

## Provider Inspection Summary

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

Waukesha

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 49.00 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 (REGISTERED)

### Facility Information

**Facility Name:** CONGREGATIONAL HOME (0010315)  
**Address:** 13900 W BURLEIGH, BROOKFIELD, WI 53005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/15/1998 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

**This is Page 2 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** CONGREGATIONAL HOME (0010760)

**Address:** 3140 LILLY ROAD, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/4/2004 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

**This is Page 3 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COMMUNITIES (0010309)

**Address:** 777 North BROOKFIELD RD, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2003 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142197    **End Date:** 1/19/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137398    **End Date:** 9/13/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136691    **End Date:** 6/2/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BR8Q11    Served 7/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	9/13/21	Yes

**Survey ID:** 0135775    **End Date:** 3/10/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 4 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

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

### Enforcement History (PRO HEALTH CARE REGENCY SENIOR COMMUNITIES--0010309)

Date: 7/7/2021 SOD #BR8Q11 Appealed:

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.26(4)

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COMMUNITIES--0010309)

Date Complaint Received: 1/7/2023 Date Investigation Completed: 1/19/2023

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 12/9/2022 Date Investigation Completed: 1/19/2023

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 5/24/2021 Date Investigation Completed: 6/2/2021

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

**This is Page 5 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** RUBY COMMONS (0016784)  
**Address:** 17560 WEST NORTH AVE, BROOKFIELD, WI 53045  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/1/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142514    **End Date:** 3/16/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141761    **End Date:** 9/14/2022    **Type:** OTHER    **Purpose:** SURVEY/VV  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0UDG12    Served 1/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	3/16/23	Yes
89.27(3)(d)	SERVICE AGREEMENT	3/16/23	Yes

### Enforcement History (RUBY COMMONS--0016784)

**Date:** 1/6/2023    **SOD #**0UDG12    **Appealed:**  
Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.27(3)(d)

***This is Page 6 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** COMPASS POINT (0011251)  
**Address:** 365 SUNSET DR, DOUSMAN, WI 53118  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/2/2006 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136148      **End Date:** 4/15/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 7 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** HERITAGE ELM GROVE H12 (0015093)  
**Address:** 800 WALL ST, ELM GROVE, WI 53122  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/5/2014 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0135604      **End Date:** 2/9/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (HERITAGE ELM GROVE H12--0015093)

**Date:** 5/18/2020      **SOD #**8D1412      **Appealed:**  
Sanctions  
FORFEITURE---89.34(16)

**This is Page 8 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

### Facility Information

**Facility Name:** HERITAGE LAKE COUNTRY (0016505)  
**Address:** 2975 VILLAGE SQUARE DR, HARTLAND, WI 53029  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 5/1/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<b>Survey ID:</b> 0140678	<b>End Date:</b> 9/1/2022	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0132355	<b>End Date:</b> 8/7/2020	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 9 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** MATTHEWS OF HARTLAND (0014155)  
**Address:** 300 E NORTH SHORE DR, HARTLAND, WI 53029  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/15/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140092      **End Date:** 6/20/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (MATTHEWS OF HARTLAND--0014155)

<b>Date Complaint Received:</b> 6/13/2022	<b>Date Investigation Completed:</b> 6/20/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 10 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** ARBORETUM (THE) (0018807)  
**Address:** W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139710      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 11 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** DICKSON HOLLOW (0016050)  
**Address:** W156 N4881 PILGRIM RD, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/28/2016 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

**This is Page 12 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** DICKSON HOLLOW (0018295)  
**Address:** W156 N4881 PILGRIM ROAD, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/19/2021 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0135485      **End Date:** 1/19/2021      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 13 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** GRACE COMMONS I (0018199)  
**Address:** W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/6/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140050    **End Date:** 6/21/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139040    **End Date:** 12/9/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IL5U11    Served 3/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	6/21/22	Yes
89.34(17)	TENANT RIGHTS	6/21/22	Yes

**Survey ID:** 0136678    **End Date:** 6/29/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134494    **End Date:** 8/6/2020    **Type:** INITIAL    **Purpose:** SURVEY

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

**This is Page 14 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

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

### Enforcement History (GRACE COMMONS I--0018199)

Date: 3/23/2022 SOD #IL5U11 Appealed: No

Sanctions

ORDER TO COMPLY

### Complaint History (GRACE COMMONS I--0018199)

Date Complaint Received: 10/25/2021

Date Investigation Completed: 12/9/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 6/22/2021

Date Investigation Completed: 6/29/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 15 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** MENOMONEE PLACE (0014673)  
**Address:** N84 W17147 MENOMONEE AVE, MENOMONEE FALLS, WI 53051  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/11/2013 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<b>Survey ID:</b> 0142892	<b>End Date:</b> 3/23/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0141297	<b>End Date:</b> 10/25/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0140158	<b>End Date:</b> 7/7/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0139525	<b>End Date:</b> 2/15/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 16 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

### Complaint History (MENOMONEE PLACE--0014673)

**Date Complaint Received: 3/6/2023**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 3/23/2023**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/5/2022**

Subject Area(s)

RESIDENT RIGHTS

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

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/19/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 7/7/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/14/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 2/15/2022**

Result

NOT SUBSTANTIATED

SOD #

**This is Page 17 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** LINDENRIDGE (0010336)

**Address:** 841 E VETERANS WAY, MUKWONAGO, WI 53149

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2003 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0137671      **End Date:** 10/28/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 18 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** HERITAGE MUSKEGO (0017260)  
**Address:** S64 W13780 JANESVILLE RD, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/10/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136396      **End Date:** 5/25/2021      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 19 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO (0010349)

**Address:** W181 S8540 LODGE BLVD, MUSKEGO, WI 53150

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2003 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136114      **End Date:** 4/28/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO--0010349)

**Date Complaint Received:** 4/12/2021

**Date Investigation Completed:** 4/28/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 20 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** TUDOR OAKS WINDSOR HOUSE (0014206)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/30/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136122      **End Date:** 4/21/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 21 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** TUDOR OAKS WINDSOR MANOR (0014205)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/30/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136124      **End Date:** 4/21/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 22 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** TUDOR OAKS (0010499)  
**Address:** S77 W12929 MCSHANE DR, MUSKEGO, WI 53150  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/15/2004 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

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

**This is Page 23 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** HERITAGE AT DEER CREEK (0013469)  
**Address:** 3585 S 147TH ST, NEW BERLIN, WI 53151  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/15/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138764    **End Date:** 2/21/2022    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138645    **End Date:** 12/28/2021    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XJT811    Served 2/8/2022

Deficiencies Cited  
50.034(10)

Subject Area  
INSPECTION FEE

Compliance  
Verified  
5/18/22

Corrected  
Yes

**Survey ID:** 0136614    **End Date:** 6/22/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 24 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

**Survey ID:** 0135879    **End Date:** 3/11/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CHZP12    Served 3/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	6/23/21	Yes
89.23(3)(f)	SERVICES	6/23/21	Yes

### Enforcement History (HERITAGE AT DEER CREEK--0013469)

**Date:** 2/8/2022    **SOD #**XJT811    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 3/29/2021    **SOD #**CHZP12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---50.065(2)(d)

***This is Page 25 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

**Address:** 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/30/1998 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138573    **End Date:** 11/8/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KY9P11    Served 2/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(3)(c)1	PARTICIPATION IN THE ASSESSMENT	4/20/22	Withdrawn
89.29(3)(a)5	ADMISSION & RETENTION OF TENANTS	4/20/22	Withdrawn

**Survey ID:** 0136904    **End Date:** 7/13/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135253    **End Date:** 11/27/2020    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 26 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Enforcement History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN--0010354)

**Date:** 2/1/2022      **SOD #**KY9P11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---89.26(3)(c)1

FORFEITURE---89.29(3)(a)5

**Date:** 6/4/2020      **SOD #**JH0D11      **Appealed:**

Sanctions

OTHER SANCTION

FORFEITURE---89.23(4)(a)2

FORFEITURE---89.28(2)(a)

### Complaint History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN--0010354)

**Date Complaint Received:** 11/2/2021      **Date Investigation Completed:** 11/8/2021

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

KY9P11

**Date Complaint Received:** 11/11/2020      **Date Investigation Completed:** 12/6/2020

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

***This is Page 27 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** EVIN AT OCONOMOWOC SENIOR LIVING (0018397)

**Address:** 1101 SILVER LAKE STREET, OCONOMOWOC, WI 53066

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2021 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142536    **End Date:** 3/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140701    **End Date:** 8/8/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #79CC11    Served 9/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(2)(c)	COMPREHENSIVE ASSESSMENT	3/16/23	Yes

**Survey ID:** 0135595    **End Date:** 1/28/2021    **Type:** INITIAL    **Purpose:** SURVEY

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

### Enforcement History (EVIN AT OCONOMOWOC SENIOR LIVING--0018397)

**Date:** 8/9/2022    **SOD #**79CC11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 28 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Complaint History (EVIN AT OCONOMOWOC SENIOR LIVING--0018397)

**Date Complaint Received: 2/15/2023**

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

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 7/19/2022**

**Date Investigation Completed: 8/8/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

79CC11

**This is Page 29 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** LAKE TERRACE APARTMENTS EAST (0016646)  
**Address:** 1340 WEST WISCONSIN AVENUE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/1/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142732      **End Date:** 3/22/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 30 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** SHOREHAVEN TOWER (0010358)  
**Address:** 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/1/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<b>Survey ID:</b> 0143138	<b>End Date:</b> 5/8/2023	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0136496	<b>End Date:</b> 6/3/2021	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 31 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** WILKINSON WOODS (0018803)  
**Address:** 999 EAST SUMMIT AVENUE, OCONOMOWOC, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142207    **End Date:** 1/31/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140850    **End Date:** 9/8/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JXYX11    Served 9/27/2022

Deficiencies Cited  
89.28(2)(a)1

Subject Area  
RISK AGREEMENT

Compliance  
Verified  
1/1/23

Corrected  
Yes

**Survey ID:** 0140406    **End Date:** 8/3/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139721    **End Date:** 6/1/2022    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 32 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.



## Provider Inspection Summary

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

### Enforcement History (WILKINSON WOODS--0018803)

**Date:** 9/27/2022      **SOD #**JYX11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (WILKINSON WOODS--0018803)

**Date Complaint Received:** 8/31/2022

**Date Investigation Completed:** 9/8/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

JYX11

**Date Complaint Received:** 8/23/2022

**Date Investigation Completed:** 9/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 7/27/2022

**Date Investigation Completed:** 8/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 33 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** CECELIA PLACE ASSISTED LIVING (0017007)  
**Address:** 1061 CECELIA DR, PEWAUKEE, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/1/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<b>Survey ID:</b> 0142976	<b>End Date:</b> 4/21/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0140976	<b>End Date:</b> 10/6/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0138752	<b>End Date:</b> 2/15/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0133929	<b>End Date:</b> 5/28/2020	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 34 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Complaint History (CECELIA PLACE ASSISTED LIVING--0017007)

**Date Complaint Received: 2/17/2023**

**Date Investigation Completed: 4/6/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/2/2022**

**Date Investigation Completed: 10/6/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 5/20/2020**

**Date Investigation Completed: 5/28/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

***This is Page 35 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** KIRKLAND CROSSINGS RCAC (0010324)  
**Address:** 700 QUINLAN DR, PEWAUKEE, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/1/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141681      **End Date:** 12/13/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 36 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** MATTHEWS OF PEWAUKEE RCAC (0014153)  
**Address:** 1109 CECELIA DR, PEWAUKEE, WI 53072  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/15/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0137205    **End Date:** 8/31/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136386    **End Date:** 5/18/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TSXW11    Served 6/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	8/31/21	Yes

### Enforcement History (MATTHEWS OF PEWAUKEE RCAC--0014153)

**Date:** 6/3/2021    **SOD #**TSXW11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

***This is Page 37 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** LAKE COUNTRY LANDING (0016878)  
**Address:** 2255 N STONEHEDGE TRL, SUMMIT, WI 53066  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/1/2017 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142277    **End Date:** 11/28/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ112    Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		

**Survey ID:** 0140871    **End Date:** 6/2/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WJ111    Served 9/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	11/28/22	No
89.34(15)	TENANT RIGHTS	11/28/22	Yes

***This is Page 38 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0139679    **End Date:** 4/26/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DHJV11    Served 5/31/2022

Deficiencies Cited

89.27(3)(d)

89.28(1)

Subject Area

SERVICE AGREEMENT

RISK AGREEMENT

Compliance  
Verified

Corrected

---

**Survey ID:** 0135910    **End Date:** 3/17/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0135613    **End Date:** 2/11/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0135459    **End Date:** 1/14/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0135413    **End Date:** 12/22/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0134916    **End Date:** 9/23/2020    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 39 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Enforcement History (LAKE COUNTRY LANDING--0016878)

**Date:** 2/23/2023      **SOD #**5WJ112      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.29(2)(a)2.c

**Date:** 9/28/2022      **SOD #**5WJ111      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(2)(a)2.c

**Date:** 6/30/2020      **SOD #**TNU312      **Appealed:** No

Sanctions

OTHER SANCTION

**This is Page 40 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

### Complaint History (LAKE COUNTRY LANDING--0016878)

**Date Complaint Received: 5/17/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 5/31/2022**

Result  
SUBSTANTIATED

SOD #  
5WJ111

**Date Complaint Received: 4/14/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 4/26/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/24/2021**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 3/17/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/26/2021**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 2/11/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/15/2020**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 12/23/2020**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 8/5/2020**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 9/23/2020**

Result  
NOT SUBSTANTIATED

SOD #

**This is Page 41 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** COURTYARD AT SUSSEX RCAC (THE) (0018844)

**Address:** W235 N6350 HICKORY DRIVE, SUSSEX, WI 53089

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/2/2022 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141945    **End Date:** 10/14/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QKT211    Served 1/25/2023

Deficiencies Cited  
89.34(16)

Subject Area  
TENANT RIGHTS

Compliance  
Verified

Corrected

### Enforcement History (COURTYARD AT SUSSEX RCAC (THE)--0018844)

**Date:** 1/25/2023    **SOD #**QKT211    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.34(16)

### Complaint History (COURTYARD AT SUSSEX RCAC (THE)--0018844)

**Date Complaint Received:** 9/26/2022

**Date Investigation Completed:** 10/12/2022

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
QKT211

***This is Page 42 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** AVALON SQUARE (0011712)  
**Address:** 222 PARK PL, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/22/2007 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136309      **End Date:** 5/17/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 43 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** LINDENHEIGHTS RCAC (0013325)  
**Address:** 427 N UNIVERSITY DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/10/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143015    **End Date:** 3/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LW8811    Served 5/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		

**Survey ID:** 0135614    **End Date:** 2/11/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135033    **End Date:** 10/21/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W6XK11    Served 10/28/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	2/11/21	Yes

***This is Page 44 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Enforcement History (LINDENHEIGHTS RCAC--0013325)

**Date:** 5/10/2023      **SOD #** LW8811      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 10/28/2020      **SOD #** W6XK11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

### Complaint History (LINDENHEIGHTS RCAC--0013325)

**Date Complaint Received:** 1/12/2023      **Date Investigation Completed:** 3/15/2023

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

**Date Complaint Received:** 10/2/2020      **Date Investigation Completed:** 10/21/2020

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

***This is Page 45 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** NEW PERSPECTIVE WAUKESHA (0018219)  
**Address:** 1701 EAST BROADWAY, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/28/2020 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141446      **End Date:** 11/9/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134784      **End Date:** 8/28/2020      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (NEW PERSPECTIVE WAUKESHA--0018219)

<b>Date Complaint Received:</b> 4/25/2023	<b>Date Investigation Completed:</b> 5/3/2023
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
<b>Date Complaint Received:</b> 10/4/2022	<b>Date Investigation Completed:</b> 11/9/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>

***This is Page 46 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** OAK HILL TERRACE (0018805)  
**Address:** 1805 KENSINGTON DRIVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2022 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139708      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 47 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

### Facility Information

**Facility Name:** SUMMIT WOODS (0017241)  
**Address:** 2501 SUMMIT AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/1/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138733      **End Date:** 2/14/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SUMMIT WOODS--0017241)

<b>Date Complaint Received:</b> 11/30/2021	<b>Date Investigation Completed:</b> 2/14/2022
<u>Subject Area(s)</u>	<u>Result</u>
ADMINISTRATION	NOT SUBSTANTIATED
PROGRAM SERVICES	NOT SUBSTANTIATED

SOD #

**This is Page 48 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

### Facility Information

**Facility Name:** Waters of Pewaukee (The) (0019528)

**Address:** W239N2540 Dahlia Blvd, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/5/2023 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

**This is Page 49 of 49 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***