Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Sheboygan County.
The report is a PDF (Adobe Acrobat) document and includes a total of 5.00 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 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CEDAR BAY AT ELKHART LAKE (0012455)
Address: 101 CEDAR LN, ELKHART LAKE, WI 53020
License Status: REGULAR
Licensed/Certified/Registered 9/16/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130474   End Date: 5/31/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: SOUTHERN HORIZON ASSISTED LIVING (0017956)</td>
</tr>
<tr>
<td>Address: 930 E CLIFFORD ST, PLYMOUTH, WI 53073</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 12/1/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0132071 End Date: 12/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW</td>
</tr>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>

*This is Page 3 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: TERRACE PLACE (0014667)
Address: 1231 EISNER AVE, SHEBOYGAN, WI 53083
License Status: REGULAR
Licensed/Certified/Registered 7/11/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132333   End Date: 1/7/2020   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TERRACE PLACE--0014667)

Date Complaint Received: 12/13/2019   Date Investigation Completed: 1/7/2020
Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED

Date Complaint Received: 10/14/2019   Date Investigation Completed: 1/7/2020
Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRAIRIE CROSSING - A PINE HAVEN COMMUNITY (0014970)
Address: 1280 PINE HAVEN LN, SHEBOYGAN FALLS, WI 53085
License Status: REGULAR
Licensed/Certified/Registered 3/4/2014  12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126617    End Date: 4/25/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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