

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility  
COUNTY: MILWAUKEE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Milwaukee County.**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 43 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 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

### Facility Information

**Facility Name:** BROTOLOC FRANKLIN (0013104)

**Address:** 9460 S 46TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/05/2010

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0106793      **End Date:** 08/02/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0105707      **End Date:** 02/04/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE

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

***This is Page 2 of 43 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (BROTOLOC FRANKLIN)

**Date Complaint Received: 07/16/2010**

**Date Investigation Completed: 08/02/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/18/2010**

**Date Investigation Completed: 08/02/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/03/2010**

**Date Investigation Completed: 08/02/2010**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS  
PROGRAM SERVICES

SUBSTANTIATED  
NOT SUBSTANTIATED

TYE611

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: COUNTRYSIDE MANOR (0009425)

Address: 4232 W MINNESOTA CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105132 End Date: 09/21/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P7WP11 Served 11/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		

Survey ID: 0104564 End Date: 07/27/2009 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K83111 Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	09/23/2009	Yes

Survey ID: 0103391 End Date: 01/28/2009 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID: 0102562    End Date: 09/09/2008    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #WG1112    Served 09/27/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/28/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/28/2009	Yes
83.33(2)(a)	SUPERVISION	01/28/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/28/2009	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	01/28/2009	Yes

**Survey ID: 0102059    End Date: 06/24/2008    Type: OTHER    Purpose: DESK REVIEW**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #Q7RN11    Served 07/11/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/28/2009	Yes

**Survey ID: 0101583    End Date: 04/10/2008    Type: OTHER    Purpose: DESK REVIEW**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #SYQQ11    Served 05/19/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	04/01/2009	Yes

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)  
COUNTY: MILWAUKEE

**Enforcement History (COUNTRYSIDE MANOR)**

**Date: 07/30/2009**      **SOD #K83111**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/23/2009 12:00:00AM  
COMPLY WITH REQUIREMENT

**Date: 09/24/2008**      **SOD #WG1112**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/28/2009 12:00:00AM  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(a)  
FORFEITURE---83.33(4)(h)

**Date: 07/09/2008**      **SOD #Q7RN11**      **Enforcement Appealed: No**

Sanctions

NO NEW ADMISSIONS --Facility Compliant 09/18/2008 12:00:00AM  
FORFEITURE---83.11(3)(a)

**Date: 04/29/2008**      **SOD #SYQQ11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---87.07(10)(a)1  
FORFEITURE---Accruing 91 days at \$20/day

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (COUNTRYSIDE MANOR)

**Date Complaint Received: 08/31/2009**

**Date Investigation Completed: 09/21/2009**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** COVENTRY GROUP HOME (0012149)

**Address:** 8028 W COVENTRY DR, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/16/2007

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105256    **End Date:** 10/26/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1Y6Y11    Served 12/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (COVENTRY GROUP HOME)

**Date Complaint Received: 07/28/2009**

**Date Investigation Completed: 10/26/2009**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

### Facility Information

**Facility Name:** ELIZABETH RESIDENCE NORTH (0009330)

**Address:** 9329 S 48TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0103618      **End Date:** 02/05/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** ELIZABETH RESIDENCE SOUTH (0010429)

**Address:** 9355 S 48TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2004

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0103086    **End Date:** 11/12/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CBMP12    Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	Yes
83.33(3)(e)3.d	PROVIDE INSTRUCTION TO STAFF	04/01/2009	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** GLADHAVEN (0012383)

**Address:** 7220 FOXCROFT CT, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2009

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0108413    **End Date:** 03/21/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEUY12    Served 05/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

**Survey ID:** 0106215    **End Date:** 04/13/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DTNN11    Served 05/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(5g)	LICENSING, POWERS AND DUTIES	01/26/2011	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	01/26/2011	Yes

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID: 0105635**    **End Date: 01/27/2010**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0105467**    **End Date: 01/07/2010**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0VDM11    Served 01/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	01/26/2011	Yes

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**Survey ID: 0104409**    **End Date: 07/02/2009**    **Type: OTHER**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEUY11    Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	01/26/2011	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	01/26/2011	Yes
83.20(1)(b)	TEMPORARILY TRANSFERRED TO HOSPITAL	01/26/2011	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	01/26/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	01/26/2011	Yes
83.35(5)(a)	FOOD STORAGE	01/26/2011	Yes
83.38(1)(b)	SUPERVISION	01/26/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	01/26/2011	Yes
83.38(1)(g)	HEALTH MONITORING	01/26/2011	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	01/26/2011	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	01/26/2011	Yes
83.45(1)(a)	EXTERIOR AREAS	01/26/2011	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	01/26/2011	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID: 0103658**    **End Date: 03/06/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEY912    Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	04/01/2009	Yes
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES	04/01/2009	Yes

**Survey ID: 0103172**    **End Date: 12/18/2008**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BMF011    Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	03/06/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes

**Survey ID: 0102748**    **End Date: 09/22/2008**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PEY911    Served 10/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	03/06/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/06/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	03/06/2009	Yes
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES	03/06/2009	No
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/06/2009	Yes

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID:** 0102066      **End Date:** 06/25/2008      **Type:** OTHER      **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: MILWAUKEE

**Enforcement History (GLADHAVEN)**

**Date: 05/05/2010**      **SOD #DTNN11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 01/08/2010**      **SOD #0VDM11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(2)(a)

**Date: 07/22/2009**      **SOD #PEUY11**      **Enforcement Appealed: Yes**      **Decision: DISMISSED**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING  
FORFEITURE---50.065(2)(d)  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.20(1)(b)  
FORFEITURE---83.35(1)(c)  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(g)

**Date: 02/03/2009**      **SOD #BMF011**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.07(10)(a)1  
FORFEITURE---83.11(3)(a)

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Date:** 10/21/2008

**SOD #**PEY911

**Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83,11(3)(a)

FORFEITURE---83.33(2)(g)3

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (GLADHAVEN)

**Date Complaint Received: 02/04/2011**

**Date Investigation Completed: 03/21/2011**

Subject Area(s)

NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/17/2009**

**Date Investigation Completed: 07/02/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

PEUY11

**Date Complaint Received: 05/08/2009**

**Date Investigation Completed: 07/02/2009**

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

PEUY11

**Date Complaint Received: 01/27/2009**

**Date Investigation Completed: 03/06/2009**

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

PEY912

**Date Complaint Received: 09/02/2008**

**Date Investigation Completed: 09/17/2008**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/25/2008**

**Date Investigation Completed: 09/17/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**This is Page 19 of 43 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** HARMONY AT BREWOOD PARK (0009967)

**Address:** 9535 W LOOMIS RD, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0107587    **End Date:** 10/07/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #02J911    Served 12/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4n)	REGULATION OF CBRF		
50.09(1)(i)	PERSONAL POSSESSIONS		

**Survey ID:** 0102754    **End Date:** 09/29/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102682    **End Date:** 08/27/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #5EQG11    Served 10/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID:** 0101597      **End Date:** 04/02/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (HARMONY AT BRENWOOD PARK)

**Date Complaint Received: 09/04/2008**

**Date Investigation Completed: 09/29/2008**

Subject Area(s)

SUPERVISION  
MEDICATIONS  
ADMINISTRATION

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 08/12/2008**

**Date Investigation Completed: 08/27/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** HIDDEN TERRACE (0009379)

**Address:** 3405 W SYCAMORE, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107979    **End Date:** 01/31/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105399    **End Date:** 12/07/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #T62Y11    Served 12/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING		

**Survey ID:** 0104923    **End Date:** 09/30/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103154    **End Date:** 11/11/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (HIDDEN TERRACE)

**Date Complaint Received: 12/01/2009**

**Date Investigation Completed: 12/07/2009**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

T62Y11

**Date Complaint Received: 07/07/2009**

**Date Investigation Completed: 09/30/2009**

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/06/2009**

**Date Investigation Completed: 09/30/2009**

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/26/2008**

**Date Investigation Completed: 11/13/2008**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** LAKE POINTE MANOR (310266)

**Address:** 8781 TRAVIS CT, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/12/1996

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107019    **End Date:** 06/07/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6MNZ11    Served 09/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION		

**Survey ID:** 0102302    **End Date:** 07/07/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** LAKE TERRACE MANOR EAST (310706)

**Address:** 6751 S 68TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1999

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0107741    **End Date:** 11/23/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104527    **End Date:** 07/14/2009    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10RK11    Served 08/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/23/2010	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	11/23/2010	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	11/23/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/23/2010	Yes

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**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)  
COUNTY: MILWAUKEE

**Enforcement History (LAKE TERRACE MANOR EAST)**

**Date: 08/05/2009      SOD #10RK11      Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (LAKE TERRACE MANOR EAST)

**Date Complaint Received: 05/05/2009**

**Date Investigation Completed: 07/15/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	10RK11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10RK11
OTHER	NOT SUBSTANTIATED	

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** LAKE TERRACE WEST (0008841)

**Address:** 6771 S 68TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0105639    **End Date:** 01/26/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103214    **End Date:** 12/09/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GELJ11    Served 01/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	Yes

**Survey ID:** 0102180    **End Date:** 07/07/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101964    **End Date:** 04/01/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Complaint History (LAKE TERRACE WEST)**

**Date Complaint Received: 12/11/2009**

**Date Investigation Completed: 01/20/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

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

**Date Investigation Completed: 12/09/2008**

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

**Date Complaint Received: 06/25/2008**

**Date Investigation Completed: 07/07/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OAK CREST FRANKLIN HOME (310628)

**Address:** 7599 FRANCIS CT, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1997

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106786    **End Date:** 08/02/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106107    **End Date:** 03/31/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VRHT12    Served 04/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	08/04/2010	Yes
83.54(1)(b)	BEDROOM WALLS AND DOORS	08/04/2010	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID: 0105696    End Date: 11/11/2009    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #VRHT11    Served 02/11/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	FOOD STORAGE	03/16/2010	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	03/16/2010	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	03/16/2010	Yes
83.48(6)(b)	INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE	03/16/2010	Yes
83.54(5)	BASEMENT BEDROOMS	03/16/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	03/16/2010	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Enforcement History (OAK CREST FRANKLIN HOME)

**Date: 04/23/2010**      **SOD #VRHT12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(2)(a)

FORFEITURE---83.54(1)(b)

**Date: 02/10/2010**      **SOD #VRHT11**      **Enforcement Appealed: No**

Sanctions

ACCRUING FORFEITURE

--Facility Compliant 08/24/2010 12:00:00AM

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

--Facility Compliant 08/06/2010 12:00:00AM

FORFEITURE---

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** PINE HAVEN (0011114)

**Address:** 6795 S 51ST ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2006

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0106784    **End Date:** 07/08/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105642    **End Date:** 01/14/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102152    **End Date:** 07/07/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VQ9U12    Served 07/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	Yes
83.32(2)(a)6	CAPACITY FOR SELF-CARE	04/01/2009	Yes

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (PINE HAVEN)

**Date Complaint Received: 05/04/2010**

**Date Investigation Completed: 07/08/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 08/13/2009**

**Date Investigation Completed: 01/14/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** REM WISCONSIN II INC COLLEGE AVE (0010402)

**Address:** 3177 W COLLEGE AVE, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2005

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107720    **End Date:** 11/23/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106099    **End Date:** 03/08/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T0PD11    Served 04/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	11/23/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	11/23/2010	Yes

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

### Enforcement History (REM WISCONSIN II INC COLLEGE AVE)

**Date:** 04/22/2010      **SOD #**T0PD11      **Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(3)

FORFEITURE---83.48(3)(a)

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (REM WISCONSIN II INC COLLEGE AVE)

**Date Complaint Received: 09/09/2009**

**Date Investigation Completed: 03/08/2010**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

### Facility Information

**Facility Name:** ROBINWOOD MANOR (310234)

**Address:** 10520 W ROBINWOOD LA, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/02/1995

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0105502    **End Date:** 12/09/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104487    **End Date:** 07/29/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103152    **End Date:** 12/04/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102076    **End Date:** 05/29/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (ROBINWOOD MANOR)

**Date Complaint Received: 11/11/2009**

**Date Investigation Completed: 12/09/2009**

Subject Area(s)

Result

SOD #

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/08/2009**

**Date Investigation Completed: 07/29/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/01/2008**

**Date Investigation Completed: 12/04/2008**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** SKY RESIDENTIAL FRANKLIN (0012151)

**Address:** 8104 S 35TH ST, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2007

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### Survey History

**Survey ID:** 0106977    **End Date:** 08/10/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106359    **End Date:** 03/31/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L6LD11    Served 06/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

**Survey ID:** 0104218    **End Date:** 06/02/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102291    **End Date:** 06/25/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

### Enforcement History (SKY RESIDENTIAL FRANKLIN)

**Date:** 06/02/2010

**SOD #**L6LD11

**Enforcement Appealed:** Yes

**Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.36(1)(b)

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### Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (SKY RESIDENTIAL FRANKLIN)

**Date Complaint Received: 05/21/2010**

**Date Investigation Completed: 08/10/2010**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/24/2010**

**Date Investigation Completed: 03/31/2010**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
NUTRITION & FOOD SERVICES  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/10/2010**

**Date Investigation Completed: 03/31/2010**

Subject Area(s)

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

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

L6LD11

**Date Complaint Received: 06/03/2008**

**Date Investigation Completed: 06/25/2008**

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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