

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2023
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NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE ADULT DAY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 DOLPHIN DRIVE WAUKESHA, WI 53186
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite recertification survey was conducted on 05/08/2023 at Community Care Adult Day Health Waukesha, an Adult Day Care Center located in Waukesha, Wisconsin. Community Care Adult Day Program Waukesha was found to be in compliance with Wisconsin Administrative Code DHS 105.14 for Adult Day Care Centers.</p> <p>No citations were issued.</p> <p>Current Census: 7</p> <p>A total of five participant files were reviewed during this survey, three open and two closed records.</p>	E 000		
Z 001	<p>Initial Comments</p> <p>An unannounced onsite recertification survey was conducted on 05/08/2023 at Community Care Adult Day Health Waukesha, an Adult Day Care Center located in Waukesha, Wisconsin. Community Care Adult Day Health Waukesha was found to be in compliance with Wisconsin Administrative Codes: DHS 12 and 13 regulations for Office of Caregiver Compliance.</p> <p>Four personnel records were reviewed during this survey.</p> <p>No citations were issued.</p>	Z 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE