

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 Wauwatosa. 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 23 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: ARGONNE (0011364)

Address: 9835 W ARGONNE DR, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006

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

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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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: BLUEMOUND HOME (0011541)

Address: 12231 W BLUEMOUND RD, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0108364 **End Date:** 03/21/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106208 **End Date:** 03/16/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4G211 Served 05/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES	03/16/2011	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

Enforcement History (BLUEMOUND HOME)

Date: 05/05/2010 SOD #P4G211 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.09(1)(f)

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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 (BLUEMOUND HOME)

Date Complaint Received: 07/31/2009

Date Investigation Completed: 03/16/2010

Subject Area(s)
RESIDENT RIGHTS
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
P4G211

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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: CAMILLUS COURT EAST (310158)

Address: 10100 W BLUEMOUND RD, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 10/26/1993

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

Survey History

Survey ID: 0104874 **End Date:** 09/14/2009 **Type:** ABBREVIATED **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: CAMILLUS COURT WEST (310109)

Address: 530 N 103RD ST, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 12/17/1989

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

Survey History

Survey ID: 0105364 **End Date:** 11/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: DEWEY CENTER (310122)
Address: 1220 DEWEY AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 02/22/1991
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104676 **End Date:** 08/19/2009 **Type:** ABBREVIATED **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: HARWOOD PLACE ASSISTED LIVING (0009947)

Address: 8220 W HARWOOD AVE, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004

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

Survey History

Survey ID: 0106026 **End Date:** 03/04/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/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

Facility Information

Facility Name: HIL SUNSET HOME (0011194)

Address: 10212 W SUNSET AVE, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006

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

Survey History

Survey ID: 0106112 **End Date:** 03/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8YNT11 Served 04/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.19	ORIENTATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Survey ID: 0102668 **End Date:** 09/23/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102846 **End Date:** 07/11/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QK5Y11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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 (HIL SUNSET HOME)

Date: 07/16/2008 **SOD #QK5Y11** **Enforcement Appealed: Yes** **Decision: STIPULATION**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 10/17/2008 12:00:00AM

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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 (HIL SUNSET HOME)

Date Complaint Received: 01/22/2010

Date Investigation Completed: 03/10/2010

Subject Area(s)

RESIDENT RIGHTS
ABUSE
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

8YNT11

Date Complaint Received: 05/29/2008

Date Investigation Completed: 09/23/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

QK5Y11

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

Facility Information

Facility Name: HIL VIENNA HOME (0009794)
Address: 10136 W VIENNA AVE, WAUWATOSA, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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

Facility Information

Facility Name: IRIS MANOR (310155)
Address: 2339 N 60TH ST, WAUWATOSA, WI 53210
License Status: REGULAR
Licensed/Certified/Registered 09/01/1993
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104237 **End Date:** 05/27/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #B9EL11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(d)	PROGRAM STATEMENT: CLASS OF THE CBRF		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.47(2)(b)	EXIT DIAGRAM		

Survey ID: 0101783 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J4HJ11 Served 05/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	07/17/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (IRIS MANOR)

Date: 05/27/2008 **SOD #J4HJ11**

Enforcement Appealed: No

Sanctions

NO NEW ADMISSIONS

--Facility Compliant 10/10/2008 12:00:00AM

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

FORFEITURE---83.11(3)(a)

FORFEITURE---Accrued amount since 5/23/08

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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: LUTHER MANOR COURTYARDS (310087)

Address: 4611 N 92ND ST, WAUWATOSA, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/27/1981

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

Survey History

Survey ID: 0106783 **End Date:** 06/30/2010 **Type:** ABBREVIATED **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: LUTHERAN HOME ASSISTED LIVING (0010582)

Address: 7500 W NORTH AVE, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 12/01/2004

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

Survey History

Survey ID: 0108140 **End Date:** 03/02/2011 **Type:** OTHER **Purpose:** SURVEY/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 (LUTHERAN HOME ASSISTED LIVING)

Date Complaint Received: 02/01/2011

Date Investigation Completed: 03/02/2011

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

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: OAK RIDGE HOUSE (0012760)

Address: 2630 N 118TH ST, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010

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

Survey History

Survey ID: 0106858 **End Date:** 07/29/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105856 **End Date:** 02/09/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JKOK11 Served 03/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	07/29/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	07/29/2010	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	07/29/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	07/29/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	07/29/2010	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	07/29/2010	Yes

Survey ID: 0104300 **End Date:** 07/01/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (OAK RIDGE HOUSE)

Date: 03/10/2010

SOD #JKOK11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.48(3)(a)

FORFEITURE---83.59(1)(a)

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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: RAVENSWOOD MANOR (310622)

Address: 8454 RAVENSWOOD CIRCLE, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 06/01/1997

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

Survey History

Survey ID: 0107582 **End Date:** 11/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103151 **End Date:** 12/03/2008 **Type:** ABBREVIATED **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: ST CAMILLUS (0011293)

Address: 10101 W WISCONSIN AVE, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006

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

Survey History

Survey ID: 0107732 **End Date:** 11/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105366 **End Date:** 11/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101580 **End Date:** 04/02/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #311211 Served 04/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
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

Complaint History (ST CAMILLUS)

Date Complaint Received: 10/23/2009

Date Investigation Completed: 11/16/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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