

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 6 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 (CERTIFIED)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** CEDAR BAY AT ELKHART LAKE (0012455)  
**Address:** 101 CEDAR LN, ELKHART LAKE, WI 53020  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/16/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102541    **End Date:** 09/16/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

---

**This is Page 2 of 6 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 (REGISTERED)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** TERRACE ESTATES (0011389)  
**Address:** 1231 EISNER AVE, SHEBOYGAN, WI 53083  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103202    **End Date:** 12/16/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099670    **End Date:** 06/27/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H3W711    Served 07/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(1)	SERVICE AGREEMENT	12/16/2008	Yes
89.28(1)	RISK AGREEMENT	12/16/2008	Yes
89.34(1)	TENANT RIGHTS	12/16/2008	Yes

**Survey ID:** 0098347    **End Date:** 12/01/2006    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 3 of 6 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 (REGISTERED)  
COUNTY: SHEBOYGAN

**Complaint History (TERRACE ESTATES)**

**Date Complaint Received: 12/03/2008**

**Date Investigation Completed: 12/16/2008**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/24/2007**

**Date Investigation Completed: 06/27/2007**

Subject Area(s)  
SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
ADMINISTRATION  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
  
  
NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 10/10/2006**

**Date Investigation Completed: 12/01/2006**

Subject Area(s)  
NUTRITION & FOOD SERVICES

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 4 of 6 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 (REGISTERED)  
COUNTY: SHEBOYGAN

**Facility Information**

**Facility Name:** PRAIRIE CROSSING - A PINE HAVEN COMMUNITY (0012021)

**Address:** 1280 PINE HAVEN LN, SHEBOYGAN FALLS, WI 53085

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/28/2007

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

**Survey History**

**Survey ID:** 0103636      **End Date:** 02/23/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099638      **End Date:** 06/28/2007      **Type:** INITIAL      **Purpose:** SURVEY

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

***This is Page 5 of 6 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 (REGISTERED)  
COUNTY: SHEBOYGAN

**Complaint History (PRAIRIE CROSSING - A PINE HAVEN COMMUNITY)**

**Date Complaint Received: 11/25/2008**

**Date Investigation Completed: 02/23/2009**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

***This is Page 6 of 6 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.***