

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex
COUNTY: WAUKESHA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Waukesha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 36 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CONGREGATIONAL HOME (0010315)
Address: 3150 LILLY RD, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 01/15/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

This is Page 2 of 36 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CONGREGATIONAL HOME (0010760)
Address: 3140 LILLY ROAD, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 10/04/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMMUNITIES (0010309)

Address: 777 N BROOKFIELD RD, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003

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

Survey History

Survey ID: 0105847 **End Date:** 02/24/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101683 **End Date:** 04/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZONH12 Served 05/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(2)(c)1	BUILDING REQUIREMENTS	02/24/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (PRO HEALTH CARE REGENCY SENIOR COMMUNITIES)

Date Complaint Received: 01/08/2010

Date Investigation Completed: 02/24/2010

Subject Area(s)
MEDICATIONS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: COMPASS POINT (0011251)
Address: 365 SUNSET DR, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 03/02/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103469 **End Date:** 02/04/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CAMBRIDGE HOUSE (0011910)
Address: 300 E NORTH SHORE DR, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 06/12/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105283 **End Date:** 11/16/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G6FF11 Served 12/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Enforcement History (CAMBRIDGE HOUSE)

Date: 12/04/2009 SOD #G6FF11 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---89.23(1)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (CAMBRIDGE HOUSE)

Date Complaint Received: 11/05/2009

Date Investigation Completed: 11/16/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

G6FF11

Date Complaint Received: 10/29/2009

Date Investigation Completed: 11/16/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

G6FF11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: ARBORETUM V LLC (THE) (0010296)
Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 12/28/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108284 **End Date:** 03/30/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107505 **End Date:** 11/15/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BU811 Served 12/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(6)	RISK AGREEMENT	03/30/2011	Yes

Survey ID: 0106521 **End Date:** 06/16/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Enforcement History (ARBORETUM V LLC (THE))

Date: 11/30/2010 **SOD #9BU811**

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 03/30/2011 12:00:00AM
COMPLY WITH FACILITY PLAN OF CORRECTION	--Facility Compliant 03/30/2011 12:00:00AM
FORFEITURE---89.28(6)	

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (ARBORETUM V LLC (THE))

Date Complaint Received: 10/12/2010

Date Investigation Completed: 11/15/2010

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

9BU811

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: TAMARACK PLACE (0011360)
Address: N84 W17147 MENOMONEE AVE, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 04/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: LINDEN RIDGE (0010336)
Address: 841 HWY NN E, MUKWONAGO, WI 53149
License Status: REGULAR
Licensed/Certified/Registered 07/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102223 **End Date:** 07/23/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO (0010349)

Address: W181 S8540 LODGE BLVD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

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

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: TUDOR OAKS (0010499)
Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 07/15/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105478 **End Date:** 01/06/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103478 **End Date:** 02/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102520 **End Date:** 09/09/2008 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Complaint History (TUDOR OAKS)

Date Complaint Received: 12/01/2009

Date Investigation Completed: 01/06/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

FZLD12

Date Complaint Received: 01/09/2009

Date Investigation Completed: 02/06/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/10/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: APPLEWOOD II NEW BERLIN (0010265)
Address: 2898 S MOORLAND RD, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/14/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105269 **End Date:** 11/30/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: HERITAGE DEER CREEK H2 LLC (0013469)
Address: 3585 S 147TH ST, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/15/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107768 **End Date:** 01/13/2011 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

Address: 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/30/1998

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

Survey History

Survey ID: 0105809 End Date: 03/01/2010 Type: ABBREVIATED Purpose: SURVEY/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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN)

Date Complaint Received: 01/15/2010

Date Investigation Completed: 03/01/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: LAKE COUNTRY LANDING (0012932)

Address: 2255 NORTH STONE HEDGE TRAIL, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 10/26/2009

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

Survey History

Survey ID: 0107567 **End Date:** 12/06/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106564 **End Date:** 07/01/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105062 **End Date:** 10/26/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Complaint History (LAKE COUNTRY LANDING)

Date Complaint Received: 10/18/2010

Date Investigation Completed: 12/06/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/14/2010

Date Investigation Completed: 07/01/2010

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: SHOREHAVEN TOWER (0010358)
Address: 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 11/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106646 **End Date:** 07/16/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: WILKINSON WOODS V LLC (0010378)
Address: 999 EAST SUMMIT AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 02/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0106638 **End Date:** 07/13/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CECELIA PLACE (0013487)
Address: 1061 CECELIA DRIVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 09/30/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107217 **End Date:** 09/30/2010 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: KIRKLAND CROSSINGS RCAC (0010324)
Address: 700 QUINLAN DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0105267 **End Date:** 11/19/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: WYNDHAM HOUSE PEWAUKEE (0011908)
Address: 1109 CECILIA DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 06/12/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0108178 **End Date:** 03/07/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SEMM12 Served 03/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		

Survey ID: 0105585 **End Date:** 01/27/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105061 **End Date:** 10/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104391 **End Date:** 07/14/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Survey ID: 0103899 End Date: 03/19/2009 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SEMM11 Served 05/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(c)	SERVICES	07/14/2009	Yes

Survey ID: 0103642 End Date: 02/20/2009 Type: STANDARD Purpose: SURVEY/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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Enforcement History (WYNDHAM HOUSE PEWAUKEE)

Date: 03/17/2011 SOD #SEMM12 Enforcement Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---89.23(2)(a)2.c

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (WYNDHAM HOUSE PEWAUKEE)

Date Complaint Received: 01/27/2011

Date Investigation Completed: 03/07/2011

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

SEMM12

Date Complaint Received: 12/29/2009

Date Investigation Completed: 01/27/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/04/2009

Date Investigation Completed: 10/20/2009

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/01/2009

Date Investigation Completed: 07/14/2009

Subject Area(s)

QUALITY OF LIFE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/19/2009

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

SEMM11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Date Complaint Received: 01/23/2009

Date Investigation Completed: 02/20/2009

Subject Area(s)
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: AVALON SQUARE (0011712)
Address: 222 PARK PL, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 01/22/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: LINDENHEIGHTS RCAC (0013325)
Address: 427 N UNIVERSITY AVE, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 01/10/2011
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107694 **End Date:** 01/05/2011 **Type:** OTHER **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: OAK HILL TERRACE RCAC (0010356)
Address: 1805 KENSINGTON DR, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 03/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0107737 **End Date:** 01/11/2011 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (OAK HILL TERRACE RCAC)

Date Complaint Received: 11/19/2010

Date Investigation Completed: 01/19/2011

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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