

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Day Care Facility  
COUNTY: RACINE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Racine 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  
Adult Day Care Facility  
COUNTY: RACINE

**Facility Information**

**Facility Name:** ABUNDANT BLESSINGS DAY SERVICES INC (0010452)  
**Address:** 2308 RAYMOND AVE, FRANKSVILLE, WI 53126  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/10/2004  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101624    **End Date:** 04/22/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097603    **End Date:** 08/07/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011886    Served 08/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.f.(3)(e)	MEDICATION-SIDE EFFECTS & ADVERSE REACT	04/22/2008	Yes
I.f.(3)(f)	MEDICATION-DOCUMENTED IN INK	04/22/2008	Yes
II.a.(3)	PERSONNEL-REGISTRY FOR NURSE ASSISTANTS	04/22/2008	Yes
III.b.(5)	SAFETY-EMERGENCIES PLAN	04/22/2008	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	04/22/2008	Yes

**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.***

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COUNTY: RACINE

**Facility Information**

**Facility Name:** DOLPHIN MANOR DAY CARE (0012748)  
**Address:** 21404 WASHINGTON AVE, KANSASVILLE, WI 53139  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/11/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104121    **End Date:** 05/11/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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COUNTY: RACINE

**Facility Information**

**Facility Name:** LINCOLN LUTHERAN ADULT DAY SERVICES (0011291)  
**Address:** 2000 DOMANIK DR, RACINE, WI 53404  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/27/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101526    **End Date:** 03/24/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DRJ911    Served 04/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.b.(4)	HEALTH STATEMENT		
I.c.(4)	PLAN-QUARTERLY DOCUMENTING		
III.a.(8)	SANITATION-MECHANICAL WASHING COMMERICA		
III.b.(5)	SAFETY-EMERGENCIES PLAN		

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COUNTY: RACINE

**Facility Information**

**Facility Name:** PERSONALLY YOURS ELDER CARE LLC (0008634)  
**Address:** 4525 GUNDERSON RD, WATERFORD, WI 53185  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/23/1999  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102393    **End Date:** 07/01/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097891    **End Date:** 10/10/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011908    Served 10/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.a.(5)	PROGRAM RIGHTS	06/25/2008	Yes

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