

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 11 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: WASHINGTON

Facility Information

Facility Name: ENGEL HAUS AT THE GABLES OF GERMANTOWN (THE) (0012015)

Address: N109W17110 AVA CIR, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 08/08/2008

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

Survey History

Survey ID: 0102278 **End Date:** 08/08/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 11 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: GARDENS OF HARTFORD THE (0012833)
Address: 112 PEACE LUTHERAN PKWY, HARTFORD, WI 53027
License Status: REGULAR
Licensed/Certified/Registered 06/09/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104127 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** DESK REVIEW
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 (CERTIFIED)
COUNTY: WASHINGTON

Facility Information

Facility Name: LEGACY OF HARTFORD (THE) (0010872)
Address: 1025 BELL AVE, HARTFORD, WI 53027
License Status: REGULAR
Licensed/Certified/Registered 03/01/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104044 **End Date:** 05/13/2009 **Type:** STANDARD **Purpose:** SURVEY/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 (CERTIFIED)
COUNTY: WASHINGTON

Complaint History (LEGACY OF HARTFORD (THE))

Date Complaint Received: 02/06/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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

Facility Information

Facility Name: LAKESHORE @ JACKSON CROSSINGS (THE) (0012397)

Address: N168 W22026 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 09/05/2008

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

Survey History

Survey ID: 0102482 **End Date:** 09/05/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WASHINGTON

Facility Information

Facility Name: KETTLE MORIANE GARDENS RCAC (0012401)
Address: 1038 FOND DU LAC AVE, KEWASKUM, WI 53040
License Status: REGULAR
Licensed/Certified/Registered 05/31/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101904 **End Date:** 05/31/2008 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WASHINGTON

Facility Information

Facility Name: CEDAR BAY EAST (0010311)
Address: 5577 HOME DRIVE, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 12/04/2002
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WASHINGTON

Facility Information

Facility Name: CEDAR BAY WEST (0010312)
Address: 5555 CEDAR BAY DR, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 10/01/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104158 **End Date:** 06/01/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101871 **End Date:** 05/27/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100704 **End Date:** 11/28/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WASHINGTON

Complaint History (CEDAR BAY WEST)

Date Complaint Received: 03/05/2009

Date Investigation Completed: 06/01/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/09/2008

Date Investigation Completed: 05/27/2008

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: FIELDS OF WASHINGTON COUNTY (THE) (0011418)
Address: 675 E WASHINGTON ST, WEST BEND, WI 53095
License Status: REGULAR
Licensed/Certified/Registered 06/19/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102185 **End Date:** 06/30/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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