Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Washington County.
The report is a PDF (Adobe Acrobat) document and includes a total of 12.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.
If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.
Facility Information

Facility Name: ENGEL HAUS (0017236)
Address: N109 W17000 AVA CIR, GERMANTOWN, WI 53022
License Status: REGULAR
Licensed/Certified/Registered 11/1/2018 12:00:00AM
Regional Office: NORTHEASTER N REGION (GREEN BAY), (920) 448-5252

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0129868</td>
<td>4/3/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0128789</td>
<td>12/12/2018</td>
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<td>0127341</td>
<td>7/1/2018</td>
<td>ABBREVIATED</td>
<td>CHOW--DESK REVIEW</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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</table>
## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<tbody>
<tr>
<td>3/20/2019</td>
<td>4/3/2019</td>
</tr>
<tr>
<td>2/21/2019</td>
<td>4/3/2019</td>
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<td>11/16/2018</td>
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<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
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<tr>
<td>RESIDENT RIGHTS</td>
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<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
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Facility Information

Facility Name: FAIRWAY KNOLL (0018192)
Address: N112 W17500 MEQUON ROAD, GERMANTOWN, WI 53022
License Status: REGULAR
Licensed/Certified/Registered 7/1/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0134222 End Date: 6/30/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: GARDENS OF HARTFORD (THE) (0013733)
Address: 112 PEACE LUTHERAN PKWY, HARTFORD, WI 53027
License Status: REGULAR
Licensed/Certified/Registered 7/7/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128964 End Date: 1/8/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GARDENS OF HARTFORD (THE)--0013733)

Date Complaint Received: 9/13/2018 Date Investigation Completed: 1/8/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WATERFORD AT HARTFORD (THE) (0015654)
Address: 1025 BELL AVE, HARTFORD, WI 53027
License Status: REGULAR
Licensed/Certified/Registered 5/21/2015 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131197 End Date: 8/14/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128988 End Date: 1/9/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WATERFORD AT HARTFORD (THE)--0015654)

Date Complaint Received: 10/1/2018 Date Investigation Completed: 1/9/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LAKESHORE AT JACKSON CROSSINGS (THE) (0015326)
Address: N168 W22026 MAIN ST, JACKSON, WI 53037
License Status: REGULAR
Licensed/Certified/Registered 12/1/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125817 End Date: 1/24/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LAKESHORE AT JACKSON CROSSINGS (THE)--0015326)

Date Complaint Received: 11/20/2017 Date Investigation Completed: 1/24/2018
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

Facility Name: KETTLE MORaine GARDENS RCAC (0012401)
Address: 1038 FOND DU LAC AVE, KEWASKUM, WI 53040
License Status: REGULAR
Licensed/Certified/Registered 5/31/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125337 End Date: 12/11/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: CEDAR BAY EAST (0017033)
Address: 5577 HOME DRIVE, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 5/14/2018 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126743   End Date: 5/14/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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<td>Facility Name: CEDAR BAY WEST (0010312)</td>
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<td>Address: 5555 CEDAR BAY DR, WEST BEND, WI 53095</td>
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<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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</tbody>
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Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: FIELDS OF WASHINGTON COUNTY THE (0011418)
Address: 675 E WASHINGTON ST, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 6/19/2006 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125384   End Date: 12/13/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: NEW PERSPECTIVE-WEST BEND (0013626)
Address: 2130 CONTINENTAL DR, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 10/20/2011 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127505  End Date: 7/10/2018  Type: STANDARD  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127019  End Date: 5/29/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NEW PERSPECTIVE-WEST BEND--0013626)

Date Complaint Received: 6/8/2018  Date Investigation Completed: 7/10/2018
Subject Area(s): RESIDENT RIGHTS
Result: NOT SUBSTANTIATED
SOD #:

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