

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Washington

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 15.00 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 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ENGEL HAUS (0017236)  
**Address:** N109 W17000 AVA CIR, GERMANTOWN, WI 53022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/1/2018 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0137434    **End Date:** 10/7/2021    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136893    **End Date:** 6/30/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O2PQ11    Served 8/4/2021

Deficiencies Cited  
89.23(4)(a)2

Subject Area  
SERVICES

Compliance  
Verified  
10/7/21

Corrected  
Yes

### Enforcement History (ENGEL HAUS--0017236)

**Date:** 8/4/2021    **SOD #**O2PQ11    **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.23(4)(a)2

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (ENGEL HAUS--0017236)

**Date Complaint Received: 9/1/2020**

**Date Investigation Completed: 6/30/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 7/7/2020**

**Date Investigation Completed: 6/30/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
SUBSTANTIATED

O2PQ11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** FAIRWAY KNOLL (0018192)  
**Address:** N112 W17500 MEQUON ROAD, GERMANTOWN, WI 53022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/1/2020 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0138407    **End Date:** 1/19/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138253    **End Date:** 1/11/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #R2IY11    Served 1/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	1/19/22	Yes

**Survey ID:** 0134222    **End Date:** 6/30/2020    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (FAIRWAY KNOLL--0018192)

**Date:** 1/12/2022    **SOD #**R2IY11    **Appealed:** No  
Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** GARDENS OF HARTFORD (THE) (0013733)  
**Address:** 112 PEACE LUTHERAN PKWY, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/7/2011 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142415      **End Date:** 3/8/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WATERFORD AT HARTFORD (THE) (0015654)

**Address:** 1025 BELL AVE, HARTFORD, WI 53027

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/21/2015 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CEDARHURST OF JACKSON (0015326)  
**Address:** N168 W22026 MAIN ST, JACKSON, WI 53037  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/1/2014 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143086    **End Date:** 2/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0H1N12    Served 5/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
89.23(2)(a)2.c	SERVICES		
89.23(2)(b)1	SERVICES		
89.23(2)(b)2	SERVICES		
89.26(2)(b)	COMPREHENSIVE ASSESSMENT		
89.28(2)(a)1	RISK AGREEMENT		

**Survey ID:** 0139437    **End Date:** 4/12/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0139989    **End Date:** 3/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0H1N11    Served 6/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.b	SERVICES	2/27/23	No

**Survey ID:** 0138319    **End Date:** 1/11/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KIYS11    Served 1/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	4/12/22	Yes

**Survey ID:** 0137111    **End Date:** 8/24/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

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

### Enforcement History (CEDARHURST OF JACKSON--0015326)

**Date:** 6/29/2022    **SOD #**0H1N11    **Appealed:**    **Decision:** PENDING

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.b

**Date:** 1/12/2022    **SOD #**KIYS11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CEDARHURST OF JACKSON--0015326)

**Date Complaint Received: 7/7/2022**

**Date Investigation Completed: 2/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0H1N12

**Date Complaint Received: 2/28/2022**

**Date Investigation Completed: 3/17/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/21/2022**

**Date Investigation Completed: 3/17/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0H1N11

RESIDENT RIGHTS

SUBSTANTIATED

0H1N11

**Date Complaint Received: 10/8/2021**

**Date Investigation Completed: 3/17/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 1/9/2021**

**Date Investigation Completed: 8/24/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** KETTLE MORaine GARDENS RCAC (0018988)

**Address:** 1802 EDGEWOOD ROAD, KEWASKUM, WI 53040

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/31/2022 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CEDAR BAY WEST (0010312)  
**Address:** 5555 CEDAR BAY DR, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/1/2002 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0136449      **End Date:** 6/9/2021      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** FIELDS OF WASHINGTON COUNTY THE (0011418)

**Address:** 675 E WASHINGTON ST, WEST BEND, WI 53095

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/19/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0140091      **End Date:** 7/8/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE-WEST BEND (0013626)  
**Address:** 2130 CONTINENTAL DR, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/20/2011 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143224    **End Date:** 3/16/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TYJR11    Served 5/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(d)	SERVICES		
89.23(3)(f)	SERVICES		

**Survey ID:** 0141819    **End Date:** 10/25/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136794    **End Date:** 7/13/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (NEW PERSPECTIVE-WEST BEND--0013626)

**Date Complaint Received: 11/25/2022**

**Date Investigation Completed: 3/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 5/5/2022**

**Date Investigation Completed: 10/25/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/22/2021**

**Date Investigation Completed: 10/25/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/16/2020**

**Date Investigation Completed: 7/13/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/4/2020**

**Date Investigation Completed: 7/13/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WILLOWS AT CEDAR LAKE (THE) (0017033)  
**Address:** 5577 HOME DRIVE, WEST BEND, WI 53095  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 5/14/2018 12:00:00AM  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0141767    **End Date:** 10/21/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NKC611    Served 1/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT	2/20/23	
89.26(4)	ANNUAL REVIEW	2/20/22	

### Complaint History (WILLOWS AT CEDAR LAKE (THE)--0017033)

**Date Complaint Received:** 1/15/2022

**Date Investigation Completed:** 10/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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