

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Waukesha

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Waukesha County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 52.00 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 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CONGREGATIONAL HOME (0010315)  
**Address:** 13900 W BURLEIGH, BROOKFIELD, WI 53005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/15/1998 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CONGREGATIONAL HOME (0010760)  
**Address:** 3140 LILLY ROAD, BROOKFIELD, WI 53005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/04/2004 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COMMUNITIES (0010309)

**Address:** 777 North BROOKFIELD RD, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0142197      **End Date:** 01/19/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COMMUNITIES--0010309)

**Date Complaint Received:** 01/07/2023

**Date Investigation Completed:** 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 12/09/2022

**Date Investigation Completed:** 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** RUBY COMMONS (0016784)  
**Address:** 17560 WEST NORTH AVE, BROOKFIELD, WI 53045  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142514    **End Date:** 03/16/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141761    **End Date:** 09/14/2022    **Type:** OTHER    **Purpose:** SURVEY/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0UDG12    Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	3/16/23	Yes
89.27(3)(d)	SERVICE AGREEMENT	3/16/23	Yes

### Enforcement History (RUBY COMMONS--0016784)

**Date:** 01/06/2023    **SOD #**0UDG12    **Appealed:**  
Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.27(3)(d)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** COMPASS POINT (0011251)  
**Address:** 365 SUNSET DR, DOUSMAN, WI 53118  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/02/2006 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144356    **End Date:** 09/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE ELM GROVE H12 (0015093)  
**Address:** 800 WALL ST, ELM GROVE, WI 53122  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/05/2014 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144785    **End Date:** 10/04/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RPJE11    Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	1/4/24	Yes

### Enforcement History (HERITAGE ELM GROVE H12--0015093)

**Date:** 11/10/2023    **SOD #**RPJE11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Adava Care of Hartland (0020474)  
**Address:** 300 North Shore Drive, Hartland, WI 53029  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/22/2024 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0147405    **End Date:** 08/22/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE LAKE COUNTRY (0016505)  
**Address:** 2975 VILLAGE SQUARE DR, HARTLAND, WI 53029  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140678      **End Date:** 09/01/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ARBORETUM (THE) (0018807)  
**Address:** W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148312      **End Date:** 10/24/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146710      **End Date:** 06/11/2024      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139710      **End Date:** 06/01/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DICKSON HOLLOW (0018295)  
**Address:** W156 N4881 PILGRIM ROAD, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/19/2021 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145813      **End Date:** 01/16/2024      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** GRACE COMMONS I (0018199)  
**Address:** W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/06/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140050    **End Date:** 06/21/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (GRACE COMMONS I--0018199)

**Date:** 03/23/2022    **SOD #**IL5U11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** LakeHouse Menomonee (0019857)  
**Address:** N84 W17147 Menomonee Avenue, Menomonee Falls, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/30/2024 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146595    **End Date:** 06/03/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LindenRidge Mukwonago (0019678)  
**Address:** 841 E Veterans Way, Mukwonago, WI 53149  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148563    **End Date:** 12/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147519    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DCBV11    Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(b)1	SERVICES	12/13/24	Yes
89.34(16)	TENANT RIGHTS	12/13/24	Yes

**Survey ID:** 0147013    **End Date:** 07/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146343    **End Date:** 05/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0145767 End Date: 02/28/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (LindenRidge Mukwonago--0019678)

Date: 09/06/2024 SOD #DCBV11 Appealed: No

#### Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(b)(1)

FORFEITURE---89.34(16)

### Complaint History (LindenRidge Mukwonago--0019678)

Date Complaint Received: 07/08/2024

Date Investigation Completed: 07/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DCBV11

Date Complaint Received: 07/03/2024

Date Investigation Completed: 07/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DCBV11

Date Complaint Received: 05/31/2024

Date Investigation Completed: 07/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2024

Date Investigation Completed: 05/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE MUSKEGO (0017260)  
**Address:** S64 W13780 JANESVILLE RD, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/10/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0144823    **End Date:** 10/11/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JE0311    Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	10/11/23	Yes
89.34(2)	TENANT RIGHTS	10/11/23	Yes

### Enforcement History (HERITAGE MUSKEGO--0017260)

**Date:** 11/17/2023    **SOD #**JE0311    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PHW Inc dba Stair Crest (RCAC) (0019686)  
**Address:** S67W14765 Janesville Rd, Muskego, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/15/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143951      **End Date:** 08/15/2023      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO (0010349)

**Address:** W181 S8540 LODGE BLVD, MUSKEGO, WI 53150

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2003 12:00:00AM

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

### Survey History

**Survey ID:** 0144906      **End Date:** 11/21/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143260      **End Date:** 05/25/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO--0010349)

**Date Complaint Received:** 11/06/2023

**Date Investigation Completed:** 11/21/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TUDOR OAKS WINDSOR HOUSE (0014206)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/30/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145102    **End Date:** 12/19/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TUDOR OAKS WINDSOR MANOR (0014205)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/30/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145103      **End Date:** 12/19/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** TUDOR OAKS (0010499)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/15/2004 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE AT DEER CREEK (0013469)  
**Address:** 3585 S 147TH ST, NEW BERLIN, WI 53151  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/15/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146729    **End Date:** 06/13/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145946    **End Date:** 02/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #178111    Served 03/22/2024

Deficiencies Cited  
89.23(2)(c)

Subject Area  
SERVICES

Compliance  
Verified  
6/13/24

Corrected  
Yes

**Survey ID:** 0144762    **End Date:** 11/01/2023    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138764    **End Date:** 02/21/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (HERITAGE AT DEER CREEK--0013469)

**Date:** 03/22/2024      **SOD #**178111      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(c)

**Date:** 02/08/2022      **SOD #**XJT811      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (HERITAGE AT DEER CREEK--0013469)

**Date Complaint Received:** 01/17/2024

**Date Investigation Completed:** 02/13/2024

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

178111

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

**Address:** 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/30/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0146695      **End Date:** 06/05/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143719      **End Date:** 07/17/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN--0010354)

**Date:** 02/01/2022      **SOD #**KY9P11      **Appealed:** Yes      **Decision:** STIPULATION

#### Sanctions

ORDER TO COMPLY

FORFEITURE---89.26(3)(c)1

FORFEITURE---89.29(3)(a)5

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN--0010354)

**Date Complaint Received: 04/01/2024**

**Date Investigation Completed: 06/05/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/16/2023**

**Date Investigation Completed: 07/17/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** EVIN AT OCONOMOWOC SENIOR LIVING (0018397)

**Address:** 1101 SILVER LAKE STREET, OCONOMOWOC, WI 53066

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0147423    **End Date:** 08/19/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144357    **End Date:** 09/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142536    **End Date:** 03/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140701    **End Date:** 08/08/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #79CC11    Served 09/11/2022

Deficiencies Cited  
89.26(2)(c)

Subject Area  
COMPREHENSIVE ASSESSMENT

Compliance  
Verified  
3/16/23

Corrected  
Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (EVIN AT OCONOMOWOC SENIOR LIVING--0018397)

Date: 08/09/2022 SOD #79CC11 Appealed: No

Sanctions

ORDER TO COMPLY

### Complaint History (EVIN AT OCONOMOWOC SENIOR LIVING--0018397)

Date Complaint Received: 06/20/2024

Date Investigation Completed: 08/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/06/2023

Date Investigation Completed: 09/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/15/2023

Date Investigation Completed: 03/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

PROGRAM SERVICES

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Date Complaint Received: 07/19/2022

Date Investigation Completed: 08/08/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

79CC11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LAKE TERRACE APARTMENTS EAST (0016646)  
**Address:** 1340 WEST WISCONSIN AVENUE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142732      **End Date:** 03/22/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SHOREHAVEN TOWER (0010358)  
**Address:** 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143138      **End Date:** 05/08/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WILKINSON WOODS (0018803)  
**Address:** 999 EAST SUMMIT AVENUE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142207    **End Date:** 01/31/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140850    **End Date:** 09/08/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JXYX11    Served 09/27/2022

Deficiencies Cited  
89.28(2)(a)1

Subject Area  
RISK AGREEMENT

Compliance  
Verified  
1/1/23

Corrected  
Yes

**Survey ID:** 0140406    **End Date:** 08/03/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139721    **End Date:** 06/01/2022    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (WILKINSON WOODS--0018803)

**Date:** 09/27/2022      **SOD #**JYX11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (WILKINSON WOODS--0018803)

**Date Complaint Received:** 08/31/2022

**Date Investigation Completed:** 09/08/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

JYX11

**Date Complaint Received:** 08/23/2022

**Date Investigation Completed:** 09/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 07/27/2022

**Date Investigation Completed:** 08/03/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Adava Care of Pewaukee RCAC (0020470)  
**Address:** 1109 Cecelia Drive, Pewaukee, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/12/2024 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0147581    **End Date:** 09/13/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Cecelia Place (0019981)  
**Address:** 1061 Cecelia Drive, Pewaukee, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/06/2024 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148045    **End Date:** 10/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147241    **End Date:** 08/06/2024    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Cecelia Place--0019981)

**Date Complaint Received:** 10/03/2024

**Date Investigation Completed:** 10/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** KIRKLAND CROSSINGS RCAC (0010324)  
**Address:** 700 QUINLAN DR, PEWAUKEE, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141681      **End Date:** 12/13/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LAKE COUNTRY LANDING (0016878)  
**Address:** 2255 N STONEHEDGE TRL, SUMMIT, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148626    **End Date:** 01/22/2025    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147043    **End Date:** 06/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146114    **End Date:** 03/12/2024    **Type:** OTHER    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ115    Served 04/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	6/26/24	Yes
89.28(1)	RISK AGREEMENT	6/26/24	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0144868    **End Date:** 10/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ114    Served 11/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	3/12/24	Yes
89.28(2)(a)1	RISK AGREEMENT	3/12/24	No
89.29(1)(b)	ADMISSION & RETENTION OF TENANTS	3/12/24	No

**Survey ID:** 0143743    **End Date:** 06/16/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ113    Served 07/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	9/27/23	Yes

**Survey ID:** 0142277    **End Date:** 11/28/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ112    Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	6/14/23	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140871    **End Date:** 06/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ111    Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	11/28/22	No
89.34(15)	TENANT RIGHTS	11/28/22	Yes

**Survey ID:** 0139679    **End Date:** 04/26/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DHJV11    Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(3)(d)	SERVICE AGREEMENT		
89.28(1)	RISK AGREEMENT		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (LAKE COUNTRY LANDING--0016878)

**Date:** 04/11/2024      **SOD #**5WJ115      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.28(1)

**Date:** 11/21/2023      **SOD #**5WJ114      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

**Date:** 07/25/2023      **SOD #**5WJ113      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

**Date:** 02/23/2023      **SOD #**5WJ112      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.29(2)(a)2.c

**Date:** 09/28/2022      **SOD #**5WJ111      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (LAKE COUNTRY LANDING--0016878)

**Date Complaint Received: 10/24/2024**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 01/22/2025**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/10/2023**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 09/27/2023**

Result

SUBSTANTIATED

SOD #

5WJ114

**Date Complaint Received: 05/17/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 05/31/2022**

Result

SUBSTANTIATED

SOD #

5WJ111

**Date Complaint Received: 04/14/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 04/26/2022**

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** COURTYARD AT SUSSEX RCAC (THE) (0018844)

**Address:** W235 N6350 HICKORY DRIVE, SUSSEX, WI 53089

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/02/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141945    **End Date:** 10/14/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QKT211    Served 01/25/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified

Corrected

### Enforcement History (COURTYARD AT SUSSEX RCAC (THE)--0018844)

**Date:** 01/25/2023    **SOD #**QKT211    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(16)

### Complaint History (COURTYARD AT SUSSEX RCAC (THE)--0018844)

**Date Complaint Received:** 09/26/2022

**Date Investigation Completed:** 10/12/2022

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
QKT211

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** AVALON SQUARE (0011712)  
**Address:** 222 PARK PL, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/22/2007 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0147203      **End Date:** 07/30/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LindenHeights Waukesha (0019679)  
**Address:** 427 N University Dr, Waukesha, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0147908    **End Date:** 10/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147783    **End Date:** 08/23/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FDOI12    Served 10/09/2024

Deficiencies Cited  
89.27(1)

Subject Area  
SERVICE AGREEMENT

Compliance  
Verified

Corrected

**Survey ID:** 0147134    **End Date:** 07/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0146643 End Date: 04/26/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDOI11 Served 06/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(c)	SERVICES	8/23/24	Yes
89.27(1)	SERVICE AGREEMENT	8/23/24	No
89.28(1)	RISK AGREEMENT	8/23/24	Yes

Survey ID: 0145766 End Date: 02/28/2024 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (LindenHeights Waukesha--0019679)

Date: 10/09/2024 SOD #FDOI12 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 06/06/2024 SOD #FDOI11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(c)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (LindenHeights Waukesha--0019679)

**Date Complaint Received: 10/04/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 10/16/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/15/2024**

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed: 08/22/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/13/2024**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 07/17/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/06/2024**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 04/17/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/14/2024**

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

**Date Investigation Completed: 04/17/2024**

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

FDOI11

FDOI11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE WAUKESHA (0018219)  
**Address:** 1701 EAST BROADWAY, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/28/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0148431    **End Date:** 10/10/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #90DR12    Served 01/06/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(3)(f)	SERVICES		
89.27(4)	SERVICE AGREEMENT		
89.28(6)	RISK AGREEMENT		
89.35(3)	GRIEVANCES		

**Survey ID:** 0147236    **End Date:** 06/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #90DR11    Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	10/8/24	No

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0146011    **End Date:** 03/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145425    **End Date:** 01/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145268    **End Date:** 10/30/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SJ5P12    Served 01/17/2024

Deficiencies Cited

89.23(3)(c)

89.23(3)(d)

Subject Area

SERVICES

SERVICES

Compliance

Verified

3/26/24

3/26/24

Corrected

Yes

Yes

**Survey ID:** 0144581    **End Date:** 09/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #36UC11    Served 10/19/2023

Deficiencies Cited

89.23(3)(f)

Subject Area

SERVICES

Compliance

Verified

12/3/23

Corrected

Yes

**Survey ID:** 0143732    **End Date:** 07/06/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143155    **End Date:** 05/18/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0143733 End Date: 04/20/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SJ5P11 Served 07/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
89.23(2)(a)2.b	SERVICES	10/30/23	Yes
89.23(3)(c)	SERVICES	10/30/23	No
89.23(3)(d)	SERVICES	10/30/23	No

---

Survey ID: 0141446 End Date: 11/09/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (NEW PERSPECTIVE WAUKESHA--0018219)

**Date:** 01/06/2025      **SOD #**90DR12      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

**Date:** 08/06/2024      **SOD #**90DR11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

**Date:** 01/17/2024      **SOD #**SJ5P12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.23(3)(c)  
FORFEITURE---89.23(3)(d)

**Date:** 10/19/2023      **SOD #**36UC11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/24/2023      **SOD #**SJ5P11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.b.  
FORFEITURE---89.23(3)(d)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (NEW PERSPECTIVE WAUKESHA--0018219)

**Date Complaint Received: 04/30/2024**

**Date Investigation Completed: 05/28/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

90DR11

**Date Complaint Received: 11/29/2023**

**Date Investigation Completed: 01/10/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/25/2023**

**Date Investigation Completed: 05/03/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/29/2023**

**Date Investigation Completed: 04/06/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SJ5P11

**Date Complaint Received: 10/04/2022**

**Date Investigation Completed: 11/09/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** OAK HILL TERRACE (0018805)  
**Address:** 1805 KENSINGTON DRIVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0145437      **End Date:** 01/11/2024      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139708      **End Date:** 06/01/2022      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SUMMIT WOODS (0017241)  
**Address:** 2501 SUMMIT AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0146009      **End Date:** 03/19/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138733      **End Date:** 02/14/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** Waters of Pewaukee (The) (0019528)  
**Address:** W239N2540 Dahlia Blvd, Waukesha, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/05/2023 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143311      **End Date:** 06/05/2023      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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