

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Waukesha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 7.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: NEXT STEP IN DAY SERVICES LLC (0012485)

Address: 16208 W ROGERS DR, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/09/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0117474 **End Date:** 03/18/2015 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3XH711 Served 04/06/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
II.d.(3)(d)	TRAINING-INTERPERSONAL COMMUNICATION		
VI.(1)	LAWS AND CODES		

Survey ID: 0115815 **End Date:** 06/24/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 7 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Complaint History (NEXT STEP IN DAY SERVICES LLC--0012485)

Date Complaint Received: 02/05/2015

Date Investigation Completed: 03/09/2015

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

3XH711

Date Complaint Received: 09/25/2014

Date Investigation Completed: 03/09/2015

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

3XH711

This is Page 3 of 7 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: CARING PLACE (THE) (300037)

Address: 810 N EAST AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 06/25/1990 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

This is Page 4 of 7 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: COMMUNITY CARE ADULT DAY HEALTH (0014189)

Address: 1801 DOLPHIN DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 06/07/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

This is Page 5 of 7 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: CURATIVE SENIOR CARE CENTER (300058)

Address: 149 WISCONSIN AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 11/24/1998 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

No survey activity during the period 10/11/13 to 10/10/16

This is Page 6 of 7 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 10/11/2013 to 10/10/2016

Adult Day Care Facility

Facility Information

Facility Name: EASTER SEALS WAUKESHA (LEO) (0015759)
Address: 201 W WISCONSIN AVE, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 09/03/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118610 **End Date:** 09/03/2015 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 7 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.