

**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 includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 30 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:** CCLS WESLEY DRIVE (0008610)  
**Address:** S37 W25065 WESLEY DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/14/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098561    **End Date:** 12/12/2006    **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: WAUKESHA

**Facility Information**

**Facility Name:** CHCS GENESEE CROSSING ADULT FAMILY HOME (0012797)

**Address:** S31 W28969 WEST SUNSET DRIVE, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/18/2009

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103989    **End Date:** 05/13/2009    **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: WAUKESHA

**Facility Information**

**Facility Name:** CRESTWOOD GROUP HOME (0011674)  
**Address:** 301 CRESTWOOD DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103850      **End Date:** 04/16/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098207      **End Date:** 11/20/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097995      **End Date:** 10/23/2006      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**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: WAUKESHA

**Facility Information**

**Facility Name:** GENESEE OAK (0012412)  
**Address:** S28W30753 WILD BERRY LN, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/21/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102210    **End Date:** 07/21/2008    **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: WAUKESHA

**Complaint History (GENESEE OAK)**

**Date Complaint Received: 06/29/2009**

**Date Investigation Completed: 07/16/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
6S0W11

**Date Complaint Received: 06/23/2009**

**Date Investigation Completed: 07/16/2009**

Subject Area(s)  
SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
6S0W11

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

**Facility Information**

**Facility Name:** GREEN VALLEY (390147)  
**Address:** 1128 GREEN VALLEY DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 12/03/1996  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103885    **End Date:** 04/22/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #04FM12    Served 04/30/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS |                            |                  |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY         |                            |                  |

**Survey ID:** 0098503    **End Date:** 12/12/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10012479    Served 01/25/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS | 04/22/2009                 | No               |
| 88.05(3)(b)               | FREE OF HAZARDS                   | 04/22/2009                 | Yes              |

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

**Enforcement History (GREEN VALLEY)**

**Date: 04/28/2009      SOD #04FM12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 01/23/2007      SOD #10012479      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** HIL GREENWAY HOME (0012291)  
**Address:** 1329 GREENWAY TER, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/11/2008  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101121    **End Date:** 02/11/2008    **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: WAUKESHA

**Facility Information**

**Facility Name:** HIL SYLVAN HOUSE (0009780)  
**Address:** 1600 SYLVAN CT, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100811    **End Date:** 12/13/2007    **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  
Adult Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LANDER II (0009585)  
**Address:** 2820 LANDER LN, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/26/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101146    **End Date:** 02/14/2008    **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: WAUKESHA

**Facility Information**

**Facility Name:** LANDER LANE (390158)  
**Address:** 2809 LANDER LN, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/1997  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103999    **End Date:** 05/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099248    **End Date:** 04/26/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G9W411    Served 05/11/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.05(3)(a)               | HOME ENVIRONMENT    | 05/07/2009                 | Yes              |

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

**Enforcement History (LANDER LANE)**

**Date: 05/09/2007      SOD #G9W411      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** LSS LOWELL HOUSE (0012169)  
**Address:** 914 LOWELL DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 12/07/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100568    **End Date:** 12/07/2007    **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: WAUKESHA

**Facility Information**

**Facility Name:** MANHATTAN (390229)  
**Address:** 2031 MANHATTAN DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/08/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100815      **End Date:** 10/29/2007      **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: WAUKESHA

**Facility Information**

**Facility Name:** MICHIGAN (0009604)  
**Address:** 1505 MICHIGAN AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/25/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104309    **End Date:** 06/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PQQV14    Served 07/08/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u>             | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------|----------------------------|------------------|
| 50.065(2)(bm)             | OUT OF STATE BACKGROUND CHECKS  |                            |                  |
| 88.04(2)(b)               | AWAKE STAFF FOR CONTINUOUS CARE |                            |                  |
| 88.05(2)(a)               | DIFFICULTY WALKING              |                            |                  |
| 88.05(4)(b)1              | FIRE SAFETY-SMOKE DETECTORS     |                            |                  |
| 88.05(4)(d)2.c            | SEMI-ANNUAL FIRE DRILLS         |                            |                  |
| 88.10(3)(l)               | SAFE PHYSICAL ENVIRONMENT       |                            |                  |

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

**Survey ID: 0102423    End Date: 08/26/2008    Type: OTHER    Purpose: SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #PQQV13    Served 09/05/2008**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.03(5)(e)2              | DEATH DUE TO INCIDENT OR ACCIDENT | 06/11/2009                 | Yes              |
| 88.10(3)(p)               | PROMPT AND ADEQUATE TREATMENT     | 06/11/2009                 | Yes              |

**Survey ID: 0099396    End Date: 05/14/2007    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #PQQV12    Served 06/12/2007**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS | 08/20/2008                 | Yes              |
| 88.05(2)(a)               | DIFFICULTY WALKING                | 08/20/2008                 | Yes              |
| 88.06(3)(f)               | REVIEW OF ISP                     | 08/20/2008                 | Yes              |

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

**Enforcement History (MICHIGAN)**

**Date: 09/04/2008**      **SOD #PQQV13**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 05/31/2007**      **SOD #PQQV12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** OAKDALE 2 (0011899)  
**Address:** 1737 OAKDALE DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/18/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104117    **End Date:** 06/02/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099869    **End Date:** 07/18/2007    **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: WAUKESHA

**Facility Information**

**Facility Name:** OAKWOOD HOUSE WEST (0008937)  
**Address:** 637 MADISON ST, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/10/2000  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101427    **End Date:** 03/28/2008    **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: WAUKESHA

**Facility Information**

**Facility Name:** RIVERVIEW (0008683)  
**Address:** 419 RIVERVIEW AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/02/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101411    **End Date:** 03/27/2008    **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI CAVALIER DR (0008696)  
**Address:** 1109 CAVALIER DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/25/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103472    **End Date:** 02/04/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098072    **End Date:** 09/12/2006    **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: WAUKESHA

**Complaint History (ST COLETTA OF WI CAVALIER DR)**

**Date Complaint Received: 11/20/2008**

**Date Investigation Completed: 02/04/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
MEDICATIONS

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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI CHIPPEWA (0008623)  
**Address:** 1216 CHIPPEWA DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098680    **End Date:** 01/09/2007    **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  
Adult Family Home  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI GREENWAY TERRACE (0008522)

**Address:** 1339 GREENWAY TERRACE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/1998

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098073      **End Date:** 10/09/2006      **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: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI MOHAWK (0011571)  
**Address:** 1236 CHIPPEWA DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/24/2006  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103471    **End Date:** 02/03/2009    **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  
Adult Family Home  
COUNTY: WAUKESHA

**Complaint History (ST COLETTA OF WI MOHAWK)**

**Date Complaint Received: 11/20/2008**

**Date Investigation Completed: 02/03/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
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: WAUKESHA

**Facility Information**

**Facility Name:** SUNSET VIEW ADULT FAMILY HOME (0008570)

**Address:** W280 S3461 TOWNLINE RD, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/19/1999

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102576    **End Date:** 09/17/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z6Q814    Served 10/01/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u>               | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(2)(h)               | COMPLY WITH OSHA                  |                            |                  |
| 88.04(5)(a)               | TRAINING-15 HOURS WITHIN 6 MONTHS |                            |                  |
| 88.04(5)(b)               | TRAINING-8 HOURS ANNUALLY         |                            |                  |
| 88.05(3)(d)               | ANNUAL WELL WATER INSPECTIONS     |                            |                  |

**Survey ID:** 0098940    **End Date:** 03/13/2007    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007459    Served 03/29/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u>        | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|----------------------------|------------------|
| 88.07(3)(e)1              | MEDICATION- RECORD KEEPING | 09/03/2008                 | Yes              |

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

**Survey ID: 0097560    End Date: 07/11/2006    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009182    Served 08/15/2006**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>        | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|----------------------------|------------------|
| 88.06(3)(f)               | REVIEW OF ISP              | 03/07/2007                 | Yes              |
| 88.07(3)(a)               | PRESCRIPTION MEDICATIONS   | 03/07/2007                 | Yes              |
| 88.07(3)(e)1              | MEDICATION- RECORD KEEPING | 03/07/2007                 | No               |

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

**Enforcement History (SUNSET VIEW ADULT FAMILY HOME)**

**Date: 08/14/2006      SOD #10009182      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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