

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 36 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: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN II GERMANTOWN (0008965)  
**Address:** N116 W16105 MAIN ST, GERMANTOWN, WI 53022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/07/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0097955      **End Date:** 10/18/2006      **Type:** ABBREVIATED      **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: WASHINGTON

**Facility Information**

**Facility Name:** REM JAMES COURT (0011980)  
**Address:** 908 JAMES CT, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104139    **End Date:** 06/01/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099695    **End Date:** 06/25/2007    **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: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN - PATTON DRIVE (0009043)  
**Address:** 1354 PATTON DR, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/19/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102522    **End Date:** 09/04/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097487    **End Date:** 08/01/2006    **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: WASHINGTON

**Facility Information**

**Facility Name:** SYMICEK AFH (390224)  
**Address:** 834 CENTER ST, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103333    **End Date:** 01/22/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102290    **End Date:** 07/17/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q85Z13    Served 08/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/22/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	01/22/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	01/22/2009	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	01/22/2009	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	01/22/2009	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	01/22/2009	Yes

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

**Survey ID: 0098953    End Date: 03/13/2007    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007461    Served 03/30/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	07/17/2008	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/17/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	07/17/2008	No
88.09(2)(a)	SERVICE PROVIDER RECORD	07/17/2008	No

**Survey ID: 0097747    End Date: 08/24/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008401    Served 09/28/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	03/12/2007	No
88.04(2)(d)	COPY OF RULES AVAILABLE	03/12/2007	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	03/12/2007	No
88.05(3)(b)	FREE OF HAZARDS	03/12/2007	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	03/12/2007	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	03/12/2007	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	03/12/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	03/12/2007	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	03/12/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	03/12/2007	Yes
88.06(3)(f)	REVIEW OF ISP	03/12/2007	Yes
88.07(2)(b)5	MONITORING HEALTH	03/12/2007	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	03/12/2007	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	03/12/2007	No

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

**Enforcement History (SYMICEK AFH)**

**Date: 08/13/2008**      **SOD #Q85Z13**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

**Date: 03/28/2007**      **SOD #10007461**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 09/25/2006**      **SOD #10008401**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS

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

**Complaint History (SYMICEK AFH)**

**Date Complaint Received: 07/08/2008**

**Date Investigation Completed: 07/17/2008**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

08/13/08

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

**Facility Information**

**Facility Name:** REM WI II INC DIANE DR (0010774)  
**Address:** 6799 DIANE DR, NEWBURG, WI 53060  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/17/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100814    **End Date:** 12/20/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ISC911    Served 01/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS		

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

**Facility Information**

**Facility Name:** RICHFIELD AFH (0012333)  
**Address:** 2425 STATE ROAD 175, RICHFIELD, WI 530769718  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/27/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101883    **End Date:** 05/27/2008    **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: WASHINGTON

**Facility Information**

**Facility Name:** CLA SLINGER ADULT FAMILY HOME (390105)  
**Address:** 3941 ELAINES WAY, SLINGER, WI 53086  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1993  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

<b>Survey ID:</b> 0100039	<b>End Date:</b> 08/23/2007	<b>Type:</b> STANDARD	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0098004	<b>End Date:</b> 10/18/2006	<b>Type:</b> STANDARD	<b>Purpose:</b> SURVEY
<b>Results:</b> 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: WASHINGTON

**Complaint History (CLA SLINGER ADULT FAMILY HOME)**

**Date Complaint Received: 07/03/2007**

**Date Investigation Completed: 08/23/2007**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
STAFF ADEQUACY

Result  
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: WASHINGTON

**Facility Information**

**Facility Name:** 17TH AVENUE ADULT FAMILY HOME (390116)  
**Address:** 233 S 17TH AVE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1996  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104332    **End Date:** 06/11/2009    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0CJ212    Served 07/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(q)	MEDICATIONS		

**Survey ID:** 0102067    **End Date:** 06/11/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0CJ211    Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	06/11/2009	No

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

**Facility Information**

**Facility Name:** DENNIS PATH ADULT FAMILY HOME (0008801)  
**Address:** 6874 DENNIS PATH, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/27/1999  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0098819    **End Date:** 02/22/2007    **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: WASHINGTON

**Facility Information**

**Facility Name:** ELLENBECKER ADULT FAMILY HOME (0011481)  
**Address:** 7463 BROOKHAVEN DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/16/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104132    **End Date:** 05/11/2009    **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: WASHINGTON

**Facility Information**

**Facility Name:** HANS STREET (0011237)  
**Address:** 1507 HANS ST, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101917      **End Date:** 06/11/2008      **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: WASHINGTON

**Facility Information**

**Facility Name:** HIL CARRIE LANE (0009693)  
**Address:** 1628 CARRIE LN, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**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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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HIL COLUMBUS HOUSE (0009696)  
**Address:** 5096 VALLEY TRAIL, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101685    **End Date:** 05/01/2008    **Type:** ABBREVIATED    **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: WASHINGTON

**Facility Information**

**Facility Name:** HIL DRAKE HOUSE (0009694)  
**Address:** 1630 CARRIE LN, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**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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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: WASHINGTON

**Facility Information**

**Facility Name:** HIL MAGELLAN HOUSE (0009776)  
**Address:** 212 S 16TH AVE, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102193    **End Date:** 07/03/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RMSR11    Served 07/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		

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

**Facility Information**

**Facility Name:** IMPERIAL COURT AFH (0009578)  
**Address:** 722 IMPERIAL CT, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/06/2002  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103097    **End Date:** 12/09/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UPQM12    Served 12/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.10(3)(a)	FAIR TREATMENT		

**Survey ID:** 0098100    **End Date:** 10/19/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008427    Served 11/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/07/2008	Yes

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

**Enforcement History (IMPERIAL COURT AFH)**

**Date: 11/02/2006      SOD #10008427      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** LEE AVENUE AFH (0012493)  
**Address:** 1231 LEE AVE, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102971    **End Date:** 10/01/2008    **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: WASHINGTON

**Facility Information**

**Facility Name:** LEGATE AFH (0011201)  
**Address:** 299 W PARADISE DR, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/09/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101969      **End Date:** 06/16/2008      **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: WASHINGTON

**Facility Information**

**Facility Name:** PAMME COURT ADULT FAMILY HOME (0009141)  
**Address:** 1545 PAMME CT, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/11/2000  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0099976    **End Date:** 07/25/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #O2C112    Served 08/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(b)	FREE OF HAZARDS		

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

**Enforcement History (PAMME COURT ADULT FAMILY HOME)**

**Date: 08/20/2007      SOD #O2C112      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---50.03

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

**Facility Information**

**Facility Name:** PEOPLESERVE LLC 5TH AVE (0011478)  
**Address:** 443 S 5TH AVE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102882    **End Date:** 10/29/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097362    **End Date:** 07/01/2006    **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: WASHINGTON

**Facility Information**

**Facility Name:** PS LLC - EDER LANE (0011175)  
**Address:** 1620/1622 EDER LANE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101198      **End Date:** 02/21/2008      **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: WASHINGTON

**Facility Information**

**Facility Name:** PS LLC - HILLCREST (0011184)  
**Address:** 1017 HILLCREST ST, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 12/15/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101199    **End Date:** 02/21/2008    **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: WASHINGTON

**Facility Information**

**Facility Name:** REM SUNSET RIDGE (0011979)  
**Address:** 1825 SUNSET RIDGE DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104030    **End Date:** 05/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099701    **End Date:** 06/28/2007    **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: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN II JUDITH COURT (0009473)  
**Address:** 706 JUDITH CT, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/03/2001  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0098821      **End Date:** 02/26/2007      **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: WASHINGTON

**Facility Information**

**Facility Name:** REM WISCONSIN TOWER LANE (0012547)  
**Address:** 932 TOWER LN, WEST BEND, WI 530902426  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/29/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102805    **End Date:** 10/29/2008    **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: WASHINGTON

**Facility Information**

**Facility Name:** TESSAR ADULT FAMILY HOME (0011710)  
**Address:** 1613 JEFFERSON ST, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/12/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102876    **End Date:** 10/28/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #329K11    Served 11/19/2008

<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.b	INSPECTIONS-GAS FURNACE		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

**Survey ID:** 0098279    **End Date:** 12/11/2006    **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: WASHINGTON

**Facility Information**

**Facility Name:** VILLA PARK (0011299)  
**Address:** 1031 VILLA PARK DR, WEST BEND, WI 53090  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102619      **End Date:** 09/23/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097363      **End Date:** 07/12/2006      **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: WASHINGTON

**Facility Information**

**Facility Name:** WASHINGTON HOME (0012010)  
**Address:** 2030 E WASHINGTON ST, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0099643      **End Date:** 06/28/2007      **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: WASHINGTON

**Facility Information**

**Facility Name:** WOODBRIDGE HOUSE (0012527)  
**Address:** 1135 W MARCIA AVE UNIT 102, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/11/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102560    **End Date:** 09/11/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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