Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Racine County. The report is a PDF (Adobe Acrobat) document and includes a total of 86.00 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 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: BAY RIDGE HOME (0011733)
Address: 124 BAY RIDGE LN, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 12/8/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123743       End Date: 4/27/2017       Type: ABBREVIATED       Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BAY RIDGE HOME--0011733)

Date Complaint Received: 3/22/2017       Date Investigation Completed: 4/27/2017
Subject Area(s)       Result       SOD #
RESIDENT RIGHTS       NOT SUBSTANTIATED

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>BROWNS LAKE HOME (0015553)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2910 S BROWNS LAKE ROAD, BURLINGTON, WI 53105</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>3/5/2015  12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: | 0129675 |
| End Date:  | 2/5/2019 |
| Type:      | ABBREVIATED |
| Purpose:   | SURVEY |
| Results:   | NO STATEMENT OF DEFICIENCY ISSUED |

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: CEDAR HOME (0012080)
Address: 316 S PERKINS, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 8/30/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 4/24/16 to 4/24/19

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Facility Information

Facility Name: CHICORY HOME (0014251)
Address: 141 DAVIDSON DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 7/18/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126956 End Date: 5/17/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name:  CYPRESS HOME (0013354)
Address:  208 EDWARDS ST, BURLINGTON, WI 53105
License Status:  REGULAR
Licensed/Certified/Registered 12/22/2010  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 4/24/16 to 4/24/19
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE A LLC (0015101)
Address: 506A STEPHANIE STREET, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/10/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123258  End Date: 4/5/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121851  End Date: 10/24/2016  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #TK6311  Served 12/8/2016

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<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>4/5/17</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(n)</td>
<td>CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS</td>
<td>4/5/17</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>4/5/17</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(e)</td>
<td>RESIDENT'S RECORD RETENTION</td>
<td>4/5/17</td>
<td>Yes</td>
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</tbody>
</table>

Survey ID: 0122344  End Date: 10/21/2016  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 86 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 4/24/2016 to 4/24/2019

### Adult Family Home

<table>
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<th>End Date</th>
<th>Type</th>
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<td>0121677</td>
<td>8/8/2016</td>
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<td>DESK REVIEW</td>
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<td>0121246</td>
<td>5/18/2016</td>
<td>OTHER</td>
<td>SELF REPORT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

### Statement of Deficiency

- #1T9S11 Served 9/12/2016

#### Deficiencies Cited

88.07(2)(b)5 MONITORING HEALTH

#### Enforcement History (DOLPHIN HOUSE A LLC--0015101)

- Date: 12/1/2016
- SOD #TK6311
- Appealed: No

#### Sanctions

- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT

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*This is Page 8 of 86 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 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: DOLPHIN HOUSE B LLC (0015100)
Address: 506B STEPHANIE STREET, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/10/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129846  End Date: 2/1/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DOLPHIN HOUSE B LLC--0015100)

Date: 4/25/2016  SOD #ZRW611  Appealed: No
Sanctions
OTHER SANCTION
Facility Information

Facility Name: ELM HOME (0012870)
Address: 8339 B FISHMAN RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 12/3/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128441          End Date: 10/24/2018          Type: ABBREVIATED          Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
# Facility Information

Facility Name: GALL FAMILY CARE HOME (0008955)  
Address: 1315 SCHNEIDER LN, BURLINGTON, WI 53105  
License Status: REGULAR  
Licensed/Certified/Registered 2/23/2000 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

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<th>Type</th>
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<th>Results</th>
<th>Statement of Deficiency</th>
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<td>10/24/18</td>
<td>OTHER</td>
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<td>#VB7011 Served 11/3/2016</td>
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<td>0121604</td>
<td>8/18/16</td>
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<td>ENFORCEMENT ACTION</td>
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## Results

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<tbody>
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<td>10/24/18</td>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verification</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>10/24/18</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>10/24/18</td>
<td>Yes</td>
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<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>10/24/18</td>
<td>Yes</td>
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<td>88.05(4)(d2)c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>10/24/18</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>10/24/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>10/24/18</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(d)8</td>
<td>RESIDENT RECORD-ISP</td>
<td>10/24/18</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>10/28/2016</td>
<td>VB7011</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

**Enforcement History (GALL FAMILY CARE HOME--0008955)**

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Facility Information

Facility Name: JOAN STREET (0012616)
Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/26/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124347 End Date: 8/7/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: MAPLE HOME (0012871)
Address: 8339 A FISHMAN RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 8/6/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History
Survey ID: 0128773 End Date: 11/1/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #12BI11

<table>
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<td>Deficiencies Cited</td>
<td>Subject Area</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(3)(a)</td>
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</tbody>
</table>

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Facility Information

Facility Name: PARK HOUSE (0016160)
Address: 535 PARK AVENUE, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 6/16/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0120517   End Date: 6/16/2016   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name: REINEKE CARE HOMES ROCHESTER HOME (0012796)
Address: 584 EDGEWOOD AVE, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 4/14/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125898 End Date: 11/8/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #6INP11 Served 2/15/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.03(2)(b)2</td>
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<td>Verified</td>
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<tr>
<td>88.04(2)(c)</td>
<td>CHANGE IN TYPE OF INDIVIDUAL SERVED</td>
<td>Corrected</td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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Enforcement History (REINEKE CARE HOMES ROCHESTER HOME--0012796)

Date: 2/12/2018 SOD #6INP11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (REINEKE CARE HOMES ROCHESTER HOME--0012796)

Date Complaint Received: 9/21/2017 Date Investigation Completed: 11/8/2017

<table>
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<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>PROGRAM SERVICES</td>
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Facility Information

Facility Name: WEILER HOME (0013960)
Address: 848 WEILER RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 11/16/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128574 End Date: 10/25/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126961 End Date: 3/30/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #8PHU11 Served 6/5/2018

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<tbody>
<tr>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>10/25/18</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<td>88.07(4)(e)</td>
<td>SPECIAL DIETS</td>
<td>10/25/18</td>
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Enforcement History (WEILER HOME--0013960)

Date: 6/5/2018 SOD #8PHU11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name:  WILLOW RUN 3 (0013991)
Address:  316 GARFIELD ST, BURLINGTON, WI 53105
License Status:  REGULAR
Licensed/Certified/Registered 1/25/2012  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129304  End Date: 9/17/2018  Type: ABBREVIATED  Purpose: SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

**Facility Name:** WILLOW RUN ADULT FAMILY GROUP HOME (390235)

**Address:** 104 CLARK ST, BURLINGTON, WI 53105

**License Status:** REGULAR

Licensed/Certified/Registered 11/1/1998 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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Survey History

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<td>0126472</td>
<td>3/20/2018</td>
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<td>COMPLAINT</td>
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<td>0122353</td>
<td>1/23/2017</td>
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<td>DESK REVIEW</td>
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**Statement of Deficiency:** #ON3411

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<td>FIRE SAFETY-SMOKE DETECTORS</td>
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<td>88.10(3)(e)</td>
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**Compliance**

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<tbody>
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</table>

Results: STATEMENT OF DEFICIENCY ISSUED

Results: NO STATEMENT OF DEFICIENCY ISSUED

Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Complaint History (WILLOW RUN ADULT FAMILY GROUP HOME--390235)

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<th>Date Investigation Completed: 3/20/2018</th>
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<td>NOT SUBSTANTIATED</td>
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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

<table>
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<tr>
<th>Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)</th>
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<tbody>
<tr>
<td>Address: 2125 PARKWAY DR, CALEDONIA, WI 53108</td>
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<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 6/15/2001 12:00:00AM</td>
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Survey History

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<th>Purpose: SURVEY</th>
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</thead>
<tbody>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

This is Page 21 of 86 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 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE (0014954)
Address: 13207 HWY G, CALEDONIA, WI 53108
License Status: REGULAR
Licensed/Certified/Registered 3/20/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130067 End Date: 2/7/2019 Type: STANDARD Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128229 End Date: 8/16/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #HKZB11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>Verified Corrected</td>
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Enforcement History (COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE--0014954)

Date: 10/4/2018 SOD #HKZB11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Complaint History (COUNTRY MEADOWS FAMILY CARE ANGEL HOUSE--0014954)

<table>
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<tr>
<th>Date Complaint Received:</th>
<th>8/2/2018</th>
<th>Date Investigation Completed:</th>
<th>8/17/2018</th>
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<tr>
<td>Subject Area(s)</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>Result</td>
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<tr>
<td></td>
<td></td>
<td>SOD #</td>
<td>HKZB11</td>
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## Facility Information

<table>
<thead>
<tr>
<th>Facility Name: JAMES CARES LLC (0016153)</th>
</tr>
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<tbody>
<tr>
<td>Address: 2422 MARSHALL SQUARE, DOVER, WI 53139</td>
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<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 6/13/2016 12:00:00AM</td>
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<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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## Survey History

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<th>Purpose: DESK REVIEW</th>
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<table>
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<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
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<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
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</tbody>
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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: SHEPHERDS MINISTRIES KUHNLE HOUSE (0016123)
Address: 21021 DURAND, DOVER, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 6/22/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0120584   End Date: 6/22/2016   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

### Facility Information

| Facility Name: BOULDER CREEK HOUSE I (0016449) |
| Address: 4430 HIGHWAY 38, FRANKSVILLE, WI 53126 |
| License Status: REGULAR |
| Licensed/Certified/Registered 3/30/2017 12:00:00AM |
| Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005 |

### Survey History

| Survey ID: 0122933 | End Date: 4/6/2017 | Type: INITIAL | Purpose: SURVEY |
| Results: LICENSE/CERT/REGISTRATION ISSUED |

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Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013085)
Address: 2824 65TH DR, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 12/17/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128440    End Date: 10/25/2018    Type: OTHER    Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: HOODS CREEK HOUSE I (0016525)
Address: 6810 HOODS CREEK ROAD, FRANKSVILLE, WI 53126
License Status: REGULAR
Licensed/Certified/Registered 6/22/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123517    End Date: 6/22/2017    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: DOLPHIN MANOR LLC (0011934)
Address: 21404 WASHINGTON AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 7/11/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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<th>Type</th>
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<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0123178</td>
<td>1/5/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
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Statement of Deficiency: #JV0M12 Served 5/13/2017

<table>
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<th>Subject Area</th>
<th>Compliance Verified</th>
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<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>8/8/17</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>8/8/17</td>
<td>Yes</td>
</tr>
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</table>
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Survey ID: 0120955 End Date: 5/5/2016 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JV0M11 Served 8/10/2016

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<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING</td>
<td></td>
<td>1/4/17</td>
<td>No</td>
</tr>
<tr>
<td>50.065(3)(b)</td>
<td>COMPLETE BACKGROUND CHECK PROCESS</td>
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<td>1/4/17</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<td>1/4/17</td>
<td>No</td>
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Enforcement History (DOLPHIN MANOR LLC--0011934)

Date: 5/5/2017 SOD #JV0M12 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 8/10/2016 SOD #JV0M11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name: EAGLE LAKE MANOR (0017036)
Address: 2720 MARSHALL SQUARE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 5/24/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126856 End Date: 5/24/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: GUNDERSON FAMILY HOME (390164)
Address: 707 224TH AVE, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 4/1/1998 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129648 End Date: 1/24/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: KANSASVILLE HOUSE (0013507)
Address: 24710 18TH ST, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 2/9/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 4/24/16 to 4/24/19
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name: LOETHERS HOME (0010474)
Address: 1222 LAUREL LN, KANSASVILLE, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 5/19/2004 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129222  End Date: 11/1/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVI (0010519)
Address: 3820 29TH ST, KENOSHA, WI 53144
License Status: REGULAR
Licensed/Certified/Registered 2/3/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127759 End Date: 5/17/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: BEACON OF HOPE ADULT FAMILY HOME (0014258)
Address: 3945 JACOB CT, MOUNT PLEASANT, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 7/25/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121787  End Date: 8/25/2016  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

**Facility Name:** CARE HOME (0009850)  
**Address:** 3820 ROYAL OAKS DR, MOUNT PLEASANT, WI 53406  
**License Status:** REGULAR  
**Licensed/Certified/Registered 1/21/2003 12:00:00AM**  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0121706  
**End Date:** 10/12/2016  
**Type:** STANDARD  
**Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #GHZO11 Served 12/16/2016

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td></td>
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</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</tr>
</tbody>
</table>

### Enforcement History (CARE HOME--0009850)

**Date:** 11/8/2016  
**SOD #GHZO11**  
**Appealed:** No  
**Sanctions**  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Facility Information

Facility Name: ELIANA HOMES CUMBERLAND PLACE AFH (0016651)
Address: 4945 CUMBERLAND ROAD, MOUNT PLEASANT, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 7/5/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123584 End Date: 7/7/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: GREEN BAY ADULT FAMILY HOME (0016128)
Address: 1111 N GREEN BAY RD, MOUNT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 5/31/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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<td>SURVEY</td>
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<tr>
<td>0127685</td>
<td>8/2/2018</td>
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<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125740</td>
<td>11/9/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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</tbody>
</table>

Statement of Deficiency: #KHSV12

| Deficiencies Cited | Subject Area                      | Compliance
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<tbody>
<tr>
<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>Verified</td>
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<tr>
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<td></td>
<td>8/2/18</td>
</tr>
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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Survey ID: 0124093   End Date: 6/26/2017   Type: OTHER   Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #KHSV11 Served 9/2/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK</td>
<td></td>
<td>11/9/17</td>
<td>No</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>11/9/17</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>11/9/17</td>
<td>Yes</td>
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<tr>
<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>11/9/17</td>
<td>No</td>
<td></td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
<td>11/9/17</td>
<td>Yes</td>
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Survey ID: 0123260   End Date: 4/6/2017   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120381   End Date: 5/31/2016   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (GREEN BAY ADULT FAMILY HOME--0016128)

Date: 1/25/2018   SOD #KHSV12   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 8/30/2017   SOD #KHSV11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

#### Complaint History (GREEN BAY ADULT FAMILY HOME--0016128)

<table>
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<tr>
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<th>Date Investigation Completed:</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<td>8/2/2018</td>
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</tr>
<tr>
<td>5/24/2017</td>
<td>6/22/2017</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>KHSV11</td>
</tr>
<tr>
<td>1/20/2017</td>
<td>4/6/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
## Facility Information

- **Facility Name:** HARMONY HOME ON NEWMAN LLC (0016680)
- **Address:** 448 NEWMAN RD, MOUNT PLEASANT, WI 53406
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 7/20/2017 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

<table>
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<tr>
<th>Survey ID</th>
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<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
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<td>7/20/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

**Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: J HARRIS HOMES (0016712)
Address: 1114 N HILLOCK DRIVE, MOUNT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/29/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124127  End Date: 8/29/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: OPEN ARMS 20 LLC (0016790)
Address: 3824 DAISY LANE, MOUNT PLEASANT, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 7/19/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
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<th>Type</th>
<th>Purpose</th>
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<td>1/17/2018</td>
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<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0123747</td>
<td>7/19/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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Complaint History (OPEN ARMS 20 LLC--0016790)

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</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: WOOD ADULT FAMILY HOME LLC (0016414)
Address: 4406 WOOD RD, MOUNT PLEASANT, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 1/10/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129339 End Date: 12/3/2018 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #XHI511

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
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Survey ID: 0128138 End Date: 8/7/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127442 End Date: 7/12/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Survey ID: 0126834   End Date: 5/15/2018   Type: OTHER   Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMDN11 Served 6/1/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Verified: 6/22/18 Corrected: Yes</td>
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</tbody>
</table>

Survey ID: 0122268   End Date: 1/10/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

**Enforcement History (WOOD ADULT FAMILY HOME LLC--0016414)**

Date: 2/21/2019   SOD #XHJ511   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

*This is Page 46 of 86 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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<thead>
<tr>
<th>Date Complaint Received: 8/22/2018</th>
<th>Date Investigation Completed: 12/3/2018</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td>NOT RECORDED</td>
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</table>

- PHYSICAL ENVIRONMENT/SAFETY
- RESIDENT RIGHTS

<table>
<thead>
<tr>
<th>Date Complaint Received: 4/23/2018</th>
<th>Date Investigation Completed: 5/15/2018</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td>NOT RECORDED</td>
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</tbody>
</table>

- STAFF TRAINING AND PROFICIENCY

<table>
<thead>
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<th>Date Complaint Received: 4/18/2018</th>
<th>Date Investigation Completed: 5/15/2018</th>
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<tbody>
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<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td>NOT RECORDED</td>
</tr>
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</table>
Facility Information

Facility Name: ABOVE & BEYOND AFH III (0014601)
Address: 4604 SPRING STREET, MT PLEASANT, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/10/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0121778     End Date: 9/19/2016     Type: STANDARD     Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #YZ7M11 Served 11/19/2016

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>Verified</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.10(3)(c)</td>
<td>SELF-DIRECTION</td>
<td></td>
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</table>

Enforcement History (ABOVE & BEYOND AFH III--0014601)

Date: 11/15/2016     SOD #YZ7M11     Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Complaint History (ABOVE & BEYOND AFH III--0014601)

<table>
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<tr>
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<th>Date Investigation Completed: 9/19/2016</th>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
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<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>YZ7M11</td>
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</tbody>
</table>
Facility Information

Facility Name: BALANCE LIVING CENTER (0016261)
Address: 2037 N GREEN BAY RD, MT PLEASANT, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 1/17/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122270           End Date: 1/17/2017          Type: INITIAL           Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: DURAND ADULT FAMILY HOME II LLC (0015129)
Address: 6437 DURAND AVE, MT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/5/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128947   End Date: 10/1/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #Z4QU12

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<th>Compliance</th>
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<tbody>
<tr>
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<td>PRESCRIPTION MEDICATIONS</td>
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Survey ID: 0126769   End Date: 3/16/2018   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #Z4QU11 Served 5/18/2018

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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<th>Corrected</th>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>10/1/18</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>10/1/18</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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</tr>
</tbody>
</table>

This is Page 51 of 86 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 4/24/2016 to 4/24/2019
Adult Family Home

Enforcement History (DURAND ADULT FAMILY HOME II LLC--0015129)

<table>
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<th>SOD #</th>
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<tbody>
<tr>
<td>1/9/2019</td>
<td>Z4QU12</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>5/18/2018</td>
<td>Z4QU11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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Complaint History (DURAND ADULT FAMILY HOME II LLC--0015129)

<table>
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<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</table>

Date Complaint Received: 2/19/2018
Date Investigation Completed: 3/16/2018

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Name: DURAND ADULT FAMILY HOME LLC (0014928)
Address: 6439 DURAND AVENUE, MT PLEASANT, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 1/28/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>0127593</td>
<td>7/26/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126378</td>
<td>3/19/2018</td>
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<td>COMPLAINT</td>
</tr>
<tr>
<td>Results:</td>
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<td>0124779</td>
<td>8/16/2017</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
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<tr>
<td>Results:</td>
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Statement of Deficiency: #WGHG11

<table>
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<tr>
<td>88.03(5)(e)2</td>
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<td>Verified</td>
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</table>

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## Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

---

### Complaint History (DURAND ADULT FAMILY HOME LLC--0014928)

<table>
<thead>
<tr>
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<td>Subject Area(s)</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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<td></td>
<td>WGHG11</td>
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</tbody>
</table>

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### Facility Information

**Facility Name:** OPEN ARMS 20 LLC (0015801)  
**Address:** 5335 TAYLOR AVE, MT PLEASANT, WI 53403  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 10/21/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

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<th>End Date: 7/11/2018</th>
<th>Type: OTHER</th>
<th>Purpose: DESK REVIEW</th>
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<tbody>
<tr>
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<td>Purpose: SURVEY/COMPLAINT</td>
<td>Results: STATEMENT OF DEFICIENCY ISSUED</td>
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**Statement of Deficiency:** #IZDJ11 Served 6/5/2018  

<table>
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<th>Subject Area</th>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<td></td>
</tr>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td></td>
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</tr>
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</table>

### Complaint History (OPEN ARMS 20 LLC--0015801)

- **Date Complaint Received:** 4/17/2018  
- **Date Investigation Completed:** 5/8/2018

**Subject Area(s)**  
- PHYSICAL ENVIRONMENT/SAFETY  
  - Result: NOT SUBSTANTIATED  
  - SOD #: 

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Facility Information

Facility Name: OPEN ARMS 20 LLC (0016272)
Address: 3725 SHERRIE LN, MT PLEASANT, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 8/15/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
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<th>Survey ID</th>
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<td>0122055</td>
<td>11/3/2016</td>
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<td>0121004</td>
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Complaint History (OPEN ARMS 20 LLC--0016272)

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<th>Date Complaint Received: 10/13/2016</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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</tr>
</tbody>
</table>

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Facility Information

Facility Name: KWASIGROCH FAMILY CARE HOME (0009255)
Address: 29312 WASHINGTON AVE, ROCHESTER, WI 53167
License Status: REGULAR
Licensed/Certified/Registered 8/1/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124371 End Date: 9/19/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #FUII11 Served 9/29/2017

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</table>

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XIX (0012193)
Address: 8917 CITADEL TERRACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 11/20/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122752  End Date: 1/30/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVII (0010747)
Address: 3657 MERLIN CT, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 5/26/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128337    End Date: 9/4/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Provider Inspection Summary**

For the period 4/24/2016 to 4/24/2019

Adult Family Home

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**Facility Information**

Facility Name: CELESTIAL TOUCH HOME HEALTH CARE LLC (0016993)
Address: 3516 S KENNEDY DR, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 1/25/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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**Survey History**

Survey ID: 0125811         End Date: 1/25/2018         Type: INITIAL         Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

---

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Facility Information

Facility Name: OPEN ARMS 20 LLC (0016805)
Address: 3708 91ST PLACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 8/3/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123895   End Date: 8/3/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Name: OPEN ARMS 20 LLC (0016806)
Address: 3648 91ST PLACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 8/3/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129245  End Date: 11/27/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #F5GK11 Served 2/11/2019

<table>
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<th>Subject Area</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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Survey ID: 0127844  End Date: 7/18/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126422  End Date: 2/19/2018  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5Z2N11

<table>
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<th>Subject Area</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>Yes 7/18/18</td>
</tr>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>Yes 7/18/18</td>
</tr>
</tbody>
</table>

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# Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

---

**Survey ID: 0123893**  **End Date: 8/3/2017**  **Type: INITIAL**  **Purpose: SURVEY**

**Results:** LICENSE/CERT/REGISTRATION ISSUED

## Enforcement History (OPEN ARMS 20 LLC--0016806)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/2018</td>
<td>5Z2N11</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2/12/2018</td>
<td>F5GK11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

## Complaint History (OPEN ARMS 20 LLC--0016806)

<table>
<thead>
<tr>
<th>Date Complaint Received: 11/8/2018</th>
<th>Date Investigation Completed: 11/27/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result SOD #</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 2/5/2018</th>
<th>Date Investigation Completed: 2/19/2018</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result SOD #</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: OPEN ARMS 20 LLC (0016807)
Address: 9430 JASMINE CT, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 8/3/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123891   End Date: 8/3/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017505)
Address: 9348 ANGELICA DR, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 3/18/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129560 End Date: 3/18/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>OPEN ARMS ASSISTED LIVING (0017506)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>9008 CHICORY CREEK DR, STURTEVANT, WI 53177</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>3/18/2019 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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Survey History

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<tr>
<td>Purpose:</td>
<td>SURVEY</td>
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</table>

Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME II (0015969)  
Address: 2015 90TH STREET, STURTEVANT, WI 53177  
License Status: REGULAR  
Licensed/Certified/Registered 3/16/2016 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

<table>
<thead>
<tr>
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<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<td>0128334</td>
<td>9/12/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0122032</td>
<td>10/17/2016</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>
Facility Information

Facility Name: CARE AND COMFORT 2 ADULT FAMILY HOME (0016290)
Address: 6111 E WIND LAKE RD, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 12/13/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130151 End Date: 4/17/2019 Type: STANDARD Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #CGYQ11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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</tr>
</tbody>
</table>

Survey ID: 0130016 End Date: 2/26/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Survey ID: 0128420  End Date: 8/16/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F2XP11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>Corrected</td>
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</tbody>
</table>

Survey ID: 0122044  End Date: 12/13/2016  Type: INITIAL  Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

Date: 10/29/2018  SOD #F2XP11  Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (CARE AND COMFORT 2 ADULT FAMILY HOME--0016290)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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</thead>
<tbody>
<tr>
<td>3/1/2019</td>
<td>4/17/2019</td>
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</table>

Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED  #

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/2018</td>
<td>8/16/2018</td>
</tr>
</tbody>
</table>

Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  SUBSTANTIATED  F2XP11
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: CARE AND COMFORT ADULT FAMILY HOME LLC (0015063)
Address: 6109 E WIND LAKE ROAD, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 5/13/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130012  End Date: 2/26/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128227  End Date: 8/16/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #03ZU11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>2/26/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>2/26/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/26/19</td>
<td>Yes</td>
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</tbody>
</table>

Enforcement History (CARE AND COMFORT ADULT FAMILY HOME LLC--0015063)

Date: 10/4/2018  SOD #03ZU11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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<table>
<thead>
<tr>
<th>Date Complaint Received: 7/31/2018</th>
<th>Date Investigation Completed: 8/16/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: JEAN MANOR (0017128)
Address: 1344 JEAN ST, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 5/10/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126719  End Date: 5/10/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 4/24/2016 to 4/24/2019

Adult Family Home

Facility Information

Facility Name: MARTIN FAMILY CARE HOME (390199)
Address: 18328 SPRING ST, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 8/1/1998 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128277  End Date: 7/31/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #9YCY11

<table>
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<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td></td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: REINEKE CARE HOMES (0011532)
Address: 16805 WASHINGTON AVE, UNION GROVE, WI 53182
License Status: REGULAR
Licensed/Certified/Registered 6/30/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128261 End Date: 8/16/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #HCKL11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(bm)</td>
<td>OUT OF STATE BACKGROUND CHECKS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.09(2)(a)8</td>
<td>TRAINING DOCUMENTATION</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: ELIZABETH III (0016724)
Address: 106 S 3RD STREET, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 7/27/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123812 End Date: 7/27/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: ELIZABETH IV (0017329)
Address: 308 ELIZABETH ST, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 12/13/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128765 End Date: 12/12/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE A (0014523)
Address: 4525 GUNDERSON ROAD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 3/26/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122875 End Date: 2/28/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120906 End Date: 5/18/2016 Type: OTHER Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified: 2/28/17, Corrected: Yes</td>
</tr>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified: 2/28/17, Corrected: Yes</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified: 2/28/17, Corrected: Yes</td>
</tr>
</tbody>
</table>

Enforcement History (PERSONALLY YOURS ELDER CARE A--0014523)
Date: 8/4/2016 SOD #BGE112 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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</table>

Date Complaint Received: 10/20/2016
Date Investigation Completed: 2/28/2017

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Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE B (0012750)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 4/9/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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<tbody>
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<td>COMPLAINT</td>
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<tr>
<td>0122363</td>
<td>1/25/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0122040</td>
<td>10/19/2016</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #HFQV11 Served 12/20/2016

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
</tr>
</tbody>
</table>

This is Page 79 of 86 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 4/24/2016 to 4/24/2019

Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 10/20/2016</th>
<th>Date Investigation Completed: 2/20/2017</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
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<td>SOD #</td>
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<tr>
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<th>Date Investigation Completed: 10/19/2016</th>
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</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
</tbody>
</table>
Facility Name: PERSONALLY YOURS ELDER CARE (390231)
Address: 4525 GUNDERSON RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 9/4/1998 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123104  End Date: 2/28/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121858  End Date: 10/19/2016  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PD6E11  Served 11/30/2016

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>2/20/17</td>
<td>Yes</td>
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<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>2/20/17</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>2/20/17</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>2/20/17</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>2/20/17</td>
<td>Yes</td>
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</tbody>
</table>
**Enforcement History (PERSONALLY YOURS ELDER CARE--390231)**

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/2016</td>
<td>PD6E11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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**Complaint History (PERSONALLY YOURS ELDER CARE--390231)**

<table>
<thead>
<tr>
<th>Date Complaint Received: 10/20/2016</th>
<th>Date Investigation Completed: 2/28/2017</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 8/16/2016</th>
<th>Date Investigation Completed: 10/17/2016</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</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: RAUSCH FAMILY CARE HOME (0012794)
Address: 6831 BIG BEND RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 4/30/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124200  End Date: 6/5/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123129  End Date: 3/16/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #IGTO11 Served 5/9/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>3/15/17</td>
<td>Yes</td>
</tr>
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</table>
Provider Inspection Summary
For the period 4/24/2016 to 4/24/2019
Adult Family Home

Facility Information

Facility Name: REINEKE HOME (0010455)
Address: 2940 MEALY RD, WATERFORD, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 12/16/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130062 End Date: 2/26/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: EAGLES LANDING (0012634)
Address: 26516 NORDIC RIDGE DR, WIND LAKE, WI 53185
License Status: REGULAR
Licensed/Certified/Registered 5/26/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125726  End Date: 12/4/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124429  End Date: 9/19/2017  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7W7Q11

Survey ID: 0124708  End Date: 8/30/2017  Type: ABBREVIATED  Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (EAGLES LANDING--0012634)

Date: 9/25/2017  SOD #7W7Q11  Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

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Facility Information

Facility Name: WIND POINT VILLA ADULT FAMILY HOME (0014859)
Address: 314 JONSUE LANE, WIND POINT, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/4/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128572 End Date: 10/2/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #X41A11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<tr>
<td>88.06(3)(d)</td>
<td>SIGNED STATEMENT OF AGREEMENT</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORD-SERVICE AGREEMENT</td>
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