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 |

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Provider Inspection Summary

For the period 5/11/2017 to 5/10/2020

Adult Family Home

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: 0132956  End Date: 1/7/2020  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (OAK HAVEN OF BROOKFIELD--0017311)

Date Complaint Received: 12/2/2019  Date Investigation Completed: 1/7/2020

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<th>Subject Area(s)</th>
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<th>SOD #</th>
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<tr>
<td>ADMINISTRATION</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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This is Page 3 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: 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

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<th>Deficiencies Cited</th>
<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>
<td>2/20/19</td>
<td>Yes</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/20/19</td>
<td>Yes</td>
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</table>

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Facility Information

Facility Name: HOLMES ADULT FAMILY HOME (0018000)
Address: 409 HILL N DALE CIRCLE, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 4/8/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0133165 End Date: 4/8/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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: #CV1O11 Served 7/31/2017

<table>
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<tbody>
<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>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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**Date Complaint Received:** 7/30/2019  
**Date Investigation Completed:** 8/13/2019

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*This is Page 7 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 5/11/2017 to 5/10/2020
Adult Family Home

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>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125300</td>
<td>11/28/2017</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

Survey ID: 0131794  End Date: 4/30/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION

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

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<td>50.07</td>
<td>PROHIBITED ACTS</td>
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<td>88.07(1)(a)</td>
<td>RESIDENT CARE-GENERAL REQUIREMENTS</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>
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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
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

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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
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<tr>
<td>88.05(2)</td>
<td>ACCESS TO HOME AND WITHIN THE HOME</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
</tr>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified: 4/30/19  Corrected: Yes</td>
</tr>
<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Verified: 4/30/19  Corrected: No</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified: 4/30/19  Corrected: No</td>
</tr>
</tbody>
</table>

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

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

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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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

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

For the period 5/11/2017 to 5/10/2020

Adult Family Home

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

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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>4/10/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>4/10/19</td>
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<tr>
<td>88.07(1)(a)</td>
<td>RESIDENT CARE-GENERAL REQUIREMENTS</td>
<td>4/10/19</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>4/10/19</td>
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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
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>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>8/29/19</td>
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<td>88.10(3)(m)</td>
<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

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Facility Information

Facility Name: SERENITY GARDENS (0017907)
Address: S65 W13866 SHERWOOD CIRCLE, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 1/2/2020 12:00:00AM
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

Survey ID: 0131196  End Date: 7/23/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124185  End Date: 8/31/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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
Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
Adult Family Home

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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<td>RECORD OF MEDICAL VISITS AND REPORTS</td>
<td>Verified: 11/18/19, Corrected: Yes</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

This is Page 17 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 5/11/2017 to 5/10/2020
Adult Family Home

Complaint History (OAK HAVEN OF NEW BERLIN--0017312)

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<th>Date Investigation Completed</th>
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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
Adult Family Home

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

Survey ID: 0127681 End Date: 8/6/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127561 End Date: 7/3/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #NXPN11 Served 7/30/2018

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<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>7/30/18</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
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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 |

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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC UNIT C (0016734)
Address: 1415 SUNNYRIDGE ROAD, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 1/3/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125623   End Date: 1/3/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
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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<td>PRESCRIPTION MEDICATIONS</td>
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Provider Inspection Summary
For the period 5/11/2017 to 5/10/2020
Adult Family Home

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