

**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Milwaukee County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 86 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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN COMMUNITES-WABASH (0009169)

**Address:** 5302 W WABASH AVE, BROWN DEER, WI 53223

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2000

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN COMMUNITIES-WOODS (0011708)

**Address:** 8147 N EDGE O WOODS DR, BROWN DEER, WI 53223

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/20/2006

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

**Survey History**

**Survey ID:** 0103545    **End Date:** 02/04/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J9YU11    Served 03/11/2009

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (BETHESDA LUTHERAN COMMUNITIES-WOODS)**

**Date: 03/10/2009      SOD #J9YU11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** DEAN HOUSE (0011496)  
**Address:** 8324 N 67TH ST, BROWN DEER, WI 53224  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/15/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109474    **End Date:** 10/19/2011    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NCRV15    Served 11/03/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0107606    **End Date:** 11/09/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NCRV14    Served 12/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/12/2011	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/12/2011	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/12/2011	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	10/12/2011	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/12/2011	Yes

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### Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Adult Family Home

COUNTY: MILWAUKEE

**Survey ID: 0104430    End Date: 06/30/2009    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #NCRV13    Served 07/27/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/19/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (DEAN HOUSE)**

<b>Date: 12/10/2010</b>	<b>SOD #NCRV14</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 10/12/2011
COMPLY WITH REQUIREMENT		--Facility Compliant 10/12/2011

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (DEAN HOUSE)**

**Date Complaint Received: 04/10/2009**

**Date Investigation Completed: 06/30/2009**

Subject Area(s)

Result

SOD #

ABUSE  
ADMINISTRATION

NOT SUBSTANTIATED  
SUBSTANTIATED

NOT RECORDED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** EXCELLENCE ADULT FAMILY HOME (0013547)  
**Address:** 8659 N 62ND ST, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/28/2011  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107977    **End Date:** 01/28/2011    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** MT CASTLE HOUSE (0012523)  
**Address:** 9205 N PEARLETTE LN, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/26/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109535    **End Date:** 10/17/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M2B311    Served 11/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0105100    **End Date:** 10/26/2009    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (MT CASTLE HOUSE)**

**Date: 11/11/2011**      **SOD #M2B311**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (MT CASTLE HOUSE)**

**Date Complaint Received: 09/15/2011**

**Date Investigation Completed: 10/17/2011**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OPTIONS FOR COMMUNITY GROWTH INC-CLOVERLEAF (0013511)

**Address:** 6036 W CLOVERLEAF LN, BROWN DEER, WI 53223

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/25/2010

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

**Survey History**

**Survey ID:** 0107509      **End Date:** 10/20/2010      **Type:** INITIAL      **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** REM WISCONSIN II INC (0009312)  
**Address:** 8334 N CEDARBURG RD, BROWN DEER, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/12/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106392    **End Date:** 05/12/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JQNI13    Served 06/14/2010

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (REM WISCONSIN II INC)**

**Date Complaint Received: 01/20/2010**

**Date Investigation Completed: 04/28/2010**

Subject Area(s)  
SUPERVISION

Result  
SUBSTANTIATED

SOD #  
JQNI13

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** WOODLAND HOUSE (0012123)  
**Address:** 5050 W WOODLAND DR, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/14/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109204    **End Date:** 06/13/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UBBT12    Served 09/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0107134    **End Date:** 08/02/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UBBT11    Served 09/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	06/06/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (WOODLAND HOUSE)**

**Date: 09/24/2010      SOD #UBBT11      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OAKWOOD HOUSE CUDAHY (0011866)  
**Address:** 4771 S LAKE DR, CUDAHY, WI 53110  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/04/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103536    **End Date:** 02/05/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JI2311    Served 03/07/2009

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ROSEWOOD ADULT FAMILY HOME (0009254)  
**Address:** 5725 S ROSEWOOD AVE, CUDAHY, WI 53110  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/14/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** AMBERIDGE (0012006)  
**Address:** 4202 AMBERIDGE DR, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107309    **End Date:** 10/19/2010    **Type:** STANDARD    **Purpose:** ADDITIONAL VV EVENT

**Results:** ADDITIONAL VV FEE ASSESSED

**Survey ID:** 0107392    **End Date:** 10/19/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106678    **End Date:** 06/08/2010    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GFNB11    Served 07/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/19/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0106117    End Date: 03/30/2010    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #YQYQ12    Served 04/27/2010**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/19/2010	Yes
88.04(2)(a)	RESPONSIBILITIES	10/19/2010	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	10/19/2010	Yes
88.07(2)(a)	SERVICES	10/19/2010	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/19/2010	Yes
88.10(3)(a)	FAIR TREATMENT	10/19/2010	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	10/19/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/19/2010	Yes

**Survey ID: 0103920    End Date: 03/31/2009    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #YQYQ11    Served 05/04/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT	03/17/2010	Yes
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED	03/17/2010	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	03/17/2010	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	03/17/2010	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	03/17/2010	Yes
88.10(3)(q)	MEDICATIONS	03/17/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (AMBERIDGE)**

**Date: 07/22/2010**      **SOD #GFNB11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 04/26/2010**      **SOD #YQYQ12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

**Date: 05/01/2009**      **SOD #YQYQ11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (AMBERIDGE)**

**Date Complaint Received: 03/25/2010**

**Date Investigation Completed: 03/30/2010**

Subject Area(s)  
STAFF ADEQUACY

Result  
SUBSTANTIATED

SOD #  
YQYQ12

**Date Complaint Received: 02/26/2010**

**Date Investigation Completed: 03/30/2010**

Subject Area(s)  
ABUSE

Result  
SUBSTANTIATED

SOD #  
YQYQ12

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** GREEN ACRES (0012317)  
**Address:** 7632 W PUETZ RD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/28/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109629    **End Date:** 11/23/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EH2611    Served 12/02/2011

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (GREEN ACRES)**

**Date Complaint Received: 07/21/2011**

**Date Investigation Completed: 11/23/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	EH2611

**Date Complaint Received: 03/17/2011**

**Date Investigation Completed: 11/23/2011**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	EH2611
RESIDENT RIGHTS	SUBSTANTIATED	EH2611
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	EH2611

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** KINGDOM HOMES-MCSHANE (0013668)

**Address:** 12216 W MCSHANE ROAD, FRANKLIN, WI 53132

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/23/2011

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

**Survey History**

**Survey ID:** 0108592    **End Date:** 05/23/2011    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** NORTH CAPE HOME (390018)  
**Address:** 6856 S NORTH CAPE RD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1995  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109482    **End Date:** 10/10/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107503    **End Date:** 09/30/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B0X213    Served 12/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/10/2011	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/10/2011	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/10/2011	Yes
88.10(3)(a)	FAIR TREATMENT	10/10/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (NORTH CAPE HOME)**

<b>Date: 11/29/2010</b>	<b>SOD #B0X213</b>	<b>Enforcement Appealed: No</b>
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 10/10/2011
COMPLY WITH REQUIREMENT		--Facility Compliant 10/10/2011

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** W SHERWOOD (0012005)  
**Address:** 4355 W SHERWOOD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107752    **End Date:** 11/02/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KJHG12    Served 01/18/2011

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** GLENDALE HEIGHTS ADULT LIVING CENTER (0013228)

**Address:** 2506 W CUSTER AVE, GLENDALE, WI 53209

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/28/2010

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

**Survey History**

**Survey ID:** 0106195    **End Date:** 04/28/2010    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** HEMLOCK RESIDENTIAL FACILITY (0011319)  
**Address:** 2145 W HEMLOCK RD, GLENDALE, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/06/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108688    **End Date:** 06/07/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106605    **End Date:** 05/24/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104442    **End Date:** 07/08/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HLDU12    Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(f)	FINANCIAL AFFAIRS	05/24/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (HEMLOCK RESIDENTIAL FACILITY)**

**Date Complaint Received: 04/21/2011**

**Date Investigation Completed: 06/07/2011**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/26/2009**

**Date Investigation Completed: 07/10/2009**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

HLDU12  
HLDU12

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** SKY RESIDENTIAL BERWYN (0011833)  
**Address:** 7425 N BERWYN AVE, GLENDALE, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/07/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108935    **End Date:** 06/08/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106247    **End Date:** 03/15/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105459    **End Date:** 11/25/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UY8I11    Served 01/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	02/24/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (SKY RESIDENTIAL BERWYN)**

**Date Complaint Received: 04/21/2011**

**Date Investigation Completed: 06/08/2011**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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

**Date Investigation Completed: 03/15/2010**

Subject Area(s)

Result

SOD #

MEDICATIONS  
ADMINISTRATION  
STAFF ADEQUACY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** GREENDALE ADULT FAMILY HOME (390162)  
**Address:** 5746 GLADSTONE, GREENDALE, WI 53129  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/19/1997  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104755    **End Date:** 02/12/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6WU611    Served 09/16/2009

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (GREENDALE ADULT FAMILY HOME)**

**Date: 09/08/2009      SOD #6WU611      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** LAKESIDE HOUSE (0009109)  
**Address:** 5219 LAKESIDE DR, GREENDALE, WI 53129  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/30/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 32ND STREET (0009592)  
**Address:** 3616 3618 S 32ND ST, GREENFIELD, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/12/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106138    **End Date:** 03/15/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OI6T13    Served 04/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	04/13/2011	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	04/13/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (32ND STREET)**

**Date: 04/26/2010**

**SOD #OI6T13**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 35TH STREET HOME (390171)  
**Address:** 3718 S 35TH ST, GREENFIELD, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/28/1997  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106111    **End Date:** 03/11/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZQT511    Served 04/23/2010

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 50TH STREET HOME (0013130)

**Address:** 4324 S 50TH ST, GREENFIELD, WI 53220

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/21/2010

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

**Survey History**

**Survey ID:** 0106190    **End Date:** 04/21/2010    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ABBEY MANOR (0008984)  
**Address:** 7840 W BARNARD AVE, GREENFIELD, WI 53220  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/07/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105922    **End Date:** 02/24/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104975    **End Date:** 09/01/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4E4611    Served 10/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	02/24/2010	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	02/24/2010	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	02/24/2010	Yes
88.10(3)(a)	FAIR TREATMENT	02/24/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	02/24/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0104028    End Date: 04/28/2009    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #GLZF12    Served 05/27/2009**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	04/29/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	04/29/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	04/29/2009	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	04/29/2009	Yes
88.07(2)(a)	SERVICES	04/29/2009	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	04/29/2009	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (ABBEY MANOR)**

**Date: 10/09/2009**      **SOD #4E4611**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

**Date: 05/26/2009**      **SOD #GLZF12**      **Enforcement Appealed: No**

Sanctions

NO NEW ADMISSIONS

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (ABBEY MANOR)**

**Date Complaint Received: 06/16/2009**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
4E4611

**Date Complaint Received: 03/19/2009**

**Date Investigation Completed: 04/28/2009**

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
GLZF12  
GLZF12

**Date Complaint Received: 01/22/2009**

**Date Investigation Completed: 04/28/2009**

Subject Area(s)  
PHYSICAL PLANTS & SAFETY HAZARDS

Result  
SUBSTANTIATED

SOD #  
GLZF12

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name: BRIDGEFIELD AFH LUTHERAN SOCIAL SERVICES (390134)**

**Address: 3035 W KIMBERLY AVE, GREENFIELD, WI 53221**

**License Status: REGULAR**

**Licensed/Certified/Registered 11/01/1996**

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

**Survey History**

**No survey activity during the period 01/01/2009 through 12/31/2011.**

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OPTIONS FOR COMMUNITY GROWTH 38TH ST (0012714)

**Address:** 4608 4610 S 38TH ST, GREENFIELD, WI 53221

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/25/2009

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

**Survey History**

**Survey ID:** 0108448      **End Date:** 04/13/2011      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104269      **End Date:** 06/25/2009      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** SIXTY EIGHTH STREET HOME (0011135)

**Address:** 4150 S 68TH ST, GREENFIELD, WI 53220

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/17/2005

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

**Survey History**

No survey activity during the period 01/01/2009 through 12/31/2011.

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BROTOLOC OAK CREEK (0013118)  
**Address:** 9051 S 26TH ST, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108542    **End Date:** 03/14/2011    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HGD712    Served 05/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0106018    **End Date:** 03/08/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HGD711    Served 04/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	03/14/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (BROTOLOC OAK CREEK)**

**Date: 04/01/2010**

**SOD #HGD711**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ELIANA HOMES II (0013357)  
**Address:** 9445 S CHICAGO RD, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/07/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109697    **End Date:** 12/02/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2WLI11    Served 12/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0106669    **End Date:** 07/12/2010    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (ELIANA HOMES II)**

**Date: 12/14/2011**      **SOD #2WLI11**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ELIANA HOMES (0013030)  
**Address:** 8945 S 11TH AVE, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/05/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109682    **End Date:** 12/02/2011    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105180    **End Date:** 11/05/2009    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 122ND STREET (0011414)  
**Address:** 1634 N 122ND ST, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108105    **End Date:** 12/22/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2OVX13    Served 03/09/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	06/21/2011	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	06/21/2011	Yes
88.06(3)(f)	REVIEW OF ISP	06/21/2011	Yes
88.07(2)(a)	SERVICES	06/21/2011	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	06/21/2011	Yes

**Survey ID:** 0105295    **End Date:** 10/29/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2OVX12    Served 12/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	01/11/2011	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	01/11/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (122ND STREET)**

**Date: 03/08/2011      SOD #2OVX13      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (122ND STREET)**

**Date Complaint Received: 09/18/2009**

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

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	2OVX12
PROGRAM SERVICES	SUBSTANTIATED	2OVX12

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** FOUNTAIN VIEW GROUP HOME (0011660)  
**Address:** 8655 W WISCONSIN AVE, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108505    **End Date:** 05/03/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106339    **End Date:** 04/06/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WBL211    Served 05/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(g)	CLOTHING AND POSSESSIONS	05/03/2011	Yes

**Survey ID:** 0104325    **End Date:** 06/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (FOUNTAIN VIEW GROUP HOME)**

**Date: 05/26/2010      SOD #WBL211      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (FOUNTAIN VIEW GROUP HOME)**

**Date Complaint Received: 02/05/2009**

**Date Investigation Completed: 06/25/2009**

Subject Area(s)

Result

SOD #

ABUSE  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** LIFE CARE SENIOR LIVING (0013050)  
**Address:** 4736 N 104TH ST, WAUWATOSA, WI 53225  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106034    **End Date:** 03/30/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OXFORD HOUSE (390205)  
**Address:** 347 N 120TH ST, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/28/1998  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109197    **End Date:** 06/07/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #SYDN12    Served 09/16/2011

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (OXFORD HOUSE)**

**Date Complaint Received: 05/11/2011**

**Date Investigation Completed: 06/07/2011**

Subject Area(s)  
ABUSE  
MEDICATIONS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
STDN12

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** POSITIVE OUTLOOK (0013139)  
**Address:** 7437 MILWAUKEE AVE, WAUWATOSA, WI 53213  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/17/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105733    **End Date:** 02/17/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 107TH ST HOUSE (0009829)  
**Address:** 2149 S 107TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/24/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109778    **End Date:** 12/30/2011    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106254    **End Date:** 03/15/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #21SP14    Served 05/17/2010

Deficiencies Cited  
88.07(3)(a)

Subject Area  
PRESCRIPTION MEDICATIONS

Compliance  
Verified

Corrected

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (107TH ST HOUSE)**

**Date Complaint Received: 08/11/2011**

**Date Investigation Completed: 12/30/2011**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 117TH STREET AFH LLC (0012858)  
**Address:** 1319 S 117TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/29/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109591    **End Date:** 11/08/2011    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0104286    **End Date:** 06/29/2009    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 118TH STREET HOUSE (0010229)  
**Address:** 1125 S 118TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109424    **End Date:** 08/18/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #70T513    Served 10/27/2011

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (118TH STREET HOUSE)**

**Date: 10/25/2011      SOD #70T513      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (118TH STREET HOUSE)**

**Date Complaint Received: 04/25/2011**

**Date Investigation Completed: 08/18/2011**

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

70T513

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 96TH STREET HOUSE (0010230)  
**Address:** 2371 S 96TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106849    **End Date:** 07/22/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103390    **End Date:** 01/22/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (96TH STREET HOUSE)**

**Date Complaint Received: 01/05/2009**

**Date Investigation Completed: 01/22/2009**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 98TH STREET SCHLINGER (0010231)  
**Address:** 821 S 98TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106883    **End Date:** 08/02/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q3WE11    Served 08/21/2010

<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 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 99TH ST HOUSE (0010077)  
**Address:** 9921 W DAKOTA ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/06/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109540      **End Date:** 10/24/2011      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BENNETT-OPTIONS FOR COMM GROWTH (0013584)  
**Address:** 7333 W BENNETT, WEST ALLIS, WI 53219  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/21/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107660    **End Date:** 12/21/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BROTOLOC MORGAN HEIGHTS (0013117)  
**Address:** 3329 S 113TH 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:** 0106614    **End Date:** 02/23/2010    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** CHCS HARLEY CROSSING AFH (0011750)  
**Address:** 816 S 90TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/11/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108008    **End Date:** 02/17/2011    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (CHCS HARLEY CROSSING AFH)**

**Date Complaint Received: 12/22/2010**

**Date Investigation Completed: 02/17/2011**

Subject Area(s)  
PROGRAM SERVICES  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** DAKOTA HOUSE (0009963)  
**Address:** 7411 W DAKOTA ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/19/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109173    **End Date:** 08/29/2011    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107640    **End Date:** 10/18/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ORB711    Served 12/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	08/25/2011	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (DAKOTA HOUSE)**

**Date: 12/17/2010      SOD #ORB711      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** LINCOLN AVENUE HOUSE (0013115)  
**Address:** 9833 W LINCOLN AVE, 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:** 0106052    **End Date:** 04/01/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** MANITOBA HOUSE (0010233)  
**Address:** 10303 W MANITOBA ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/07/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0109386    **End Date:** 09/26/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106320    **End Date:** 04/29/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104814    **End Date:** 08/31/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RH6X13    Served 09/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	04/29/2010	Yes
88.10(3)(a)	FAIR TREATMENT	04/29/2010	Yes

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (MANITOBA HOUSE)**

**Date: 09/14/2009      SOD #RH6X13      Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (MANITOBA HOUSE)**

**Date Complaint Received: 08/11/2011**

**Date Investigation Completed: 09/26/2011**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/07/2010**

**Date Investigation Completed: 04/29/2010**

Subject Area(s)

Result

SOD #

SUPERVISION  
ABUSE

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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

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

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** NEXT STEP IN RES SERVICES BECHER STREET HOUSE (0013834)

**Address:** 10626 W BECHER ST, WEST ALLIS, WI 53227

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/31/2011

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

**Survey History**

**Survey ID:** 0109182    **End Date:** 08/31/2011    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** NEXT STEP RESIDENTIAL SERVICES (0010921)  
**Address:** 1448 S 96TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/04/2005  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104437    **End Date:** 07/15/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 01/01/2009 to 12/31/2011  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** REM 46TH (0013597)

**Address:** 1302 S 46TH ST, WEST MILWAUKEE, WI 53214

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/10/2011

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

**Survey History**

**Survey ID:** 0108228      **End Date:** 03/09/2011      **Type:** OTHER      **Purpose:** CHOW--LICENSURE

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

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