

**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 West Allis. 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 53 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 AA (AMBULATORY)  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 2ND CENTURY (0013598)  
**Address:** 2187 S 85TH ST, WEST ALLIS, WI 53227  
**License Status:** PROBATIONARY  
**Licensed/Certified/Registered** 02/11/2011  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108000    **End Date:** 02/11/2011    **Type:** OTHER    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

**Statement of Deficiency:** #6SJ111    Served 02/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(a)	EXTERIOR AREAS		
83.55(6)(a)	BATH AND TOILET AREAS: WATER SUPPLY		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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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:** BECHER (310032)  
**Address:** 8915 W BECHER ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/1986  
**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:** BETHESDA LUTHERAN COMMUNITIES-WEST ALLIS (310167)

**Address:** 2577 S 118TH ST, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1994

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

#### Survey History

**Survey ID:** 0107144    **End Date:** 08/12/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BOWV11 Served 09/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	04/20/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	04/20/2011	Yes
83.47(3)	FIRE INSPECTION	04/20/2011	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	04/20/2011	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	04/20/2011	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 (BETHESDA LUTHERAN COMMUNITIES-WEST ALLIS)

**Date: 09/24/2010**      **SOD #BOWV11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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 AA (AMBULATORY)  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BROTOLOC WEST ALLIS (0013103)  
**Address:** 2355 S 68TH ST, WEST ALLIS, WI 53219  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/05/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105709      **End Date:** 02/04/2010      **Type:** INITIAL      **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION 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:** CLA WEST ARTHUR (0011254)

**Address:** 6524 W ARTHUR AVE, WEST ALLIS, WI 53219

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2007

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

#### Survey History

**Survey ID:** 0104264    **End Date:** 05/18/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U63711    Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.15(1)	ADMINISTRATOR QUALIFICATIONS		

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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 (CLA WEST ARTHUR)**

**Date: 06/26/2009      SOD #U63711**

**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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** CREATIVE LIVING ENVIRONMENTS AUTUMN VILLA (0012489)

**Address:** 2904 S 114TH ST, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2008

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

**Survey History**

**Survey ID:** 0107608    **End Date:** 10/05/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F6H011    Served 12/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

**Survey ID:** 0102645    **End Date:** 10/01/2008    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

### Enforcement History (CREATIVE LIVING ENVIRONMENTS AUTUMN VILLA)

**Date:** 12/10/2010

**SOD #**F6H011

**Enforcement Appealed:** Yes

**Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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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:** GREENFIELD HOUSE (310062)  
**Address:** 10521 W GREENFIELD AVE, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1987  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104998    **End Date:** 09/08/2009    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VTMQ11    Served 10/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		

**Survey ID:** 0102138    **End Date:** 06/18/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DRQQ12    Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	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 (GREENFIELD HOUSE)**

**Date: 10/15/2009**      **SOD #VTMQ11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(L)

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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

**Complaint History (GREENFIELD HOUSE)**

**Date Complaint Received: 07/31/2009**

**Date Investigation Completed: 09/08/2009**

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE  
ADMINISTRATION

NOT SUBSTANTIATED  
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:** HERITAGE WEST ALLIS HERITAGE 7 LLC (0012725)

**Address:** 7801 W NATIONAL AVE, WEST ALLIS, WI 53214

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2010

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

### Survey History

**Survey ID:** 0108009    **End Date:** 02/09/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107401    **End Date:** 10/13/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107112    **End Date:** 08/04/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105103    **End Date:** 10/20/2009    **Type:** INITIAL    **Purpose:** SURVEY

**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

#### Complaint History (HERITAGE WEST ALLIS HERITAGE 7 LLC)

**Date Complaint Received: 11/24/2010**

**Date Investigation Completed: 02/09/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/22/2010**

**Date Investigation Completed: 02/09/2011**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RBF811

**Date Complaint Received: 09/22/2010**

**Date Investigation Completed: 10/06/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF ADEQUACY  
QUALITY OF LIFE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/10/2010**

**Date Investigation Completed: 08/25/2010**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
ADMINISTRATION

NOT SUBSTANTIATED  
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:** HIL ROOT RIVER HOUSE (0009705)

**Address:** 2300 S ROOT RIVER PKWY, WEST ALLIS, WI 53227

**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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** HILLCREST HOMES 75TH (310193)

**Address:** 1467 S 75TH ST, WEST ALLIS, WI 53214

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/12/1995

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

#### Survey History

**Survey ID:** 0107819    **End Date:** 11/23/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TD7V12    Served 01/27/2011

<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		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(1)(a)	EXTERIOR AREAS		
83.47(3)	FIRE INSPECTION		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Survey ID: 0105305 End Date: 10/29/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TD7V11 Served 12/09/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(a)	EXTERIOR AREAS	11/23/2010	No
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	11/23/2010	No

**Survey ID: 0103923 End Date: 04/22/2009 Type: OTHER Purpose: VERIFICATION VISIT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Survey ID: 0103605 End Date: 02/23/2009 Type: STANDARD Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #NNBY13 Served 03/20/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	Yes
83.35(4)(i)	EXPIRED FOOD SHALL NOT BE USED	04/01/2009	Yes
83.35(5)(a)	FOOD STORAGE	04/01/2009	Yes
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	04/01/2009	Yes
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	Yes
83.42(8)(a)	FIRE EXTINGUISHER	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	04/01/2009	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Enforcement History (HILLCREST HOMES 75TH)

**Date:** 01/25/2011      **SOD #**TD7V12      **Enforcement Appealed:** No

Sanctions

ACCRUING FORFEITURE  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.43(1)  
FORFEITURE---83.45(1)(a)  
FORFEITURE---83.47(3)  
FORFEITURE---83.48(8)(b)  
FORFEITURE---83.55(6)(b)  
FORFEITURE---83.59(1)(a)  
FORFEITURE---83.59(1)(g)

**Date:** 12/08/2009      **SOD #**TD7V11      **Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.45(1)(a)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

**Date: 03/18/2009**

**SOD #NNBY13**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

--Facility Compliant 04/23/2009 12:00:00AM

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.33(3)(e)5

FORFEITURE---83.35(4)(i)

FORFEITURE---83.35(5)(a)

FORFEITURE---83.35(7)(b)1, 83.41(9), 83.41(10)(a)

FORFEITURE---83.42(8)(a)

FORFEITURE---83.43(7)(b)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (HILLCREST HOMES 75TH)

**Date Complaint Received: 03/22/2010**

**Date Investigation Completed: 11/23/2010**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/29/2009**

**Date Investigation Completed: 10/29/2009**

Subject Area(s)  
PHYSICAL PLANTS & SAFETY HAZARDS

Result  
SUBSTANTIATED

SOD #  
TDV11

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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:** KLUG COMMUNITY LIVING (310191)  
**Address:** 3161 S 112TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/27/1995  
**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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

### Facility Information

**Facility Name:** LINCOLN TERRACE GROUP HOME (310704)

**Address:** 2416 S 60TH ST, WEST ALLIS, WI 53219

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0108238      **End Date:** 03/28/2011      **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: 0107975**    **End Date: 12/09/2010**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #W1TW13**    Served 02/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	03/28/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	03/28/2011	Yes
83.35(3)(a)	MENU PLANNING	03/28/2011	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	03/28/2011	Yes
83.37(1)(d)	DOCUMENTATION	03/28/2011	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	03/28/2011	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	03/28/2011	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	03/28/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/28/2011	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	03/28/2011	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	03/28/2011	Yes

**Survey ID: 0105245**    **End Date: 10/27/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #W1TW12**    Served 12/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	12/09/2010	No
83.37(3)(e)	MEDICATION STORAGE: PROXIMITY TO CHEMICALS	12/09/2010	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: 0104067    End Date: 05/08/2009    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #W1TW11    Served 05/30/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/27/2009	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/27/2009	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/08/2009	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/08/2009	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	10/27/2009	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	10/27/2009	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	10/27/2009	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 (LINCOLN TERRACE GROUP HOME)

**Date: 02/15/2011**      **SOD #W1TW13**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(3)(a)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.59(2)(a)

**Date: 05/29/2009**      **SOD #W1TW11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION    --Facility Compliant 10/27/2009 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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (LINCOLN TERRACE GROUP HOME)

**Date Complaint Received: 12/02/2010**

**Date Investigation Completed: 12/09/2010**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
W1TW13

**Date Complaint Received: 10/18/2010**

**Date Investigation Completed: 12/09/2010**

Subject Area(s)  
SUPERVISION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/25/2009**

**Date Investigation Completed: 10/27/2009**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
W1TW12

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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:** MARANATHA HOUSE SOUTH (THE) (0012681)  
**Address:** 2526 S 85TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105736    **End Date:** 12/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #X3RZ11    Served 02/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION		

**Survey ID:** 0103793    **End Date:** 03/31/2009    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MUUI11    Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(8)(a)	FIRE EXTINGUISHER	04/17/2009	Yes
83.45(1)	ACCESSIBILITY	04/17/2009	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/17/2009	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:** MITCHELL MANOR - WEST ALLIS (0012245)

**Address:** 5301 W LINCOLN AVE, WEST ALLIS, WI 53219

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/18/2008

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

#### Survey History

**Survey ID:** 0106933    **End Date:** 06/24/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D43612    Served 08/31/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	04/07/2011	Yes

**Survey ID:** 0105866    **End Date:** 02/17/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D43611    Served 03/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	06/24/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	06/24/2010	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	06/24/2010	No

**Survey ID:** 0104837    **End Date:** 09/14/2009    **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

**Survey ID: 0103903**      **End Date: 04/21/2009**      **Type: OTHER**      **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0102963**      **End Date: 11/06/2008**      **Type: OTHER**      **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0102075**      **End Date: 05/23/2008**      **Type: OTHER**      **Purpose: OTHER**

**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 (MITCHELL MANOR - WEST ALLIS)**

**Date: 08/27/2010      SOD #D43612      Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(3)(d)

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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 (MITCHELL MANOR - WEST ALLIS)

**Date Complaint Received: 08/19/2009**

**Date Investigation Completed: 09/14/2009**

Subject Area(s)

Result

SOD #

SUPERVISION  
ABUSE  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 01/21/2009**

**Date Investigation Completed: 04/21/2009**

Subject Area(s)

Result

SOD #

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 09/19/2008**

**Date Investigation Completed: 11/06/2008**

Subject Area(s)

Result

SOD #

STAFF ADEQUACY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
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:** MORGAN PLAZA (0012382)

**Address:** 3468 S 119TH ST, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2009

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

#### Survey History

**Survey ID:** 0107585    **End Date:** 11/10/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106214    **End Date:** 04/13/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PNKG11    Served 05/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03(9)	LICENSING, POWERS AND DUTIES	11/08/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/08/2010	Yes

**Survey ID:** 0106118    **End Date:** 04/09/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106101    **End Date:** 02/24/2010    **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: 0105435 End Date: 12/30/2009 Type: OTHER Purpose: DESK REVIEW**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #ITL511 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	01/28/2010	Yes

**Survey ID: 0105054 End Date: 08/31/2009 Type: OTHER Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #MTSM11 Served 10/28/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	02/24/2010	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	02/24/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	02/24/2010	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	02/24/2010	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	02/24/2010	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	02/24/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	02/24/2010	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	02/24/2010	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	02/24/2010	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	02/24/2010	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: 0104164**    **End Date: 05/07/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6OSQ11    Served 06/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/24/2010	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	02/24/2010	Yes
83.38(1)(b)	SUPERVISION	02/24/2010	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	02/24/2010	Yes
83.38(1)(g)	HEALTH MONITORING	02/24/2010	Yes

---

**Survey ID: 0103756**    **End Date: 01/08/2009**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0103135**    **End Date: 10/21/2008**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0102791**    **End Date: 09/22/2008**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0102048**    **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Enforcement History (MORGAN PLAZA)

**Date: 05/05/2010**      **SOD #PNKG11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 01/04/2010**      **SOD #ITL511**      **Enforcement Appealed: No**

Sanctions

**Date: 10/26/2009**      **SOD #MTSM11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(3)(k)10262009

FORFEITURE---83.32(3)(l)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.43(1)

FORFEITURE---83.44(2)(b)

FORFEITURE---BFS Fee for bounced check

**Date: 06/12/2009**      **SOD #6OSQ11**      **Enforcement Appealed: Yes**      **Decision: WITHDRAWN APPEAL (NO STIPUL**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

PROVIDE TRAINING

FORFEITURE---50.065(2)(b)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(g)

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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 (MORGAN PLAZA)

**Date Complaint Received: 08/09/2010**

**Date Investigation Completed: 11/10/2010**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

**Date Complaint Received: 08/12/2009**

**Date Investigation Completed: 08/31/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	MTSM11

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

**Date Investigation Completed: 08/31/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	MTSM11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	MTSM11
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 04/06/2009**

**Date Investigation Completed: 05/07/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	6OQS11
ADMINISTRATION	SUBSTANTIATED	6OQS11

**Date Complaint Received: 03/02/2009**

**Date Investigation Completed: 05/07/2009**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	6OQS11

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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

**Date Complaint Received: 12/03/2008**

Subject Area(s)  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

**Date Investigation Completed: 01/08/2009**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	NOT RECORDED
SUBSTANTIATED	NOT RECORDED

**Date Complaint Received: 09/23/2008**

Subject Area(s)  
RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE

**Date Investigation Completed: 10/21/2008**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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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:** OHIO HOUSE (0008786)  
**Address:** 3309 S 112TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106975    **End Date:** 08/11/2010    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104431    **End Date:** 06/23/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RED711    Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	08/03/2010	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	08/03/2010	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

**Survey ID: 0103606    End Date: 01/08/2009    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #OYNN17    Served 03/20/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	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 (OHIO HOUSE)**

**Date: 03/18/2009      SOD #OYNN17      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.19(3)(e)  
FORFEITURE---83.32(2)(a)5

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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

**Complaint History (OHIO HOUSE)**

**Date Complaint Received: 07/28/2010**

**Date Investigation Completed: 08/11/2010**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/26/2009**

**Date Investigation Completed: 06/23/2009**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/23/2008**

**Date Investigation Completed: 01/09/2009**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

OYNN16

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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:** RAINBOW PARK HOME (310189)

**Address:** 1217 S 118TH ST, WEST ALLIS, WI 53214

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/28/1995

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

#### Survey History

**Survey ID:** 0107500    **End Date:** 09/29/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EPL711    Served 12/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES		
83.47(3)	FIRE INSPECTION		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

**Survey ID:** 0104581    **End Date:** 07/27/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G4TW11    Served 08/03/2009

<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

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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: 0103932**      **End Date: 04/06/2009**      **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

#### Enforcement History (RAINBOW PARK HOME)

**Date: 11/29/2010**      **SOD #EPL711**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.35(2)

FORFEITURE---83.47(3)

**Date: 07/30/2009**      **SOD #G4TW11**      **Enforcement Appealed: No**

Sanctions

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

COMPLY WITH REQUIREMENT      --Facility Compliant 09/23/2009 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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

#### Complaint History (RAINBOW PARK HOME)

**Date Complaint Received: 12/22/2008**

**Date Investigation Completed: 04/06/2009**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/05/2008**

**Date Investigation Completed: 04/06/2009**

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

NOT RECORDED

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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:** TALL OAKS OF WEST ALLIS (0008617)

**Address:** 2825 S WAUKESHA RD, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2000

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

#### Survey History

**Survey ID:** 0103087    **End Date:** 11/12/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6VXL11    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		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	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 (TALL OAKS OF WEST ALLIS)

**Date:** 12/16/2008

**SOD #**6VXL11

**Enforcement Appealed:** Yes

**Decision:** STIPULATION

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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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 (TALL OAKS OF WEST ALLIS)

**Date Complaint Received: 09/30/2008**

**Date Investigation Completed: 11/12/2008**

Subject Area(s)

SUPERVISION  
ADMINISTRATION

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

6VXL11  
6VXL11

**Date Complaint Received: 09/05/2008**

**Date Investigation Completed: 11/12/2008**

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

6VXL11

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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:** VILLAGE AT MANOR PARK PALMER HOUSE (310053)

**Address:** 3023 S 84TH ST, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/26/1981

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

### Survey History

**Survey ID:** 0107815      **End Date:** 01/11/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104447      **End Date:** 07/08/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102115      **End Date:** 06/02/2008      **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

#### Complaint History (VILLAGE AT MANOR PARK PALMER HOUSE)

**Date Complaint Received: 04/22/2009**

**Date Investigation Completed: 07/08/2009**

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

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:** WEST ALLIS CASTLE (0011969)

**Address:** 1234 S 112TH ST, WEST ALLIS, WI 53214

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/30/2007

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

#### Survey History

**Survey ID:** 0104003    **End Date:** 04/24/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RRCU11    Served 05/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.47(2)(d)	FIRE DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		

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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:** WEST PARK PLACE SENIOR LIVING COMMUNITY (0013359)

**Address:** 7400 W GREENFIELD AVE, WEST ALLIS, WI 53214

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 08/05/2010

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

### Survey History

**Survey ID:** 0106832      **End Date:** 08/02/2010      **Type:** STANDARD      **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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