

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

Notes

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

The report includes only facilities located within the City of Brookfield. 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 30 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 AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: A LOVING HOME (310302)

Address: 21470 LEES CT, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102736 **End Date:** 10/13/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XLHE11 Served 10/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	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: WAUKESHA

Facility Information

Facility Name: BENINGTON GROUP HOME (0012380)

Address: 18950 BENINGTON DR, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 04/01/2009

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108204 **End Date:** 02/22/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W6OL12 Served 03/25/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/26/2011	No
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	04/26/2011	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	04/26/2011	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	04/26/2011	No

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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: WAUKESHA

Survey ID: 0107058 **End Date: 08/25/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W6OL11 Served 09/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	02/22/2011	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	02/22/2011	Yes
83.47(3)	FIRE INSPECTION	02/22/2011	Yes

Survey ID: 0103361 **End Date: 01/12/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TWF911 Served 02/12/3009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	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: WAUKESHA

Enforcement History (BENINGTON GROUP HOME)

Date: 03/21/2011 **SOD #W6OL12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.18(1) 2d cite
FORFEITURE---83.35(3)(d)

Date: 09/14/2010 **SOD #W6OL11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(3)(i)
FORFEITURE---83.47(3)

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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: WAUKESHA

Complaint History (BENINGTON GROUP HOME)

Date Complaint Received: 08/02/2010

Date Investigation Completed: 08/25/2010

Subject Area(s)
SUPERVISION
ABUSE
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
W60L11

W60L11

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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: WAUKESHA

Facility Information

Facility Name: BROOKDALE PLACE OF BROOKFIELD (0013589)

Address: 660 WOELFEL RD, BROOKFIELD, WI 53045

License Status: PROBATIONARY

Licensed/Certified/Registered 02/25/2011

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108020 **End Date:** 02/25/2011 **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 CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: CLARE BRIDGE OF BROOKFIELD (310345)

Address: 15100 W CAPITOL DR, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 10/31/1992

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106923 End Date: 08/18/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HV0012 Served 08/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

Survey ID: 0104954 End Date: 09/28/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HV0011 Served 10/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/18/2010	Yes
83.38(1)(g)	HEALTH MONITORING	08/18/2010	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: WAUKESHA

Survey ID: 0102464 **End Date: 08/26/2008** **Type: STANDARD** **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: WAUKESHA

Enforcement History (CLARE BRIDGE OF BROOKFIELD)

Date: 10/08/2009 **SOD #HV0011** **Enforcement Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/18/2010 12:00:00AM

FORFEITURE---83.32(3)(i)

FORFEITURE---83.38(1)(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: WAUKESHA

Complaint History (CLARE BRIDGE OF BROOKFIELD)

Date Complaint Received: 07/27/2009

Date Investigation Completed: 09/24/2009

Subject Area(s)

ABUSE
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

HV0011
HV0011

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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: WAUKESHA

Facility Information

Facility Name: FAIRVIEW ELM GROVE PLACE (310379)

Address: 260 S ELM GROVE RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 08/01/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108202 **End Date:** 03/18/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107713 **End Date:** 12/06/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0EJ612 Served 01/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(b)	SUPERVISION		
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE		
83.47(2)(b)	EXIT DIAGRAM		

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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: WAUKESHA

Survey ID: 0107299 End Date: 10/06/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIBV11 Served 11/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	03/18/2011	Yes

Survey ID: 0106350 End Date: 05/13/2010 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0EJ611 Served 07/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/06/2010	Yes
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	12/06/2010	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/06/2010	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/06/2010	Yes
83.38(1)(a)	PERSONAL CARE	12/06/2010	No
83.39(3)	HAND WASHING	12/06/2010	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	12/06/2010	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	12/06/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	12/06/2010	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	12/06/2010	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	12/06/2010	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: WAUKESHA

Survey ID: 0103975 **End Date: 04/30/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U1PT11 Served 05/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(b)	CLASS A SEMI-AMBULATORY (AS)	05/12/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	05/12/2010	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	05/12/2010	Yes
83.38(1)(g)	HEALTH MONITORING	05/12/2010	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	05/12/2010	Yes

Survey ID: 0102287 **End Date: 07/30/2008** **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 AS (SEMIAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (FAIRVIEW ELM GROVE PLACE)

Date: 01/11/2011 **SOD #0EJ612** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(4m)(c)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.47(2)(b)

Date: 10/20/2010 **SOD #LIBV11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 03/18/2011 12:00:00AM
PROVIDE TRAINING --Facility Compliant 03/18/2011 12:00:00AM
FORFEITURE---83.12(3)(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: WAUKESHA

Date: 05/27/2010

SOD #0EJ611

Enforcement Appealed: Yes

Decision: PENDING

Sanctions

ACCRUING FORFEITURE

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.17(2)(a)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.39(3)

FORFEITURE---83.48(4)(g)

FORFEITURE---83.48(6)(e)

Date: 05/12/2009

SOD #U1PT11

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

ACCRUING FORFEITURE

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.04(2)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

FORFEITURE---Final accruing

Sanction Amended on Appeal--Facility Compliant 05/17/2010 12:00:00AM

--Facility Compliant 05/12/2010 12:00:00AM

--Facility Compliant 05/12/2010 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 AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Complaint History (FAIRVIEW ELM GROVE PLACE)

Date Complaint Received: 09/27/2010

Date Investigation Completed: 10/06/2010

Subject Area(s)

MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/17/2010

Date Investigation Completed: 10/06/2010

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
STAFF ADEQUACY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

LIBV11

Date Complaint Received: 04/05/2010

Date Investigation Completed: 05/12/2010

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

0EJ611

NOF

Date Complaint Received: 02/04/2009

Date Investigation Completed: 04/30/2009

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

UIPT11

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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: WAUKESHA

Date Complaint Received: 10/21/2008

Date Investigation Completed: 04/30/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	U1PT11
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	U1PT11

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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: WAUKESHA

Facility Information

Facility Name: FOREST GROVE (310692)

Address: 13800 FOREST GROVE RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103593 **End Date:** 02/18/2009 **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: WAUKESHA

Complaint History (FOREST GROVE)

Date Complaint Received: 03/10/2011

Date Investigation Completed: 04/21/2011

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/04/2009

Date Investigation Completed: 02/18/2009

Subject Area(s)

RESIDENT RIGHTS

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: WAUKESHA

Facility Information

Facility Name: HAWTHORNE COURT (0008888)

Address: 470 SCARLET HAWTHORNE CT, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 06/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107926 **End Date:** 01/10/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DZW12 Served 02/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		
83.59(6)(c)	MOUNTING HEIGHT OF HANDRAILS ON RAMPS		

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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: WAUKESHA

Survey ID: 0104709 End Date: 07/28/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DZW11 Served 08/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	01/10/2011	No
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	01/10/2011	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	01/10/2011	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	01/10/2011	Yes
83.59(3)(a)	PATIO DOOR FACTORY INSTALLED FASTENINGS	01/10/2011	Yes
83.59(6)(b)	RAMP WIDTH SHALL BE AT LEAST 4 FEET WIDE	01/10/2011	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: WAUKESHA

Enforcement History (HAWTHORNE COURT)

Date: 02/09/2011 **SOD #5DZW12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.44(1)(c)

Date: 08/27/2009 **SOD #5DZW11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/10/2011 12:00:00AM
FORFEITURE---83.59(1)(c)
FORFEITURE---83.59(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: WAUKESHA

Complaint History (HAWTHORNE COURT)

Date Complaint Received: 12/16/2010

Date Investigation Completed: 01/10/2011

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

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

Facility Information

Facility Name: HILLSDALE HOUSE (0013303)

Address: 2310 HILLSDALE DR, BROOKFIELD, WI 53005

License Status: PROBATIONARY

Licensed/Certified/Registered 07/02/2010

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106570 **End Date:** 07/02/2010 **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: WAUKESHA

Facility Information

Facility Name: NEW PERSPECTIVES BROOKFIELD 1 (0011457)

Address: 16720 W GREENFIELD AVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106170 **End Date:** 04/28/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102307 **End Date:** 07/28/2008 **Type:** STANDARD **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: WAUKESHA

Facility Information

Facility Name: NEW PERSPECTIVES BROOKFIELD 2 (0011458)

Address: 16690 W GREENFIELD AVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007

Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108293 **End Date:** 03/30/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2WXB11 Served 04/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		

Survey ID: 0104163 **End Date:** 06/11/2009 **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: WAUKESHA

Survey ID: 0103792 End Date: 03/30/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUZC12 Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	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 CNA (NONAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (NEW PERSPECTIVES BROOKFIELD 2)

Date: 04/08/2009 SOD #CUZC12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)

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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: WAUKESHA

Complaint History (NEW PERSPECTIVES BROOKFIELD 2)

Date Complaint Received: 04/23/2009

Date Investigation Completed: 06/11/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2009

Date Investigation Completed: 03/30/2009

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2008

Date Investigation Completed: 03/30/2009

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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