

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Ozaukee County.

The report is a PDF (Adobe Acrobat) document and includes a total of 15 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 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: EVELYNS II (0012107)
Address: W4171 CENTER ST, FREDONIA, WI 53021
License Status: REGULAR
Licensed/Certified/Registered 09/25/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100209 **End Date:** 09/25/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: 5TH AVENUE (0012834)
Address: 950 5TH AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 05/28/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104099 **End Date:** 05/28/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: BREEZE COVE (0012309)
Address: 1256 1ST AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 06/01/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101800 **End Date:** 06/01/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: DONGES BAY HOME (0010207)
Address: 7412 W DONGES BAY RD, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 11/07/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102231 **End Date:** 07/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SJ2F11 Served 08/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: HIAWATHA HOUSE (0010789)
Address: 4415 W HIAWATHA DR, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 01/04/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103104 **End Date:** 11/27/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #89DM12 Served 01/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/15/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	07/15/2009	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	07/15/2009	Yes

Survey ID: 0100308 **End Date:** 10/01/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #89DM11 Served 10/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/20/2008	Yes

Survey ID: 0098043 **End Date:** 10/18/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Enforcement History (HIAWATHA HOUSE)

Date: 12/17/2008 **SOD #89DM12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 10/11/2007 **SOD #89DM11** **Appealed: No**

Sanctions

PROVIDE TRAINING

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Complaint History (HIAWATHA HOUSE)

Date Complaint Received: 02/04/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/11/2007

Date Investigation Completed: 10/02/2007

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/02/2007

Date Investigation Completed: 10/01/2007

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
89DM11

Date Complaint Received: 09/11/2006

Date Investigation Completed: 10/18/2006

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: SKY RESIDENTIAL - GRACE (0012067)
Address: 4413 W GRACE AVE, MEQUON, WI 53092
License Status: REGULAR
Licensed/Certified/Registered 09/04/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100098 **End Date:** 09/04/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: CHESTNUT ADULT FAMILY CARE HOME (390237)
Address: 415 W CHESTNUT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 04/01/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102194 **End Date:** 07/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SIH011 Served 07/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(3)(e)2.c	INSPECTIONS-CHIMNEY		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: EVELYNS ADULT FAMILY HOME (390137)
Address: 336 MICHAEL CT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 09/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102691 **End Date:** 09/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W6R912 Served 10/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(c)	MEDICATION ASSISTANCE		

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Adult Family Home
COUNTY: OZAUKEE

Enforcement History (EVELYNS ADULT FAMILY HOME)

Date: 10/15/2008 SOD #W6R912 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: HIGHLAND ADULT FAMILY HOME (390068)
Address: 3987 HIGHLAND DR, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 06/07/1993
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100461 **End Date:** 10/17/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Facility Information

Facility Name: FRANSEE LANE GROUP HOME (390057)
Address: 116 W FRANSEE LN, SAUKVILLE, WI 53080
License Status: REGULAR
Licensed/Certified/Registered 02/27/1991
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104292 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101549 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BMEJ12 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/10/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/10/2009	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: OZAUKEE

Complaint History (FRANSEE LANE GROUP HOME)

Date Complaint Received: 05/07/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)
ABUSE
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
NOF

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