

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex  
COUNTY: OZAUKEE

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 5 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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: OZAUKEE

**Facility Information**

**Facility Name:** HIGHLANDS AT NEWCASTLE PLACE (THE) (0010321)

**Address:** 12600 N PORT WASHINGTON RD, MEQUON, WI 53092

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/20/2003

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

No survey activity during the period 07/01/2006 through 06/30/2009.

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***This is Page 2 of 5 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: OZAUKEE

**Facility Information**

**Facility Name:** MEADOWMERE NORTHSORE (0012229)  
**Address:** 10803 N PORT WASHINGTON RD, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100850    **End Date:** 12/12/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: OZAUKEE

**Facility Information**

**Facility Name:** SARAH CHUDNOW CAMPUS (0010817)  
**Address:** 10995 N MARKET ST, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/02/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102488      **End Date:** 09/08/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099365      **End Date:** 05/21/2007      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: OZAUKEE

**Complaint History (SARAH CHUDNOW CAMPUS)**

**Date Complaint Received: 07/09/2008**

**Date Investigation Completed: 09/08/2008**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/27/2007**

**Date Investigation Completed: 05/21/2007**

Subject Area(s)  
ABUSE

Result  
NOT SUBSTANTIATED

SOD #

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