTER LLC (0017078)</td>
</tr>
<tr>
<td>Address:             3417 DOUGLAS AVE, RACINE, WI 53402</td>
</tr>
<tr>
<td>License Status:      REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered: 3/19/2018 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:     SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<td>Survey ID:      0126263   End Date: 3/19/2018   Type: INITIAL   Purpose: SURVEY</td>
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<tr>
<td>Results:        LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
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</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.
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Day Care Facility

Facility Information

Facility Name: MANNA HOUSE ADULT DAYCARE II (0016604)
Address: 1034 WEST BLVD, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 4/18/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123014 End Date: 4/18/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>QUALITY CARE (0015901)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2051 MEAD ST, RACINE, WI 53403</td>
</tr>
<tr>
<td>License Status:</td>
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<tr>
<td>Licensed/Certified/Registered</td>
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</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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Survey History

<table>
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<tr>
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<th>0121810</th>
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<tbody>
<tr>
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<tr>
<td>Type:</td>
<td>INITIAL</td>
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<tr>
<td>Purpose:</td>
<td>SURVEY</td>
</tr>
<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Day Care Facility

Facility Information

Facility Name: ACHIEVEMENTS (0017229)
Address: 1014 VINE ST, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 8/23/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127940 End Date: 8/23/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

Facility Name: LAKEVIEW NEUROREHAB CENTER INC (0014071)
Address: 1701 SHARP RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 10/1/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

Survey ID: 0124687 End Date: 8/7/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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