

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 19 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: WAUKESHA

**Facility Information**

**Facility Name:** MARSHALL HOME (0012014)  
**Address:** 2635 N 130TH ST, BROOKFIELD, WI 53005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/28/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100332    **End Date:** 09/28/2007    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

---

***This is Page 2 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** SPRINGDALE HOUSE (390106)  
**Address:** 2650 N SPRINGDALE RD, BROOKFIELD, WI 53045  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099055    **End Date:** 04/12/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 3 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** THORS ADULT FAMILY HOME (0012721)  
**Address:** 18365 MILWAUKEE AVE, BROOKFIELD, WI 53045  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/23/2009  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103532    **End Date:** 02/23/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 4 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** HOME AGAIN ADULT FAMILY CARE (0012521)  
**Address:** W216N5522 ADAMDALE DR, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/17/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103101    **End Date:** 12/17/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 5 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** MENOMONEE AVENUE GROUP HOME (0011659)  
**Address:** N84 W19019 MENOMONEE AVE, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103635    **End Date:** 02/19/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097996    **End Date:** 11/01/2006    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

***This is Page 6 of 19 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 Family Home  
COUNTY: WAUKESHA

**Complaint History (MENOMONEE AVENUE GROUP HOME)**

**Date Complaint Received: 01/15/2009**

**Date Investigation Completed: 02/19/2009**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

***This is Page 7 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** WATER STREET GROUP HOME (0011661)  
**Address:** W164 N9470 WATER ST, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104216    **End Date:** 06/04/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SMS011    Served 06/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

**Survey ID:** 0097998    **End Date:** 11/01/2006    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

***This is Page 8 of 19 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 Family Home  
COUNTY: WAUKESHA

**Enforcement History (WATER STREET GROUP HOME)**

**Date: 06/22/2009      SOD #SMS011      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

---

***This is Page 9 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LSS BRIAN SCOTT SCOTT SHANE (390243)  
**Address:** W299 N5570 GRACE DR, MERTON, WI 53029  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103038    **End Date:** 12/08/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098065    **End Date:** 10/10/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009205    Served 11/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	12/04/2008	Yes

***This is Page 10 of 19 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 Family Home  
COUNTY: WAUKESHA

**Complaint History (LSS BRIAN SCOTT SCOTT SHANE)**

**Date Complaint Received: 07/21/2006**

**Date Investigation Completed: 10/10/2006**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 11 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** JOHANNESSEN ADULT FAMILY HOME (0010209)  
**Address:** 21400 W HIDDEN VALLEY DR, NEW BERLIN, WI 53146  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099246    **End Date:** 04/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BU8X11    Served 05/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(c)2	EXITS SHALL BE DOORS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(1)(b)	AUTONOMY AND CHOICES		
88.10(3)(e)	SELF-DIRECTION		

***This is Page 12 of 19 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 Family Home  
COUNTY: WAUKESHA

**Enforcement History (JOHANNESEN ADULT FAMILY HOME)**

**Date: 05/08/2007      SOD #BU8X11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

---

***This is Page 13 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LAVAUN H MUELLER (0010152)  
**Address:** 15190 W FENWAY DR, NEW BERLIN, WI 53151  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/03/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103544    **End Date:** 02/26/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099033    **End Date:** 04/03/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007466    Served 04/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE	02/18/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	02/18/2009	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	02/18/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	02/18/2009	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	02/18/2009	Yes

***This is Page 14 of 19 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 Family Home  
COUNTY: WAUKESHA

**Enforcement History (LAVAUN HMUELLER)**

**Date: 04/11/2007      SOD #10007466      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

---

***This is Page 15 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** OAKWOOD HOUSE EAST (0010050)  
**Address:** 1739 CRAFTSMAN DR, NEW BERLIN, WI 53146  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/09/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102615    **End Date:** 09/29/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 16 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** NORTH PRAIRIE (0009121)  
**Address:** 220 CORBY DR, NORTH PRAIRIE, WI 531539709  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/22/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102057    **End Date:** 06/24/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099516    **End Date:** 05/28/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 17 of 19 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 Family Home  
COUNTY: WAUKESHA

**Complaint History (NORTH PRAIRIE)**

**Date Complaint Received: 06/06/2008**

**Date Investigation Completed: 06/24/2008**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 18 of 19 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 Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** MATT AND NANCY GARCIA (0012449)  
**Address:** 778 BYRON DR, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/26/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102228    **End Date:** 07/26/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 19 of 19 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.***