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 80.00 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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CEDAR HOME (0012080)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>316 S PERKINS, BURLINGTON, WI 53105</td>
</tr>
<tr>
<td>License Status:</td>
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</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>8/30/2007 12:00:00AM</td>
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<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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Survey History

No survey activity during the period 2/8/17 to 2/8/20
### Facility Information

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<tr>
<th>Facility Name:</th>
<th>CHESTNUT HOME (0017632)</th>
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<tr>
<td>Address:</td>
<td>124 BAY RIDGE LN, BURLINGTON, WI 53105</td>
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<td>License Status:</td>
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### Survey History

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<th>Purpose:</th>
<th>CHOW--DESK REVIEW</th>
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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary

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

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) 227-4565

Survey History

Survey ID: 0132182 End Date: 5/20/2019 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #CHEJ11 Served 12/16/2019

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>Verified</td>
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<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Corrected</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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<tr>
<td>88.07(1)(c)</td>
<td>ACTIVITIES AND SERVICES</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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Survey ID: 0123258 End Date: 4/5/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>CHEJ11</td>
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Date Complaint Received: 2/25/2019  Date Investigation Completed: 5/20/2019

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID: 0129846 End Date: 2/1/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## 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) 227-4565

## Survey History

- **Survey ID:** 0128441
- **End Date:** 10/24/2018
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History

Survey ID: 0128446  End Date: 10/24/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HEMLOCK HOME (0017644)
Address: 848 WEILER RD, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 8/1/2019 12:00:00 AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131001     End Date: 8/1/2019     Type: ABBREVIATED     Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Name: MAGNOLIA HOME (0017634)
Address: 901 CRESTWOOD DR, BURLINGTON, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 6/24/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History
Survey ID: 0130667 End Date: 6/3/2019 Type: INITIAL Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Problem Statement: 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) 227-4565

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

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<th>Corrected</th>
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<td>Subject Area</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>HOME ENVIRONMENT</td>
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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
**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) 227-4565

**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

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<td>88.03(2)(b)2</td>
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<td>CHANGE IN TYPE OF INDIVIDUAL SERVED</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

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<th>Subject Area(s)</th>
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<td>PROGRAM SERVICES</td>
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</table>

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>WILLOW RUN 3 (0013991)</th>
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<tr>
<td>Address:</td>
<td>316 GARFIELD ST, BURLINGTON, WI 53105</td>
</tr>
<tr>
<td>License Status:</td>
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<td>Licensed/Certified/Registered:</td>
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Survey History

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<tr>
<td>Results:</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History

Survey ID: 0129312 End Date: 9/17/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #ON3411

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<td>88.10(3)(e)</td>
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Survey ID: 0126472 End Date: 3/20/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 3/7/2018 Date Investigation Completed: 3/20/2018
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED

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## Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XV (0009193)
Address: 2125 PARKWAY DR, CALEDONIA, WI 53108
License Status: REGULAR
Licensed/Certified/Registered 6/15/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

Survey ID: 0127627    End Date: 6/7/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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) 227-4565

Survey History

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<td>VERIFICATION VISIT</td>
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<td>SURVEY/COMPLAINT</td>
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Results:
- NO STATEMENT OF DEFICIENCY ISSUED
- ENFORCEMENT ACTION

Statement of Deficiency:
#HKZB11

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<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>Verified</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
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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Date Complaint Received: 8/2/2018  Date Investigation Completed: 8/17/2018

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Facility Information

Facility Name: JAMES CARES LLC (0016153)
Address: 2422 MARSHALL SQUARE, DOVER, WI 53139
License Status: REGULAR
Licensed/Certified/Registered 6/13/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123101 End Date: 3/10/2017 Type: STANDARD Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

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: 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) 227-4565

Survey History

Survey ID: 0124958  End Date: 8/8/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DOLPHIN MANOR LLC--0011934)

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

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 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) 227-4565

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 2/8/2017 to 2/8/2020

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) 227-4565

Survey History

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History
No survey activity during the period 2/8/17 to 2/8/20

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### Facility Information

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<tr>
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<th>Details</th>
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<tr>
<td>Facility Name</td>
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<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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### Survey History

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID: 0127759 End Date: 5/17/2018 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: OUR CARING HANDS LLC (0017529)
Address: 934 43RD ST, KENOSHA, WI 53140
License Status: REGULAR
Licensed/Certified/Registered 7/3/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130742 End Date: 7/3/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: ANGEL CARE LIVING FACILITIES LLC (0017832)
Address: 4237 LATHROP AVE, MOUNT PLEASANT, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 9/27/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131685   End Date: 9/27/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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) 227-4565

Survey History

Survey ID: 0131785 End Date: 4/25/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #RQI911

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<th>Corrected</th>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20

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**Provider Inspection Summary**

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

Adult Family Home

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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) 227-4565

### Survey History

- **Survey ID:** 0123584
- **End Date:** 7/7/2017
- **Type:** INITIAL
- **Purpose:** SURVEY

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

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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) 227-4565

Survey History

Survey ID: 0129942 End Date: 3/20/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127685 End Date: 8/2/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125740 End Date: 11/9/2017 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #KHSV12

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<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>8/2/18</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary

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

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>
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<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<td>11/9/17</td>
<td>No</td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td></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>
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<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></td>
<td>11/9/17</td>
<td>No</td>
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<tr>
<td>88.10(3)(q)</td>
<td>MEDICATIONS</td>
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<td>11/9/17</td>
<td>Yes</td>
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</table>

Survey ID: 0123260   End Date: 4/6/2017   Type: OTHER   Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY 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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## Complaint History (GREEN BAY ADULT FAMILY HOME--0016128)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/26/2018</td>
<td>8/2/2018</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>5/24/2017</td>
<td>6/22/2017</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>KHSV11</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) 227-4565

Survey History

Survey ID: 0123754     End Date: 7/20/2017     Type: INITIAL     Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

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

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) 227-4565

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) 227-4565

Survey History

Survey ID: 0125894  End Date: 1/17/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123747  End Date: 7/19/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (OPEN ARMS 20 LLC--0016790)

Date Complaint Received: 12/4/2017  Date Investigation Completed: 1/17/2018
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY  NOT SUBSTANTIATED

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Facility Information

Facility Name: SAFE HARBOUR HOMES LLC (0017766)
Address: 4635 LIMERICK LANE, MOUNT PLEASANT, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 8/13/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131169 End Date: 8/13/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
### 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) 227-4565

### Survey History

<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
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<td>0130874</td>
<td>6/5/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0129339</td>
<td>12/3/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0128138</td>
<td>8/7/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127442</td>
<td>7/12/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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</table>

### Statement of Deficiency: #XHJ511

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>6/5/19</td>
<td>Yes</td>
<td></td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>6/5/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.07(2)(b)</td>
<td>MONITORING HEALTH</td>
<td>6/5/19</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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>
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<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
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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

Complaint History (WOOD ADULT FAMILY HOME LLC--0016414)

Date Complaint Received: 8/22/2018   Date Investigation Completed: 12/3/2018

Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   SUBSTANTIATED   NOT RECORDED
RESIDENT RIGHTS   SUBSTANTIATED   NOT RECORDED

Date Complaint Received: 4/23/2018   Date Investigation Completed: 5/15/2018

Subject Area(s)   Result   SOD #
STAFF TRAINING AND PROFICIENCY   NOT SUBSTANTIATED

Date Complaint Received: 4/18/2018   Date Investigation Completed: 5/15/2018

Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED
PROGRAM SERVICES   NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY   NOT SUBSTANTIATED

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>AARNA FAMILY CARE LLC (0017908)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3823 MEACHEM ROAD, MT PLEASANT, WI 53403</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>1/23/2020 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: | 0132472 |
| End Date:  | 1/23/2020 |
| Type:      | INITIAL |
| Purpose:   | SURVEY |
| Results:   | LICENSE/CERT/REGISTRATION ISSUED |

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History

Survey ID: 0132193 End Date: 5/8/2019 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #KK4111 Served 12/26/2019

<table>
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<tbody>
<tr>
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<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
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</table>

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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
## 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) 227-4565

### Survey History

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<tr>
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<tr>
<td>Statement of Deficiency: #Z4QU12</td>
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Deficiencies Cited | Subject Area | Compliance |
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<tbody>
<tr>
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<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified</td>
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<th>Purpose: SURVEY/COMPLAINT</th>
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<tr>
<td>Results: ENFORCEMENT ACTION</td>
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<tr>
<td>Statement of Deficiency: #Z4QU11 Served 5/18/2018</td>
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</table>

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

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

<table>
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<th>SOD</th>
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<th>Sanctions</th>
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</thead>
<tbody>
<tr>
<td>1/9/2019</td>
<td>Z4QU12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>5/18/2018</td>
<td>Z4QU11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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</table>

## Complaint History (DURAND ADULT FAMILY HOME II LLC--0015129)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>2/19/2018</td>
<td>3/16/2018</td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

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Facility Information

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) 227-4565

Survey History

<table>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126378</td>
<td>3/19/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
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<td>0124779</td>
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Statement of Deficiency: #WGHG11

<table>
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<th>Compliance</th>
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<tbody>
<tr>
<td>88.03(5)(e)2</td>
<td>DEATH DUE TO INCIDENT OR ACCIDENT</td>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
<td>SOD #</td>
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<tr>
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<tr>
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<td>PROGRAM SERVICES</td>
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<td>WGHG11</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Date Complaint Received: 3/14/2017  Date Investigation Completed: 8/16/2017
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) 227-4565

Survey History

Survey ID: 0127426 End Date: 7/11/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126958 End Date: 5/8/2018 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #IZDJ11 Served 6/5/2018

<table>
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<th>Subject Area</th>
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<td>88.06(3)(c)</td>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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Complaint History (OPEN ARMS 20 LLC--0015801)

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

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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
## 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) 227-4565

## Survey History

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<tr>
<td>Deficiencies Cited</td>
<td>Subject Area</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
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<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
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<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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<td>0124371</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>Statement of Deficiency: #FUII11 Served 9/29/2017</td>
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<td>12.05(1)(a)</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Enforcement History (KWASIGROCH FAMILY CARE HOME--0009255)

Date: 1/14/2020 SOD #M57L11 Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
Provider Inspection Summary

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

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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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) 227-4565

Survey History

Survey ID: 0128337  End Date: 9/4/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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) 227-4565

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) 227-4565

Survey History

Survey ID: 0123895  End Date: 8/3/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

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) 227-4565

Survey History

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<td>0129245</td>
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<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<td>0127844</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
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<tbody>
<tr>
<td>#F5GK11</td>
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<td>Compliance</td>
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<th>Subject Area</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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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0126422   End Date: 2/19/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5Z2N11

<table>
<thead>
<tr>
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<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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<tbody>
<tr>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>7/18/18</td>
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Survey ID: 0123893   End Date: 8/3/2017   Type: INITIAL   Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (OPEN ARMS 20 LLC--0016806)

Date: 4/10/2018   SOD #5Z2N11   Appealed: No

Sanctions

Date: 2/12/2018   SOD #F5GK11   Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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# Provider Inspection Summary

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

**Adult Family Home**

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

<table>
<thead>
<tr>
<th>Date Complaint Received: 3/1/2019</th>
<th>Date Investigation Completed: 4/10/2019</th>
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<tbody>
<tr>
<td>Subject Area(s): PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
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<th>Date Investigation Completed: 11/27/2018</th>
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<tbody>
<tr>
<td>Subject Area(s): PHYSICAL ENVIRONMENT/SAFETY, RESIDENT RIGHTS</td>
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<tbody>
<tr>
<td>Subject Area(s): PHYSICAL ENVIRONMENT/SAFETY</td>
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## Facility Information

<table>
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<tr>
<th>Facility Name</th>
<th>OPEN ARMS 20 LLC (0016807)</th>
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<td>Address</td>
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<td>License Status</td>
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## Survey History

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<tr>
<td>Purpose</td>
<td>SURVEY</td>
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Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING ANGELICA 2 (0017549)
Address: 9311 ANGELICA DR, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 6/6/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130526   End Date: 6/6/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING HAWTHORNE (0017548)
Address: 3653 95TH PLACE, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 6/6/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130528   End Date: 6/6/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

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<td>Licensed/Certified/Registered:</td>
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Survey History

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Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017506)
Address: 9008 CHICORY CREEK DR, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 3/18/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129559    End Date: 3/18/2019    Type: INITIAL    Purpose: SURVEY
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) 227-4565

Survey History

Survey ID: 0128334         End Date: 9/12/2018         Type: STANDARD         Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED
## 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) 227-4565

## Survey History

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<th>Compliance</th>
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<tr>
<td>88.06(3)(d)</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0128420  End Date: 8/16/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #F2XP11

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<td>88.04(2)(g)1</td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>2/26/19  Yes</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>2/26/19  Yes</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/26/19  Yes</td>
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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)

- Date Complaint Received: 3/1/2019  Date Investigation Completed: 4/17/2019
  Subject Area(s)  Result  SOD #
  RESIDENT RIGHTS  NOT SUBSTANTIATED

- Date Complaint Received: 7/31/2018  Date Investigation Completed: 8/16/2018
  Subject Area(s)  Result  SOD #
  RESIDENT RIGHTS  SUBSTANTIATED  F2XP11
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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: SOUTHEENR REGION (MILWAUKEE), (414) 227-4565

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

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<th>Corrected</th>
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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>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>
</tr>
</tbody>
</table>

Enforcement History

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

This is Page 69 of 80 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<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>

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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

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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) 227-4565

Survey History

Survey ID: 0126719   End Date: 5/10/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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) 227-4565

Survey History

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

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

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### Facility Information

<table>
<thead>
<tr>
<th>Facility Name: ELIZABETH III (0016724)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 106 S 3RD STREET, WATERFORD, WI 53185</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 7/27/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
</tr>
</tbody>
</table>

### Survey History

<table>
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<tr>
<th>Survey ID: 0123812</th>
<th>End Date: 7/27/2017</th>
<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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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) 227-4565

Survey History

- **Survey ID:** 0128765
- **End Date:** 12/12/2018
- **Type:** INITIAL
- **Purpose:** SURVEY
- **Results:** LICENSE/CERT/REGISTRATION ISSUED
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) 227-4565

Survey History

Survey ID: 0132677   End Date: 1/21/2020   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #OV8F11 Served 2/14/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
</tr>
</tbody>
</table>

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

Complaint History (PERSONALLY YOURS ELDER CARE A--0014523)

Date Complaint Received: 9/6/2019   Date Investigation Completed: 1/21/2020

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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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) 227-4565

Survey History

Survey ID: 0132672  End Date: 1/21/2020  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #LPEO11 Served 2/13/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
</tr>
</tbody>
</table>

Survey ID: 0123471  End Date: 2/28/2017  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PERSONALLY YOURS ELDER CARE B--0012750)

Date Complaint Received: 9/6/2019  Date Investigation Completed: 1/21/2020

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: PERSONALLY YOURS ELDER CARE C (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) 227-4565

Survey History

Survey ID: 0132660  End Date: 1/21/2020  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #PRUL11 Served 2/13/2020

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

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

Complaint History (PERSONALLY YOURS ELDER CARE C--390231)

Date Complaint Received: 12/11/2019  Date Investigation Completed: 1/28/2020

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
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<tr>
<td>HCBS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

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

Adult Family Home

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) 227-4565

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>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>3/15/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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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) 227-4565

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) 227-4565

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>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>Verified</td>
</tr>
<tr>
<td>88.06(3)(d)5</td>
<td>SIGNED STATEMENT OF AGREEMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
</tr>
<tr>
<td>88.09(1)(d)6</td>
<td>RESIDENT RECORD-SERVICE AGREEMENT</td>
<td></td>
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</tbody>
</table>