Notes
This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Waukesha County. The report is a PDF (Adobe Acrobat) document and includes a total of 24.00 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: MARSHALL HOME (0012014)
Address: 2635 N 130TH ST, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 9/28/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127897    End Date: 7/26/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: OAK HAVEN OF BROOKFIELD (0017311)
Address: 21850 DAVIDSON RD, BROOKFIELD, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 12/28/2018  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128893      End Date: 12/28/2018      Type: ABBREVIATED      Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: STAPLES ADULT FAMILY HOME LONE ELM (0015045)
Address: 3955 LONE ELM DR, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 5/1/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129986 End Date: 4/24/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129769 End Date: 2/21/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #MK0Z11 Served 4/8/2019

<table>
<thead>
<tr>
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<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<tr>
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<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/20/19</td>
<td>Yes</td>
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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CHCS ELMWOOD CROSSING ADULT FAMILY HOME (0015126)
Address: N81 W15279 APPLETON AVE, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 8/8/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131406  End Date: 8/13/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124007  End Date: 8/22/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123825  End Date: 7/10/2017  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CV1011 Served 7/31/2017

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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>9/20/17</td>
<td>Yes</td>
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</table>

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### Complaint History (CHCS ELMWOOD CROSSING ADULT FAMILY HOME--0015126)

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<tr>
<th>Date Complaint Received: 7/30/2019</th>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
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<td>Result</td>
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<tr>
<td>PROGRAM SERVICES</td>
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Facility Information

Facility Name: HOME AGAIN ADULT FAMILY CARE LLC (0012521)
Address: W216 N5522 ADAMDALE DR, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 12/17/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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<td>0125796</td>
<td>1/25/2018</td>
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<td>DESK REVIEW</td>
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<td>0125300</td>
<td>11/28/2017</td>
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<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #ZX6211 Served 12/14/2017

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<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>1/25/18</td>
<td>Yes</td>
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</table>

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### Facility Information

Facility Name: LIBERTY HOUSE 4 (0014520)
Address: N89 W15935 CLEVELAND AVE, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 2/26/2013  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDQF12 Served 10/26/2019

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<td>50.07</td>
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<tr>
<td>88.07(1)(a)</td>
<td>RESIDENT CARE-GENERAL REQUIREMENTS</td>
<td>Corrected</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<tr>
<td>88.10(3)(a)</td>
<td>FAIR TREATMENT</td>
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<td>88.10(3)(i)</td>
<td>CHOICE OF PROVIDERS</td>
<td>Corrected</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0128968   End Date: 10/17/2018   Type: ABBREVIATED   Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDQF11   Served 3/13/2019

<table>
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<td>HEALTH SCREENING FOR STAFF</td>
<td></td>
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<td>Yes</td>
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<tr>
<td>88.05(2)</td>
<td>ACCESS TO HOME AND WITHIN THE HOME</td>
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<td>4/30/19</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<td>4/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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<td>4/30/19</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
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<td>4/30/19</td>
<td>Yes</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<td>4/30/19</td>
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<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<td>SAFE PHYSICAL ENVIRONMENT</td>
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Enforcement History (LIBERTY HOUSE 4--0014520)

Date: 10/18/2019   SOD #JDQF12   Appealed: No

Sanctions

Date: 1/14/2019   SOD #JDQF11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: LIBERTY HOUSE 5 LLC (0016066)
Address: N62 W15681 SKYLINE DR, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 5/25/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130871  End Date: 6/5/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #E5PP11 Served 8/22/2019

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<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
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<tr>
<td></td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>6/5/19</td>
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<tr>
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Survey ID: 0124537  End Date: 9/20/2017  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION

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Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES WATER (0015293)
Address: W164 N9470 WATER STREET, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 10/31/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130131 End Date: 4/10/2019 Type: STANDARD Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128483 End Date: 8/29/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #MK4012 Served 11/5/2018

<table>
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<td>HOME ENVIRONMENT</td>
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<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<td>4/10/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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<td>88.07(1)(a)</td>
<td>RESIDENT CARE-GENERAL REQUIREMENTS</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<td>4/10/19</td>
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</tbody>
</table>

This is Page 11 of 24 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 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0127188   End Date: 5/8/2018   Type: OTHER   Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MK4011   Served 6/27/2018

<table>
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<td>FREEDOM FROM ABUSE</td>
<td>8/29/18</td>
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Enforcement History (NEXT STEP IN RESIDENTIAL SERVICES WATER--0015293)

Date: 11/6/2018   SOD #MK4012   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 6/21/2018   SOD #MK4011   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 12 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: SERENITY GARDENS (0017907)
Address: S65 W13866 SHERWOOD CIRCLE, MUSKEGO, WI 53150
License Status: REGULAR

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132424 End Date: 1/2/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

**Facility Name:** JOHANNESEN ADULT FAMILY HOME (0010209)

**Address:** 21400 W HIDDEN VALLEY DR, NEW BERLIN, WI 53146

**License Status:** REGULAR

Licensed/Certified/Registered 10/1/2004 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

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### Statement of Deficiency: #0KHN11 Served 5/12/2017

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<td>88.05(4)(d)2.c</td>
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This is Page 14 of 24 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 2/9/2017 to 2/9/2020

Adult Family Home

<table>
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<tr>
<th>Date: 5/10/2017</th>
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Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MARGARETS PLACE LLC (0017163)
Address: 21530 W LOCHLEVEN LN, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 10/31/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128502 End Date: 10/31/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: OAK HAVEN OF NEW BERLIN (0017312)
Address: 1739 S CRAFTSMAN, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 11/8/2018  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132428   End Date: 11/19/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130734   End Date: 4/4/2019   Type: OTHER   Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #LZWV11  Served 7/8/2019

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<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
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<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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Survey ID: 0128513   End Date: 11/8/2018   Type: ABBREVIATED   Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (OAK HAVEN OF NEW BERLIN--0017312)
Date: 7/3/2019   SOD #LZWV11   Appealed: No
Sanctions
OTHER SANCTION

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**Provider Inspection Summary**

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

Adult Family Home

<table>
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<tr>
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<th>Date Investigation Completed: 4/4/2019</th>
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<td><strong>Result</strong></td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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</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: MATT AND NANCY GARCIA (0012449)
Address: 778 BYRON DR, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 7/26/2008 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131757  End Date: 9/30/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124954  End Date: 10/18/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

**Facility Name:** DOUANG PHRASAVATH AFH (0014868)

**Address:** W269 N1933 MEADOWBROOK RD, PEWAUKEE, WI 53072

**License Status:** REGULAR

**Licensed/Certified/Registered:** 11/25/2013 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

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<td>0127681</td>
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<td>DESK REVIEW</td>
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**Statement of Deficiency:** #NXPN11 Served 7/30/2018

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<td>50.065(2)(b)intro</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: HIL CRESCENT (0016911)
Address: W228 N4043 CRESCENT DRIVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 1/8/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125660 End Date: 1/8/2018 Type: INITIAL Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

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<th>MEADOWRIDGE HOMES LLC UNIT C (0016734)</th>
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<tr>
<td>Address:</td>
<td>1415 SUNNYRIDGE ROAD, PEWAUKEE, WI 53072</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC (0014117)
Address: 1415 SUNNYRIDGE RD UNIT B, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 4/20/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127634 End Date: 6/20/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #260811

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Facility Information

Facility Name: MEADOWRIDGE HOMES LLC (0014265)
Address: 1415 SUNNYRIDGE RD UNIT A, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 7/10/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127362  End Date: 6/20/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED