

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

Notes

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

The report includes only facilities located within the City of Greenfield. 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 38 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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ABBYHAVEN (310658)

Address: 4865 S 95TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ARBOR HOME (0011960)

Address: 4570 S 117TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 08/13/2007

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

Survey History

Survey ID: 0106365 **End Date:** 04/14/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VX1812 Served 06/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.39(3)	HAND WASHING		

Survey ID: 0105151 **End Date:** 09/22/2009 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VX1811 Served 11/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)	TRAINING IN RESIDENT RIGHTS	04/14/2010	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	04/14/2010	No
83.47(2)(d)	FIRE DRILLS	04/14/2010	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	04/14/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (ARBOR HOME)

Date: 06/02/2010 **SOD #VX1812** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(23)(c)

Date: 11/12/2009 **SOD #VX1811** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ARBOR HOME)

Date Complaint Received: 12/10/2009

Date Investigation Completed: 04/14/2010

Subject Area(s)
ADMINISTRATION
OTHER

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: AUTUMN LIVING SOUTH (0010953)

Address: 4340 S 116TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

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

Survey History

Survey ID: 0105690 **End Date:** 01/27/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HD0Q11 Served 02/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES	11/15/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/15/2010	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: MILWAUKEE

Enforcement History (AUTUMN LIVING SOUTH)

Date: 02/12/2010

SOD #HD0Q11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---50.09(1)(f)

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

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES-GREENFIELD (310005)

Address: 6515 W HOLMES, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 03/31/1989

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

Survey History

Survey ID: 0107584 **End Date:** 11/08/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105875 **End Date:** 01/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VI7111 Served 03/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	11/08/2010	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/08/2010	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	11/08/2010	Yes

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

Enforcement History (BETHESDA LUTHERAN COMMUNITIES-GREENFIELD)

Date: 03/11/2010 SOD #VI7111 Enforcement Appealed: No

Sanctions

FORFEITURE---83.25
FORFEITURE---83.35(5)(b)
FORFEITURE---83.48(3)(a)

Date: 04/16/2008 SOD #RVD113 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: BROTOLOC GREENFIELD (0013102)

Address: 3826 S 36TH ST, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010

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

Survey History

Survey ID: 0106205 **End Date:** 03/15/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7MCV11 Served 05/10/2010

<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	01/13/2011	Yes
83.38(1)(g)	HEALTH MONITORING	01/13/2011	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	01/13/2011	Yes

Survey ID: 0105708 **End Date:** 02/04/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Enforcement History (BROTOLOC GREENFIELD)

Date: 05/05/2010 SOD #7MCV11 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (BROTOLOC GREENFIELD)

Date Complaint Received: 02/22/2010

Date Investigation Completed: 03/15/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	7MCV11
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	7MCV11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CAMELOT HOME (0011972)

Address: 4900 S 68TH ST, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 06/11/2007

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

Survey History

Survey ID: 0106865 **End Date:** 08/02/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4K6711 Served 08/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (CAMELOT HOME)

Date: 08/18/2010

SOD #4K6711

Enforcement Appealed: Yes

Decision: WITHDRAWN APPEAL (NO STIPUL

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS LAYTON COURT (0012491)

Address: 12320 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 10/10/2008

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

Survey History

Survey ID: 0102612 **End Date:** 10/01/2008 **Type:** INITIAL **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: EMERALD CASTLE (0011970)

Address: 11125 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/30/2007

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

Survey History

Survey ID: 0105457 **End Date:** 11/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HHOR11 Served 01/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (EMERALD CASTLE)

Date Complaint Received: 02/09/2009

Date Investigation Completed: 11/19/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HILLCREST HOMES 44TH (310118)

Address: 5210 S 44TH ST, GREENFIELD, WI 532205111

License Status: REGULAR

Licensed/Certified/Registered 09/15/1991

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

Survey History

Survey ID: 0107814 **End Date:** 12/16/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CVHS12 Served 01/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104827 End Date: 08/31/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CVHS11 Served 09/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	12/16/2010	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/16/2010	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	12/16/2010	Yes
83.45(1)(d)	HAZARDS	12/16/2010	Yes
83.45(3)	TOXIC SUBSTANCES	12/16/2010	Yes
83.45(5)	GARBAGE & REFUSE	12/16/2010	Yes
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS	12/16/2010	Yes
83.59(1)(e)	NO EXIT THROUGH RESIDENT ROOM, BATHROOM	12/16/2010	Yes
83.59(1)(h)	EXIT PATH THROUGH GARAGE CLEAR AND SAFE	12/16/2010	Yes

Survey ID: 0105257 End Date: 11/24/2008 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q2FK11 Served 12/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HILLCREST HOMES 44TH)

Date: 01/25/2011 **SOD #CVHS12** **Enforcement Appealed: No**

Sanctions

ACCRUING FORFEITURE
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.14(2)(a)
FORFEITURE---83.27(2)(a)

Date: 09/16/2009 **SOD #CVHS11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.27(2)(a)
FORFEITURE---83.59(1)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HILLCREST HOMES 44TH)

Date Complaint Received: 03/26/2010

Date Investigation Completed: 12/16/2010

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

CVHS12

Date Complaint Received: 05/13/2009

Date Investigation Completed: 08/31/2009

Subject Area(s)

MEDICATIONS
ADMINISTRATION
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

CVHS11

Date Complaint Received: 11/14/2008

Date Investigation Completed: 11/24/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

Q2FK11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LAYTON TERRACE (0008596)

Address: 9200 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 03/01/2000

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

Survey History

Survey ID: 0106116 **End Date:** 03/10/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V5UZ11 Served 04/24/2010

<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		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0103136 **End Date:** 10/22/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LAYTON TERRACE)

Date Complaint Received: 01/08/2010

Date Investigation Completed: 03/10/2010

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

V5UZ11

Date Complaint Received: 09/09/2008

Date Investigation Completed: 10/22/2008

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
SUPERVISION
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LIFECARE MANOR (0008891)

Address: 4013 S 119TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

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

Survey History

Survey ID: 0104879 **End Date:** 09/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104671 **End Date:** 08/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104515 **End Date:** 06/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103615 **End Date:** 03/05/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SVMN16 Served 03/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LIFECARE MANOR)

Date Complaint Received: 08/17/2009

Date Investigation Completed: 09/09/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2009

Date Investigation Completed: 07/20/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 06/25/2009

Date Investigation Completed: 07/20/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 02/18/2009

Date Investigation Completed: 03/05/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: MAXSON MANOR (0009569)

Address: 11250 W COLDSRING RD, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

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

Survey History

Survey ID: 0101891 **End Date:** 05/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TOUC11 Served 06/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: MIDLAND TERRACE (0008521)

Address: 5128 W MIDLAND DR, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

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

Survey History

Survey ID: 0107026 End Date: 07/14/2010 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CCWG12 Served 09/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION		

Survey ID: 0105716 End Date: 11/24/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CCWG11 Served 02/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	07/14/2010	Yes
83.38(1)(b)	SUPERVISION	07/14/2010	Yes

Survey ID: 0104739 End Date: 08/28/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104429 **End Date: 06/23/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VG8M11 Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	08/28/2009	Yes

Survey ID: 0102309 **End Date: 07/24/2008** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (MIDLAND TERRACE)

Date: 02/10/2010

SOD #CCWG11

Enforcement Appealed: No

Sanctions

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (MIDLAND TERRACE)

Date Complaint Received: 10/09/2009

Date Investigation Completed: 11/24/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
CCWG11

Date Complaint Received: 08/11/2009

Date Investigation Completed: 08/28/2009

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2009

Date Investigation Completed: 06/23/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE
NUTRITION & FOOD SERVICES

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: OAK CREST VILLA (310129)

Address: 8765 W FOREST HOME AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 04/01/1991

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

Survey History

Survey ID: 0106599 **End Date:** 06/07/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105663 **End Date:** 11/12/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0D8H11 Served 02/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES	06/07/2010	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	06/07/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	06/07/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	06/07/2010	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	06/07/2010	Yes
83.25	CONTINUING EDUCATION	06/07/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	06/07/2010	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	06/07/2010	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	06/07/2010	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: MILWAUKEE

Survey ID: 0103546 End Date: 01/29/2009 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4BF113 Served 04/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (OAK CREST VILLA)

Date: 02/10/2010 SOD #0D8H11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

FORFEITURE---Final accruing forfeiture

Date: 03/10/2009 SOD #4BF113 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.11(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (OAK CREST VILLA)

Date Complaint Received: 04/09/2010

Date Investigation Completed: 06/07/2010

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/22/2009

Date Investigation Completed: 11/12/2009

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: SIENNA CASTLE (0013007)

Address: 9640 W LAYTON AVE, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 10/01/2010

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

Survey History

Survey ID: 0106838 **End Date:** 07/14/2010 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104960 **End Date:** 10/08/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: SOUTH 48TH ST (0010108)
Address: 4465 S 48TH ST, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0107922 **End Date:** 11/08/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W7NV11 Served 02/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.45(3)	TOXIC SUBSTANCES		

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

Enforcement History (SOUTH 48TH ST)

Date: 02/09/2011 SOD #W7NV11 Enforcement Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.38(1)(c)

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