

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 96.00 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: CARING HEARTS ADULT FAMILY HOME LLC (0020623)

Address: 2526 DOVE DR, CEDARBURG, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 11/04/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148057 **End Date:** 11/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Caring For You Supportive Living LLC (0019604)

Address: N112W15490 Mequon Rd, Germantown, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 06/20/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143441 **End Date:** 06/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Gentle Hands Family Care LLC (0020497)

Address: W155N11352 Sylvan Cir Apt 7, Germantown, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 12/31/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148458 **End Date:** 12/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HORIZON MANOR INC (0017845)

Address: N112 W12850 MEQUON RD, GERMANTOWN, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 11/13/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144404 **End Date:** 08/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9M8211 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/18/23	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

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 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141784 **End Date:** 11/05/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y1EH11 Served 01/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/23/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	2/23/23	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/23/23	

Complaint History (REM WISCONSIN II GERMANTOWN--0008965)

Date Complaint Received: 03/07/2022

Date Investigation Completed: 11/05/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Home Care Solutions at Home LLC (0016550)

Address: 341 E Sumner St, Hartford, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 05/17/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145868 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141936 **End Date:** 01/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (Home Care Solutions at Home LLC--0016550)

Date Complaint Received: 10/17/2023

Date Investigation Completed: 01/31/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/26/2023

Date Investigation Completed: 01/31/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/13/2023

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/29/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Home Care Solutions at Home (0020100)

Address: 436 Third St, Hartford, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 07/09/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146937 **End Date:** 07/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: JAMES COURT (0017106)

Address: 908 JAMES CT, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 04/11/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140044 **End Date:** 07/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (JAMES COURT--0017106)

Date Complaint Received: 06/10/2022

Date Investigation Completed: 07/06/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: SOUTH HARTFORD AFH (0014967)

Address: 3088 STATE HIGHWAY 83, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 03/01/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144456 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143104 **End Date:** 03/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCVL12 Served 05/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/28/23	Yes
88.10(3)(e)	SELF-DIRECTION	9/28/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/28/23	Yes

Survey ID: 0141549 **End Date:** 10/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCVL11 Served 12/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/6/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/6/23	No

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (SOUTH HARTFORD AFH--0014967)

Date: 05/18/2023 **SOD #**QCVL12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/09/2022 **SOD #**QCVL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SOUTH HARTFORD AFH--0014967)

Date Complaint Received: 08/18/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: WINK HOME LLC (0013821)

Address: 1354 - 1356 PATTON DR, HARTFORD, WI 53027

License Status: REGULAR

Licensed/Certified/Registered 08/10/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139416 **End Date:** 04/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #60R511 Served 05/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/15/22	

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BETTES FLATS (0018917)

Address: 1515 C Highway 175, Hubertus, WI 53033

License Status: REGULAR

Licensed/Certified/Registered 04/12/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146745 **End Date:** 04/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DJOE11 Served 06/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
50.09(1)(e)	TREATMENT	7/11/24	Withdrawn
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT RESPONSIBILITIES		
88.04(2)(a)	AWAKE STAFF FOR CONTINUOUS CARE		
88.04(2)(b)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(f)	HEALTH SCREENING FOR STAFF		
88.04(2)(g)1	INSURANCE-VEHICLE		
88.04(4)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(a)	TRAINING-8 HOURS ANNUALLY		
88.04(5)(b)	FREE OF HAZARDS		
88.05(3)(b)	CONDITIONS OF TRANSFER OR DISCHARGE		
88.06(2)(c)7			

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES
88.06(3)(d)	INDIVIDUAL SERVICE PLAN
88.07(1)(c)	ACTIVITIES AND SERVICES
88.07(2)(b)	SERVICES DIRECTED TO GOALS
88.07(2)(b)5	MONITORING HEALTH
88.07(2)(b)6	NOTIFICATION OF CHANGES
88.07(3)(c)	MEDICATION ASSISTANCE
88.08	TERMINATION OF PLACEMENT
88.10(3)(a)	FAIR TREATMENT
88.10(3)(c)	CONFIDENTIALITY
88.10(3)(e)	SELF-DIRECTION
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT

Survey ID: 0139271 End Date: 04/12/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BETTES FLATS--0018917)

Date: 06/20/2024 SOD #DJOE11 Appealed: No

Sanctions

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

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (BETTES FLATS--0018917)

Date Complaint Received: 02/13/2024

Date Investigation Completed: 04/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

DJOE11

Date Complaint Received: 02/08/2024

Date Investigation Completed: 04/29/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

DJOE11

PROGRAM SERVICES

SUBSTANTIATED

DJOE11

RESIDENT RIGHTS

SUBSTANTIATED

DJOE11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BETTES PLACE 2 (0018172)

Address: 1515 B HIGHWAY 175, HUBERTUS, WI 53033

License Status: REGULAR

Licensed/Certified/Registered 08/27/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146986 **End Date:** 04/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J7KC11 Served 07/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT RESPONSIBILITIES		
88.04(2)(a)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(f)	INSURANCE-VEHICLE		
88.04(4)(a)	TRAINING-8 HOURS ANNUALLY		
88.04(5)(b)	FREE OF HAZARDS		
88.05(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(b)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(c)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(1)(a)	ACTIVITIES AND SERVICES		
88.07(1)(c)			

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

88.07(2)(b)	SERVICES DIRECTED TO GOALS
88.07(2)(b)3	TRANSPORTATION TO MEDICAL
88.07(2)(b)5	MONITORING HEALTH
88.07(2)(b)6	NOTIFICATION OF CHANGES
88.07(4)(a)	NUTRITION
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY
88.10(3)(a)	FAIR TREATMENT
88.10(3)(c)	CONFIDENTIALITY
88.10(3)(g)	CLOTHING AND POSSESSIONS
88.10(3)(m)	FREEDOM FROM ABUSE
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT

Survey ID: 0144403 End Date: 08/17/2023 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CN2N11 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/18/23	Yes

Enforcement History (BETTES PLACE 2--0018172)

Date: 07/18/2024 SOD #J7KC11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY

Complaint History (BETTES PLACE 2--0018172)

Date Complaint Received: 02/13/2024 Date Investigation Completed: 04/22/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	J7KC11
RESIDENT RIGHTS	SUBSTANTIATED	J7KC11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BETTES PLACE I (0018014)

Address: 1515 A HIGHWAY 175, HUBERTUS, WI 53033

License Status: REGULAR

Licensed/Certified/Registered 05/12/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146987 **End Date:** 04/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GJHE11 Served 07/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT RESPONSIBILITIES		
88.04(2)(a)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(f)	HEALTH SCREENING FOR STAFF		
88.04(2)(g)1	INSURANCE-VEHICLE		
88.04(4)(a)	TRAINING-8 HOURS ANNUALLY		
88.04(5)(b)	FIRE SAFETY EVACUATION PLAN		
88.05(4)(d)1	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(b)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(c)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)	LEVEL OF SUPERVISION		

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

88.07(1)(c)	ACTIVITIES AND SERVICES
88.07(2)(b)3	TRANSPORTATION TO MEDICAL
88.07(2)(b)5	MONITORING HEALTH
88.07(3)(c)	MEDICATION ASSISTANCE
88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.07(3)(e)1	MEDICATION- RECORD KEEPING
88.07(4)(a)	NUTRITION
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY
88.07(4)(e)	SPECIAL DIETS
88.09(1)(a)	RESIDENT RECORDS
88.10(3)(a)	FAIR TREATMENT
88.10(3)(c)	CONFIDENTIALITY
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT
88.10(3)(m)	FREEDOM FROM ABUSE
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT

Survey ID: 0140918 **End Date: 09/28/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139181 **End Date: 04/04/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BETTES PLACE I--0018014)

Date: 07/18/2024 **SOD #GJHE11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (BETTES PLACE I--0018014)

Date Complaint Received: 01/30/2024

Date Investigation Completed: 04/18/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	GJHE11
RESIDENT RIGHTS	SUBSTANTIATED	GJHE11

Date Complaint Received: 01/04/2024

Date Investigation Completed: 04/18/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	GJHE11
PROGRAM SERVICES	SUBSTANTIATED	GJHE11
RESIDENT RIGHTS	SUBSTANTIATED	GJHE11

Date Complaint Received: 10/04/2023

Date Investigation Completed: 04/18/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	GJHE11
PROGRAM SERVICES	SUBSTANTIATED	GJHE11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	GJHE11

Date Complaint Received: 09/16/2022

Date Investigation Completed: 09/28/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ALOPHOME 1 LLC (0020431)

Address: W197 N16961 STONEWALL DR, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 06/05/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146652 **End Date:** 06/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ALOP HOME 2 LLC (0020430)

Address: W197 N16963 STONEWALL DR, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 06/05/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146649 **End Date:** 06/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: JACKSON MANOR LLC (0014847)

Address: N168W21041 MAIN ST, JACKSON, WI 53037

License Status: REGULAR

Licensed/Certified/Registered 10/30/2013 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146366 **End Date:** 03/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #79SB11 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(3)	INVESTIGATION OF ABUSE OR NEGLECT	6/24/24	

Survey ID: 0141556 **End Date:** 10/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FH0711 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/26/23	
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	1/26/23	
88.10(3)(b)	PRIVACY	1/26/23	

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (JACKSON MANOR LLC--0014847)

Date Complaint Received: 01/04/2024

Date Investigation Completed: 03/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

79SB11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Gateway (0019968)

Address: 375 North Avenue, Kewaskum, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 02/09/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148317 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145554 **End Date:** 02/09/2024 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Gateway--0019968)

Date Complaint Received: 10/14/2024

Date Investigation Completed: 12/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Key House (0019961)

Address: 1146 Fond du Lac Avenue, Kewaskum, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 02/06/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148318 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145493 **End Date:** 02/26/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Key House--0019961)

Date Complaint Received: 10/14/2024

Date Investigation Completed: 12/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Tee and Cee Care LLC (0019510)

Address: 345 North Ave, Kewaskum, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 08/16/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144033 **End Date:** 08/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RICHFIELD AFH (0012333)

Address: 2425 STATE ROAD 175, RICHFIELD, WI 530769718

License Status: REGULAR

Licensed/Certified/Registered 05/27/2008 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144038 **End Date:** 06/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W0Y211 Served 08/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/28/23	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A DIFFERENT LIVING 2 ADULT FAMILY HOME LLC (0020453)

Address: 619 James Ct, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/05/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148077 **End Date:** 11/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A Different Living AFH LLC (0019012)

Address: 617 James Court, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/21/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148271 **End Date:** 09/19/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #22MY11 Served 12/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0141576 **End Date:** 11/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (A Different Living AFH LLC--0019012)

Date: 12/10/2024 **SOD #**22MY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (A Different Living AFH LLC--0019012)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A HEART OF GOLD ADULT FAMILY HOME LLC (0019302)

Address: 620 WELLINGTON DR, WEST BEND, WI 530902875

License Status: REGULAR

Licensed/Certified/Registered 11/10/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141343 **End Date:** 11/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A HOME WITH TOUCH LLC (0018669)

Address: 1007 HIGH STREET, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/01/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0137851 **End Date:** 10/01/2023 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0144248 **End Date:** 09/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143222 **End Date:** 03/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z11S11 Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/13/23	Yes
88.05(3)(b)	FREE OF HAZARDS	9/13/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	9/13/23	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	9/13/23	Yes
88.07(2)(b)5	MONITORING HEALTH	9/13/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/13/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	9/13/23	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (A HOME WITH TOUCH LLC--0018669)

Date: 05/31/2023 **SOD #**Z11S11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (A HOME WITH TOUCH LLC--0018669)

Date Complaint Received: 12/13/2022

Date Investigation Completed: 03/21/2023

Subject Area(s)

ADMINISTRATION

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A Home With Touch (0019665)

Address: 1245 Jefferson St., West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 01/23/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145424 **End Date:** 01/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A New Journee (0020305)

Address: 105 N University Dr #2, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 08/07/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147280 **End Date:** 08/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Allen Cares (0019351)

Address: 1804 Green Tree Rd, West Bend, WI 530901412

License Status: REGULAR

Licensed/Certified/Registered 01/27/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141969 **End Date:** 01/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Aniyahs House (0019051)

Address: 1063 Summer St, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/11/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148688 **End Date:** 11/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ELLN11 Served 02/06/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(e)	SELF-DIRECTION		

Survey ID: 0142308 **End Date:** 02/27/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0141053 End Date: 10/06/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Aniyahs House--0019051)

Date Complaint Received: 09/16/2024

Date Investigation Completed: 11/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: As We Grow Adult Family Home LLC (0020165)

Address: 635 James Ct, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 07/18/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147000 **End Date:** 07/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BENSON AND WALTON LOVING HANDS LLC (0018878)

Address: 1664 TERRY DALE DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 06/16/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139895 **End Date:** 06/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Beulahgene Assistant Living Inc 3 (0019999)

Address: 1704 Stonebridge Rd, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 12/12/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145043 **End Date:** 12/12/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Blessings Home Care (0018976)

Address: 6851 Linda Drive, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 06/22/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140114 **End Date:** 06/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BOBOLINK HOME (0013151)

Address: 834 BOBOLINK LN, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 02/03/2010 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147830 End Date: 08/01/2024 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7JUQ11 Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/29/24	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	11/29/24	
88.07(3)(c)	MEDICATION ASSISTANCE	11/29/24	
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/29/24	
88.10(3)(q)	MEDICATIONS	11/29/24	
88.11(1)	REPORTING OF ABUSE AND NEGLECT	11/29/24	

Survey ID: 0139044 End Date: 03/23/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (BOBOLINK HOME--0013151)

Date Complaint Received: 04/26/2024

Date Investigation Completed: 08/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

7JUQ11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

7JUQ11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BRIGHTER VISION ADULT FAMILY HOME (0018467)

Address: 1100A W WASHINGTON ST, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148779 **End Date:** 11/12/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CC111 Served 02/18/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(4)(b)	INSURANCE-HOME		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

88.06(3)(f)	REVIEW OF ISP
88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: BRYWEN LLC (0016295)

Address: 6799 DIANE DRIVE, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 01/04/2017 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148565 **End Date:** 01/22/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: C and S Angels Helpful Hands LLC (0019872)

Address: 6843 Dennis Path, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 05/23/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146633 **End Date:** 05/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Compassionate Adult Family Home LLC (0018980)

Address: 1670 Terry Dale Drive, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 06/29/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147651 **End Date:** 09/23/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148022 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S0PD12 Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(2)(a)	SERVICES		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0146368 End Date: 03/14/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S0PD11 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/22/24	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/22/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	8/22/24	No
88.06(3)(f)	REVIEW OF ISP	8/22/24	Yes
88.07(2)(a)	SERVICES	8/22/24	No
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	8/22/24	Yes
88.07(2)(b)5	MONITORING HEALTH	8/22/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/22/24	No
88.10(3)(t)	VISITS	8/22/24	Yes

Survey ID: 0140023 End Date: 06/29/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Compassionate Adult Family Home LLC--0018980)

Date: 11/06/2024 SOD #S0PD12 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 05/10/2024 SOD #S0PD11 Appealed: No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (Compassionate Adult Family Home LLC--0018980)

Date Complaint Received: 09/03/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/13/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/06/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
S0PD12

Date Complaint Received: 01/05/2024

Date Investigation Completed: 03/14/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
S0PD11
S0PD11
S0PD11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: DENNIS PATH ADULT FAMILY HOME (0009141)

Address: 1545 PAMME CT, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 11/11/2000 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139797 **End Date:** 06/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Divine Home Health Care LLC (0019541)

Address: 6873 Dennis Path, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 08/17/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148473 **End Date:** 11/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RZHP12 Served 01/08/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0147565 **End Date:** 08/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RZHP11 Served 09/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/14/24	Yes
88.04(2)(a)	RESPONSIBILITIES	11/27/24	No
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/27/24	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/27/24	No
88.04(4)(a)	INSURANCE-VEHICLE	11/14/24	Yes
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE	11/14/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/27/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/14/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/14/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/14/24	Yes
88.10(3)(e)	SELF-DIRECTION	11/14/24	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	11/14/24	Yes
88.10(3)(q)	MEDICATIONS	11/14/24	Yes

Survey ID: 0144029 **End Date:** 08/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (Divine Home Health Care LLC--0019541)

Date: 01/08/2025 **SOD #**RZHP12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 09/12/2024 **SOD #**RZHP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (Divine Home Health Care LLC--0019541)

Date Complaint Received: 07/18/2024

Date Investigation Completed: 08/05/2024

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

RZHP11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

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 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140097 **End Date:** 07/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ETTAS HELPING HANDS ADULT FAMILY HOME (0020771)

Address: 616 Imperial CT, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 02/10/2025 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Gentle Hearts and Loud Love Adult Family Home (0019902)

Address: 6845 W Linda Dr, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 04/04/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146136 **End Date:** 04/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Helen Hands Adult Family Home (0020510)

Address: 519 Lenora Drive, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 09/25/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147675 **End Date:** 09/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

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 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140812 **End Date:** 09/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HIL MAGELLAN HOUSE (0009776)

Address: 212 S 16TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147786 **End Date:** 07/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6GCR11 Served 10/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/23/24	

Survey ID: 0140978 **End Date:** 10/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (HIL MAGELLAN HOUSE--0009776)

Date Complaint Received: 06/20/2024

Date Investigation Completed: 07/19/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

6GCR11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6GCR11

Date Complaint Received: 04/24/2024

Date Investigation Completed: 07/19/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

6GCR11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6GCR11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Hope After Hardship Adult Family Home (0019238)

Address: 6849 Linda Dr., West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/25/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148316 **End Date:** 09/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4JR211 Served 12/13/2024

<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		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.10(2)	EXPLANATION OF RESIDENT RIGHTS		
88.10(3)(e)	SELF-DIRECTION		

Survey ID: 0141165 **End Date:** 10/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (Hope After Hardship Adult Family Home--0019238)

Date: 12/13/2024 **SOD #**4JR211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (Hope After Hardship Adult Family Home--0019238)

Date Complaint Received: 09/03/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/22/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: K and C Adult Family Home LLC (0020565)

Address: 1672 Terry Dale Dr, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/07/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147800 **End Date:** 10/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Kinder Care Homes LLC (0020220)

Address: 1871 Wallace Lake Rd, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 07/18/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147075 **End Date:** 07/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Like a Family (0019769)

Address: 551 Fair St, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 08/09/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143900 **End Date:** 08/09/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Love Hope Faith Homes of WI LLC (0019587)

Address: 1310 S 7th Avenue, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/11/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144551 **End Date:** 10/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Loving Hands Adult Family Homes LLC (0020576)

Address: 622 Wellington Dr, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/08/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147799 **End Date:** 10/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Lynns Loving Care LLC (0020310)

Address: 105 N University Dr Apt 6, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 09/16/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147603 **End Date:** 09/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: MEADOWBROOK HOME (0014003)

Address: 818 MEADOWBROOK DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 12/20/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138753 **End Date:** 02/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Miracles House (0019517)

Address: 443 S 5th Ave, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 05/30/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146873 **End Date:** 07/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145888 **End Date:** 03/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144898 **End Date:** 10/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYJY11 Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	3/14/24	Yes
88.04(2)(a)	RESPONSIBILITIES	3/14/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	3/14/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/14/24	Yes
88.05(3)(b)	FREE OF HAZARDS	3/14/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/14/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/14/24	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	3/14/24	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/14/24	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	3/14/24	Yes
88.07(2)(b)5	MONITORING HEALTH	3/14/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/14/24	Yes
88.09(1)(d)11	RESIDENT FUNDS	3/14/24	Yes
88.10(3)(b)	PRIVACY	3/14/24	Yes
88.10(3)(e)	SELF-DIRECTION	3/14/24	Yes

Survey ID: 0143243 End Date: 05/30/2023 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Miracles House--0019517)

Date: 11/29/2023 SOD #ZYJY11 Appealed: No

Sanctions

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

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (Miracles House--0019517)

Date Complaint Received: 04/10/2024

Date Investigation Completed: 07/02/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/03/2023

Date Investigation Completed: 10/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZYJY11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZYJY11

Date Complaint Received: 07/27/2023

Date Investigation Completed: 10/13/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZYJY11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SER 7TH AVE HOUSE (0013689)

Address: 659 S 7TH AVE, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 05/03/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146388 **End Date:** 04/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WO6G11 Served 05/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	6/27/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	6/27/24	Yes

Complaint History (NEXT STEP IN RESIDENTIAL SER 7TH AVE HOUSE--0013689)

Date Complaint Received: 01/12/2024

Date Investigation Completed: 04/08/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SER SHERMAN WAY (0013883)

Address: 733 SHERMAN WAY, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/29/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139783 **End Date:** 06/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: NTABA FAMILY HOME LLC (0017108)

Address: 813 FAIRVIEW DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 05/22/2018 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139396 **End Date:** 03/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JOYS11 Served 04/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/12/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	6/12/22	

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Priority Care Adult Family Home LLC (0020555)

Address: 631 James Court, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 11/14/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148108 **End Date:** 11/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Promise SIL LLC (0019184)

Address: 1808 Creek Rd, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/18/2022 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141228 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Promise SIL LLC (0019750)

Address: 1806 Creek Rd, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 11/10/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144866 **End Date:** 11/10/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Regner Home (0020325)

Address: 1304 Edward Ct, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 04/23/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146233 **End Date:** 04/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Regner North Home (0020327)

Address: 512 Lenora Dr, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 04/23/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146232 **End Date:** 04/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: REM POLARIS (0014083)

Address: 618 POLARIS, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 03/22/2012 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139681 **End Date:** 05/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

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 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145246 **End Date:** 01/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143094 **End Date:** 03/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139401 **End Date:** 03/23/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ZW112 Served 04/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/9/24	Yes
88.05(3)(i)	BATHROOM LOCK	1/9/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	1/9/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/9/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/9/24	Yes
88.09(1)(a)	RESIDENT RECORDS	1/9/24	Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (REM WISCONSIN II JUDITH COURT--0009473)

Date: 04/29/2022 **SOD #**4ZW112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (REM WISCONSIN II JUDITH COURT--0009473)

Date Complaint Received: 04/28/2022

Date Investigation Completed: 03/01/2023

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Right Choice AFH LLC (0020635)

Address: 6881 Beck Ln, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 10/29/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147961 **End Date:** 10/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Ruths Place LLC (0020543)

Address: 2330 Chestnut St Apt 1, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 10/14/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147838 **End Date:** 10/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Silence No More Home LLC (0020225)

Address: 1666 Terry Dale Drive #2, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 07/29/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147135 **End Date:** 07/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Small Step Big Dreams Adult Family Home LLC (0019708)

Address: 532 S 16th Ave, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 07/26/2023 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143874 **End Date:** 07/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Small Step Big Dreams Adult Family Home LLC--0019708)

Date Complaint Received: 01/29/2025

Date Investigation Completed: 02/12/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Small Step Big Dreams Adult Family Home LLC (0019863)

Address: 532A South 16th Ave, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 03/26/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145997 **End Date:** 03/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Valley View (0019972)

Address: 246 Green Valley Place, West Bend, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 03/15/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148324 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145891 **End Date:** 03/15/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Valley View--0019972)

Date Complaint Received: 10/14/2024

Date Investigation Completed: 12/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

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 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146378 **End Date:** 02/23/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4C6Y11 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	6/24/24	Yes

Complaint History (WASHINGTON HOME--0012010)

Date Complaint Received: 12/01/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Wayne Manor (0019966)

Address: 5743 County Road D, West Bend, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 02/07/2024 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0148325 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145510 **End Date:** 02/07/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Wayne Manor--0019966)

Date Complaint Received: 10/14/2024

Date Investigation Completed: 12/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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