

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Day Care Facilities in Washington County.

The report is a PDF (Adobe Acrobat) document and includes a total of 3 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: WASHINGTON

Facility Information

Facility Name: AURORA MEDICAL CENTER ADULT DAY SERVICES (0010892)

Address: 1022 E SELL DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 06/23/2005

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

Survey History

Survey ID: 0100252 **End Date:** 09/24/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 3 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
Adult Day Care Facility
COUNTY: WASHINGTON

Facility Information

Facility Name: LSS ADULT DAY SERVICES (0010044)
Address: 140 N 7TH ST, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 04/15/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100383 **End Date:** 10/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 3 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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