

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
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 is a PDF (Adobe Acrobat) document and includes a total of 149 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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: BAYVIEW RESIDENTIAL FACILITY (0010439)

Address: 8820 N REXLEIGH DR, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 08/01/2004

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

Survey History

Survey ID: 0107983 **End Date:** 01/28/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6Z0113 Served 03/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107002 **End Date:** 07/08/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FHS11 Served 09/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	01/28/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0106345 End Date: 04/07/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6Z0I12 Served 06/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	01/28/2011	Yes
83.25	CONTINUING EDUCATION	01/28/2011	Yes
83.47(2)(d)	FIRE DRILLS	01/28/2011	Yes
83.47(3)	FIRE INSPECTION	01/28/2011	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	01/28/2011	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	01/28/2011	No

Survey ID: 0104251 End Date: 05/27/2009 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6Z0I11 Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	04/05/2010	Yes
83.38(1)(b)	SUPERVISION	04/05/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (BAYVIEW RESIDENTIAL FACILITY)

Date: 09/03/2010 **SOD #0FHS11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(a)

Date: 05/26/2010 **SOD #6Z0I12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.25(1)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(3)
FORFEITURE---83.48(8)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (BAYVIEW RESIDENTIAL FACILITY)

Date Complaint Received: 06/07/2010

Date Investigation Completed: 07/08/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

0FHS11

Date Complaint Received: 03/18/2009

Date Investigation Completed: 05/27/2009

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

6Z0111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CRU GROUP HOME BAYSIDE MANOR II (0010524)

Address: 9020 N PORT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004

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

Survey History

Survey ID: 0109371 **End Date:** 07/25/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XWSH14 Served 10/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	01/17/2012	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	01/17/2012	Yes
83.25	CONTINUING EDUCATION	01/17/2012	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	01/17/2012	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	01/17/2012	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	01/17/2012	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	01/17/2012	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	01/17/2012	No

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (CRU GROUP HOME BAYSIDE MANOR II)

Date: 10/04/2011 SOD #XWSH14 Enforcement Appealed: No

Sanctions

FORFEITURE---83.12(2)(a)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.35(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CRU GROUP HOME BAYSIDE MANOR (0009511)

Address: 9010 N PORT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0107782 **End Date:** 11/23/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LUB912 Served 01/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106336 **End Date:** 03/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LUB911 Served 05/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/23/2010	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	11/23/2010	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	11/23/2010	Yes
83.47(3)	FIRE INSPECTION	11/23/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (CRU GROUP HOME BAYSIDE MANOR)

Date: 05/25/2010

SOD #LUB911

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.26(2)

FORFEITURE---83.47(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ELIZABETH RESIDENCE OF BAYSIDE (0010952)

Address: 9289 N PT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0108690 **End Date:** 06/02/2011 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108497 **End Date:** 04/27/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107259 **End Date:** 08/10/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FW2711 Served 10/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	04/27/2011	Yes
83.47(3)	FIRE INSPECTION	04/27/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (ELIZABETH RESIDENCE OF BAYSIDE)

Date: 10/14/2010

SOD #FW2711

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ELIZABETH RESIDENCE OF BAYSIDE)

Date Complaint Received: 04/27/2011

Date Investigation Completed: 06/02/2011

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HOMESTEAD RIDGE ASSISTED LIVING OF BAYSIDE (0011366)

Address: 225 E BROWN DEER RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0109435 **End Date:** 09/19/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2TNK13 Served 10/31/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108782 **End Date:** 04/18/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2TNK12 Served 07/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	08/23/2011	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	08/23/2011	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	08/23/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0106370 End Date: 04/15/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2TNK11 Served 06/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	04/12/2011	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	04/12/2011	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	04/12/2011	No
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	04/12/2011	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	04/12/2011	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (HOMESTEAD RIDGE ASSISTED LIVING OF BAYSIDE)

Date: 10/26/2011 **SOD #2TNK13** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(2)(a)

FORFEITURE---83.59(4)(f)

Date: 06/27/2011 **SOD #2TNK12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/23/2011

FORFEITURE---83.32(3)(n)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(1)(h)

Date: 06/03/2010 **SOD #2TNK11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.25

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(1)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HOMESTEAD RIDGE ASSISTED LIVING OF BAYSIDE)

Date Complaint Received: 08/04/2011

Date Investigation Completed: 08/30/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	2TNK13
ADMINISTRATION	SUBSTANTIATED	2TNK13
RESTRAINTS	SUBSTANTIATED	2TNK13
NUTRITION & FOOD SERVICES	SUBSTANTIATED	2TNK13

Date Complaint Received: 03/14/2011

Date Investigation Completed: 04/18/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: WHITE BIRCH TERRACE (310653)

Address: 8500 N GREENVALE RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

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

Survey History

Survey ID: 0104573 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWR711 Served 08/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	09/23/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (WHITE BIRCH TERRACE)

Date: 07/30/2009

SOD #EWR711

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/23/2009

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: BRADLEY (310090)

Address: 8010 N 51ST ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/01/1982

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

Survey History

Survey ID: 0107269 **End Date:** 08/31/2010 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R28I11 Served 10/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0105640 **End Date:** 01/20/2010 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105298 **End Date:** 11/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K23U11 Served 12/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	01/20/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104877 End Date: 09/21/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104446 End Date: 07/13/2009 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FNV411 Served 07/28/2009

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (BRADLEY)

Date Complaint Received: 09/22/2009

Date Investigation Completed: 11/05/2009

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

K23U11

Date Complaint Received: 08/26/2009

Date Investigation Completed: 09/21/2009

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: COUNTY LINE HOME (0010876)
Address: 9589 N 67TH ST, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 06/01/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103613 **End Date:** 01/14/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CRU GROUP HOME INC BROWN DEER MANOR (0012325)

Address: 8238 N 44TH ST, BROWN DEER, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/31/2009

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

Survey History

Survey ID: 0108449 **End Date:** 04/14/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105112 **End Date:** 10/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103981 **End Date:** 05/11/2009 **Type:** OTHER **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (CRU GROUP HOME INC BROWN DEER MANOR)

Date Complaint Received: 09/10/2009

Date Investigation Completed: 10/20/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: KINDREDHEARTS OF BROWN DEER (0009744)

Address: 4015 W WOODALE AVE, BROWN DEER, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0106260 **End Date:** 04/07/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LIGHTHOUSE AT BROWN DEER I (0011461)

Address: 7909 N 47TH ST, BROWN DEER, WI 532234475

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0109010 **End Date:** 07/28/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8K8Q11 Served 08/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108511 **End Date:** 02/23/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I9XV12 Served 05/10/2011

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0107135 End Date: 06/08/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I9XV11 Served 10/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	02/08/2011	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	02/08/2011	Yes
83.48(1)(c)	DEPARTMENT APPROVAL	02/23/2011	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	02/08/2011	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (LIGHTHOUSE AT BROWN DEER I)

Date: 09/24/2010 SOD #I9XV11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.48(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LIGHTHOUSE AT BROWN DEER I)

Date Complaint Received: 01/28/2011

Date Investigation Completed: 02/23/2011

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

19XV12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LIGHTHOUSE AT BROWN DEER II (0011459)

Address: 7911 N 47TH STREET, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0109829 **End Date:** 12/27/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8OKM12 Served 01/14/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106789 **End Date:** 06/07/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8OKM11 Served 08/20/2010

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0103360 End Date: 01/22/2009 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2RC412 Served 02/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LIGHTHOUSE AT BROWN DEER II)

Date Complaint Received: 09/15/2011

Date Investigation Completed: 12/27/2011

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

8OKM12

Date Complaint Received: 11/03/2010

Date Investigation Completed: 12/27/2011

Subject Area(s)

RESIDENT RIGHTS

MEDICATIONS

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/21/2010

Date Investigation Completed: 06/07/2010

Subject Area(s)

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

8OKM11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: NORTH 66TH ST (0010149)

Address: 8484 N 66TH ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0105110 **End Date:** 09/28/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: WAHNER HOUSE (310648)

Address: 5765 W WAHNER DR, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

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

Survey History

Survey ID: 0103367 **End Date:** 01/15/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W0FL12 Served 02/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	04/01/2009	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (WAHNER HOUSE)

Date: 02/09/2009 SOD #W0FL12 Enforcement Appealed: No

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.35(2)
FORFEITURE---84.14(1)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: WOODALE (0011984)

Address: 4103 W WOODALE AVE, BROWN DEER, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/20/2007

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

Survey History

Survey ID: 0106293 **End Date:** 04/13/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FLU311 Served 05/20/2010

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (WOODALE)

Date Complaint Received: 08/06/2009

Date Investigation Completed: 04/13/2010

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: BELL THERAPY UNDERWOOD (0009082)
Address: 3146 E UNDERWOOD, CUDAHY, WI 53110
License Status: REGULAR
Licensed/Certified/Registered 04/01/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104592 **End Date:** 07/31/2009 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HAMMOND HOUSE (0010416)

Address: 3750 E HAMMOND AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0109447 **End Date:** 10/04/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3HOY12 Served 10/28/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

Survey ID: 0107580 **End Date:** 10/05/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3HOY11 Served 12/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	09/28/2011	Yes

Survey ID: 0105083 **End Date:** 10/19/2009 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HAMMOND HOUSE)

Date: 10/27/2011

SOD #3HOY12

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HAMMOND HOUSE)

Date Complaint Received: 08/30/2011

Date Investigation Completed: 10/04/2011

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/14/2009

Date Investigation Completed: 10/19/2009

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: RAMSEY WOODS RESIDENCE (310247)

Address: 3210 E RAMSEY AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 03/17/1996

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

Survey History

Survey ID: 0109488 **End Date:** 10/11/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105787 **End Date:** 02/04/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OGH911 Served 03/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/11/2011	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/11/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	10/11/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/11/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (RAMSEY WOODS RESIDENCE)

Date Complaint Received: 12/21/2009

Date Investigation Completed: 02/04/2010

Subject Area(s)

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

OGH911

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: SOUTH SHORE HOUSE (310294)

Address: 6168 S SWIFT AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996

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

Survey History

Survey ID: 0108780 **End Date:** 06/22/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108418 **End Date:** 04/21/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107007 **End Date:** 07/21/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8H7C11 Served 09/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	04/21/2011	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	04/21/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (SOUTH SHORE HOUSE)

Date: 06/27/2011	SOD # 03S311	Enforcement Appealed: Yes	Decision: STIPULATION
<u>Sanctions</u> SUBMIT POC (SOD APPEAL ONLY)		Sanction Withdrawn on Appeal--Facility Compliant 08/31/2011	
Date: 09/03/2010	SOD # 8H7C11	Enforcement Appealed: Yes	Decision: WITHDRAWN APPEAL (NO STIPUL
<u>Sanctions</u> COMPLY WITH DEPARTMENT PLAN OF CORRECTION			

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: SYLVAN CROSSINGS AT CREEKSIDE ESTATES (0009038)

Address: 6180 S CREEKSIDE DR, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001

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

Survey History

Survey ID: 0109441 **End Date:** 09/16/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W4OL12 Served 11/02/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	01/05/2012	Yes

Survey ID: 0106995 **End Date:** 06/23/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W4OL11 Served 09/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(e)	PROGRAM STATEMENT: CLIENT GROUP SERVED	09/16/2011	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	09/16/2011	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	09/16/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/16/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	09/16/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0105086 End Date: 10/08/2009 Type: STANDARD 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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (SYLVAN CROSSINGS AT CREEKSIDE ESTATES)

Date: 09/03/2010 SOD #W4OL11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/16/2011
COMPLY WITH REQUIREMENT	--Facility Compliant 09/16/2011
FORFEITURE---83.14(2)(e)	
FORFEITURE---83.31(4)(a)	
FORFEITURE---83.32(3)(i)	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (SYLVAN CROSSINGS AT CREEKSIDE ESTATES)

Date Complaint Received: 11/22/2011

Date Investigation Completed: 01/12/2012

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/07/2010

Date Investigation Completed: 06/23/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

W4OL11
W4OL11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: FOX POINT MANOR (0009113)

Address: 7450 N PORT WASHINGTON RD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0105117 **End Date:** 10/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0V0G11 Served 11/06/2009

<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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: NORTH SHORE HOUSE (0012761)

Address: 6807 N SANTA MONICA BLVD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010

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

Survey History

Survey ID: 0107384 **End Date:** 09/23/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105880 **End Date:** 02/08/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M49V11 Served 03/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/10/2010	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	08/10/2010	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	08/10/2010	Yes

Survey ID: 0104297 **End Date:** 07/01/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (NORTH SHORE HOUSE)

Date: 03/12/2010

SOD #M49V11

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (NORTH SHORE HOUSE)

Date Complaint Received: 12/16/2009

Date Investigation Completed: 02/08/2010

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

M49V11

M49V11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: GLENGARY COTTAGE (0011941)

Address: 7335 N PORT WASHINGTON RD, GLENDALE, WI 532173416

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0108545 **End Date:** 02/15/2011 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XVJO12 Served 05/18/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106989 **End Date:** 08/02/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XVJO11 Served 09/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	01/13/2011	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	02/07/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	01/13/2011	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	02/07/2011	Yes
83.41(1)(b)	EQUIPMENT	02/07/2011	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	02/07/2011	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	02/07/2011	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (GLENGARY COTTAGE)

Date: 05/16/2011 **SOD #XVJO12** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

Date: 09/03/2010 **SOD #XVJO11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.39(1)

FORFEITURE---83.41(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (GLENGARY COTTAGE)

Date Complaint Received: 01/07/2011

Date Investigation Completed: 02/15/2011

Subject Area(s)

SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XVJO12
XVJO12

Date Complaint Received: 08/23/2010

Date Investigation Completed: 02/15/2011

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

XVJO12

Date Complaint Received: 05/25/2010

Date Investigation Completed: 08/02/2010

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

XVJO11
XVJO11
XVJO11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: GLENGARY HOUSE (0011943)

Address: 7325 N PORT WASHINGTON RD, GLENDALE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0109364 **End Date:** 08/04/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXWL12 Served 10/17/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0104813 **End Date:** 08/31/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TXWL11 Served 09/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	08/04/2011	Yes
83.38(1)(b)	SUPERVISION	08/04/2011	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	08/04/2011	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (GLENGARY HOUSE)

Date: 10/14/2011 **SOD #TXWL12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.45(1)(e)

FORFEITURE---83.48(1)(b)

Date: 09/14/2009 **SOD #TXWL11** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HOMESTEAD RIDGE ASSISTED LIVING OF GLENDALE (0011367)

Address: 6370 N GREEN BAY AVE, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0109163 **End Date:** 08/09/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MJUG12 Served 09/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0109166 **End Date:** 07/05/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7GA14 Served 09/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	08/09/2011	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0108358 **End Date: 04/05/2011** **Type: OTHER** **Purpose: DESK REVIEW**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TRM5S11 Served 04/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	06/29/2011	Yes

Survey ID: 0108087 **End Date: 02/14/2011** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MJUG11 Served 03/09/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	06/29/2011	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	06/29/2011	Yes

Survey ID: 0107791 **End Date: 11/04/2010** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7GA13 Served 01/21/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	02/14/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0106473 End Date: 04/22/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7GA12 Served 06/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/25/2010	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	02/14/2011	Yes

Survey ID: 0104966 End Date: 08/31/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V7GA11 Served 10/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/25/2010	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (HOMESTEAD RIDGE ASSISTED LIVING OF GLENDALE)

Date: 09/12/2011 **SOD #MJUG12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(1)(h)

Date: 01/20/2011 **SOD #V7GA13** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(1)(h)

Date: 06/18/2010 **SOD #V7GA12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(1)(c)

Date: 10/09/2009 **SOD #V7GA11** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HOMESTEAD RIDGE ASSISTED LIVING OF GLENDALE)

Date Complaint Received: 05/09/2011

Date Investigation Completed: 08/09/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/20/2010

Date Investigation Completed: 02/14/2011

Subject Area(s)

SUPERVISION
MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

MJUG11
MJUG11

Date Complaint Received: 09/23/2009

Date Investigation Completed: 04/22/2010

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HOMESTEAD RIDGE MEMORY CARE (0011368)

Address: 6378 N GREEN BAY AVE, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0109164 **End Date:** 08/09/2011 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IX9Y12 Served 09/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107000 **End Date:** 06/30/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IX9Y11 Served 09/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(3)	TRAINING IN DAILY LIVING ACTIVITIES REQUIRED	08/09/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/09/2011	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	08/09/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	08/09/2011	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	08/09/2011	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0103381 **End Date: 01/12/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HOMESTEAD RIDGE MEMORY CARE)

Date: 09/09/2011 **SOD #IX9Y12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(5)(b)

Date: 09/03/2010 **SOD #IX9Y11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.22(3)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(5)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HOMESTEAD RIDGE MEMORY CARE)

Date Complaint Received: 04/29/2010

Date Investigation Completed: 06/30/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

IX9Y11

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: FINCH HOUSE (0012715)

Address: 5762 FINCH LN, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010

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

Survey History

Survey ID: 0106795 **End Date:** 07/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106380 **End Date:** 05/20/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104299 **End Date:** 07/01/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Complaint History (FINCH HOUSE)

Date Complaint Received: 05/21/2010

Date Investigation Completed: 07/28/2010

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HARBOUR ASSISTED LIVING RESIDENCES (0012469)

Address: 5800 MOCKINGBIRD LN, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 09/18/2008

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

Survey History

Survey ID: 0103324 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TLJ511 Served 02/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HARBOUR HOUSE (THE) (0012470)

Address: 5900 MOCKINGBIRD LN, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 09/18/2008

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

Survey History

Survey ID: 0108492 **End Date:** 04/11/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106794 **End Date:** 08/02/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HARBOUR HOUSE (THE))

Date Complaint Received: 02/28/2011

Date Investigation Completed: 04/11/2011

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LAKE TERRACE NORTH LLC (0013741)

Address: 6801 S LOOMIS RD, GREENDALE, WI 53129

License Status: PROBATIONARY

Licensed/Certified/Registered 06/09/2011

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

Survey History

Survey ID: 0108714 **End Date:** 06/09/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: RIVERSIDE TERRACE (0008995)

Address: 5883 W RIVERSIDE DR, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 12/01/2001

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

Survey History

Survey ID: 0108951 **End Date:** 07/19/2011 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106772 **End Date:** 05/03/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTQ211 Served 08/06/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	07/19/2011	Yes
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS	07/19/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (RIVERSIDE TERRACE)

Date: 08/05/2010

SOD #VTQ211

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.39(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (RIVERSIDE TERRACE)

Date Complaint Received: 07/12/2011

Date Investigation Completed: 07/19/2011

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CASTLE GARDENS (0011971)

Address: 5900 S 92ND ST, HALES CORNERS, WI 53130

License Status: REGULAR

Licensed/Certified/Registered 05/30/2007

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

Survey History

Survey ID: 0108727 **End Date:** 03/07/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y9Q112 Served 06/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

Survey ID: 0105253 **End Date:** 09/28/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y9Q111 Served 12/01/2009

<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
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (CASTLE GARDENS)

Date: 06/15/2011 SOD #Y9Q112 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(4)(b)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (CASTLE GARDENS)

Date Complaint Received: 12/17/2010

Date Investigation Completed: 03/07/2011

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

Y9Q112

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CASTLE RIDGE (0013008)

Address: 10133 BROOKSIDE DR, HALES CORNERS, WI 53130

License Status: REGULAR

Licensed/Certified/Registered 10/01/2010

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

Survey History

Survey ID: 0106846 **End Date:** 07/26/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104961 **End Date:** 10/08/2009 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: HIL MEADOWLARK HOME (0012377)
Address: 5267 MEADOWLARK LN, HALES CORNERS, WI 531301068
License Status: REGULAR
Licensed/Certified/Registered 08/06/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0105719 **End Date:** 01/26/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104593 **End Date:** 08/06/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HIL WHITNALL HOUSE (0009798)

Address: 6275 S 106TH ST, HALES CORNERS, WI 53130

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103537 **End Date:** 02/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5GTN14 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	04/01/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: PARK HILLS WEST (0010918)

Address: 5910 S 118TH ST, HALES CORNERS, WI 53130

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0105093 **End Date:** 09/18/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8G2811 Served 11/05/2009

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (PARK HILLS WEST)

Date Complaint Received: 07/31/2009

Date Investigation Completed: 09/18/2009

Subject Area(s)

Result

SOD #

MEDICATIONS
ADMINISTRATION

SUBSTANTIATED
NOT SUBSTANTIATED

8G2811

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: AUBERRY HOUSE INC (0010167)

Address: 10320 S HUMMINGBIRD LN, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0109637 **End Date:** 11/30/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZA811 Served 12/05/2011

<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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (AUBERRY HOUSE INC)

Date: 12/02/2011 SOD #BZA811 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.21(2)(b)

FORFEITURE---83.21(3)

FORFEITURE---83.22(4)

FORFEITURE---83.36(1)(b)2

FORFEITURE---83.55(6)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: COUNTRY VIEW (0011567)

Address: 10507 S CHICAGO AVE, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007

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

Survey History

Survey ID: 0109600 **End Date:** 11/10/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108037 **End Date:** 02/08/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107124 **End Date:** 07/07/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NRO211 Served 09/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)	TRAINING IN STANDARD PRECAUTIONS	02/08/2011	Yes
83.25	CONTINUING EDUCATION	02/08/2011	Yes
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	02/08/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	02/08/2011	Yes
83.38(1)(b)	SUPERVISION	02/08/2011	Yes
83.47(2)(d)	FIRE DRILLS	02/08/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	02/08/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0107033 **End Date: 08/27/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107034 **End Date: 08/27/2009** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104360 **End Date: 07/13/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #318P11 Served 07/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	08/27/2009	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	08/27/2009	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	08/27/2009	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	08/27/2009	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	08/27/2009	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	08/27/2009	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	08/27/2009	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	08/27/2009	Yes
83.21(3)	CORRECTIONAL CLIENTS	08/27/2009	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	08/27/2009	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/27/2009	Yes
83.38(1)(b)	SUPERVISION	08/27/2009	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	08/27/2009	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	08/27/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0103769 End Date: 02/24/2009 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DPP11 Served 04/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)	GENERAL SERVICES	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (COUNTRY VIEW)

Date: 09/23/2010 **SOD #NRO211** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.25
FORFEITURE---83.38(1)(b)
FORFEITURE---83.47(2)(e)

Date: 07/15/2009 **SOD #318P11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS --Facility Compliant 08/27/2009

FORFEITURE---

Date: 04/07/2009 **SOD #5DPP11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (COUNTRY VIEW)

Date Complaint Received: 08/09/2011

Date Investigation Completed: 11/10/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	PVOR11

Date Complaint Received: 12/07/2010

Date Investigation Completed: 02/08/2011

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

Date Complaint Received: 05/18/2010

Date Investigation Completed: 07/07/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	NRO211

Date Complaint Received: 08/12/2009

Date Investigation Completed: 08/27/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	318P11

Date Complaint Received: 05/26/2009

Date Investigation Completed: 07/13/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	318P11
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 05/20/2009

Date Investigation Completed: 07/13/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	318P11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CREEK SIDE MANOR (0012788)

Address: 8841 S 13TH ST, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010

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

Survey History

Survey ID: 0108713 **End Date:** 06/06/2011 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106476 **End Date:** 05/06/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F40511 Served 06/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	06/06/2011	Yes

Survey ID: 0105769 **End Date:** 01/25/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104210 End Date: 06/17/2009 Type: INITIAL Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #37FG11 Served 06/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	01/25/2010	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (CREEK SIDE MANOR)

Date: 06/18/2010 SOD #F40511 Enforcement Appealed: No

Sanctions

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (CREEK SIDE MANOR)

Date Complaint Received: 04/16/2010

Date Investigation Completed: 05/06/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/09/2010

Date Investigation Completed: 05/06/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/03/2010

Date Investigation Completed: 05/06/2010

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

F40511

Date Complaint Received: 11/09/2009

Date Investigation Completed: 01/25/2010

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CREEK SIDE TERRACE (0013958)

Address: 8861 S 13TH ST, OAK CREEK, WI 53154

License Status: PROBATIONARY

Licensed/Certified/Registered 12/12/2011

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

Survey History

Survey ID: 0109735 **End Date:** 12/13/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ELIZABETH RESIDENCE OAK CREEK (0013620)

Address: 10441 S NICHOLSON RD, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 03/01/2012

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

Survey History

Survey ID: 0109487 **End Date:** 09/29/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0109200 **End Date:** 05/23/2011 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZIIW11 Served 09/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)	TRAINING IN STANDARD PRECAUTIONS	01/09/2012	Yes

Survey ID: 0108231 **End Date:** 03/16/2011 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ELIZABETH RESIDENCE OAK CREEK)

Date Complaint Received: 08/23/2011

Date Investigation Completed: 09/29/2011

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/04/2011

Date Investigation Completed: 05/23/2011

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZIIW11

QUALITY OF LIFE

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: IVY TERRACE (0010632)

Address: 6606 S CRANE DR, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 01/01/2005

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: MITCHELL MANOR - OAK CREEK (0012247)

Address: 8740 S OAK PARK DR, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 01/18/2008

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

Survey History

Survey ID: 0109633 **End Date:** 11/18/2011 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6M7P11 Served 12/03/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106296 **End Date:** 03/25/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103575 **End Date:** 02/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #16CV11 Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (MITCHELL MANOR - OAK CREEK)

Date: 12/02/2011 **SOD #6M7P11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.32(3)(k)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (MITCHELL MANOR - OAK CREEK)

Date Complaint Received: 06/08/2011

Date Investigation Completed: 11/18/2011

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
6M7P11

Date Complaint Received: 03/16/2010

Date Investigation Completed: 03/25/2010

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: OAK RIDGE HOUSE (0011892)

Address: 7550 S 13TH ST, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 01/01/2008

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

Survey History

Survey ID: 0105464 **End Date:** 11/25/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M1HL11 Served 01/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0103755 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** COMPLAINT/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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (OAK RIDGE HOUSE)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)
NUTRITION & FOOD SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: OAKWOOD TERRACE (0008884)

Address: 1110 W OAKWOOD RD, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: SHEPARD AVENUE GROUP HOME (310671)
Address: 8860 S SHEPARD AVE, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 10/01/1997
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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: META HOUSE III (310026)

Address: 3924 3926 N MARYLAND AVE, SHOREWOOD, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 11/30/1985

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CREST HOUSE (0011361)

Address: 3829 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0109419 **End Date:** 09/21/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K55411 Served 10/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108415 **End Date:** 03/30/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107521 **End Date:** 10/04/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0106219 **End Date: 04/12/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WBS12 Served 05/10/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4n)	REGULATION OF CBRF	09/30/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/30/2010	Yes

Survey ID: 0105419 **End Date: 11/05/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP9211 Served 01/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(b)	ADMINISTRATOR QUALIFIED: DEGREE, EXPERIENCE	03/29/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	03/29/2010	Yes

Survey ID: 0105303 **End Date: 10/21/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WBS11 Served 12/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/29/2010	Yes
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	03/29/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/29/2010	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104253 **End Date: 05/25/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RNPk11 Served 06/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

Survey ID: 0103534 **End Date: 02/09/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G5QX13 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	05/25/2009	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	05/25/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/25/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (CREST HOUSE)

Date: 10/25/2011 **SOD #K55411** **Enforcement Appealed: Yes** **Decision: PENDING**

Sanctions

FORFEITURE---83.12(4)(a)
FORFEITURE---83.32(3)(n)

Date: 05/05/2010 **SOD #6WBS12** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)

Date: 12/30/2009 **SOD #OP9211** **Enforcement Appealed: No**

Sanctions

Date: 12/08/2009 **SOD #6WBS11** **Enforcement Appealed: Yes** **Decision: STIPULATION**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (CREST HOUSE)

Date Complaint Received: 08/29/2011

Date Investigation Completed: 09/21/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	K55411
STAFF ADEQUACY	SUBSTANTIATED	K55411

Date Complaint Received: 07/28/2011

Date Investigation Completed: 09/21/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 12/21/2010

Date Investigation Completed: 03/30/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	MKWV11
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 11/09/2010

Date Investigation Completed: 03/30/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	MKWV11

Date Complaint Received: 11/03/2010

Date Investigation Completed: 03/30/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	MKWV11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	MKWV11
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	MKWV11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 09/10/2010

Date Investigation Completed: 10/06/2010

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/28/2010

Date Investigation Completed: 10/06/2010

Subject Area(s)
MEDICATIONS
OTHER

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
6WBS13
6WBS13

Date Complaint Received: 10/15/2009

Date Investigation Completed: 04/12/2010

Subject Area(s)
SUPERVISION
OTHER

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/25/2009

Date Investigation Completed: 10/21/2009

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/26/2009

Date Investigation Completed: 10/21/2009

Subject Area(s)
ABUSE
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
6WBS11

Date Complaint Received: 07/02/2009

Date Investigation Completed: 10/21/2009

Subject Area(s)
RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
6WBS11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 06/17/2009

Subject Area(s)
SUPERVISION
NUTRITION & FOOD SERVICES
ADMINISTRATION

Date Investigation Completed: 10/21/2009

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

Date Complaint Received: 02/18/2009

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

Date Investigation Completed: 05/25/2009

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: FRANCIS HOUSE (310629)

Address: 3601 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 09/01/1997

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

Survey History

Survey ID: 0109156 **End Date:** 07/28/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108499 **End Date:** 05/03/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108191 **End Date:** 01/27/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZVG411 Served 03/24/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	05/03/2011	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	05/03/2011	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	05/03/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	05/03/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	05/03/2011	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	05/03/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	05/03/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	05/03/2011	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	05/03/2011	Yes

Survey ID: 0104235 **End Date: 06/02/2009** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (FRANCIS HOUSE)

Date: 03/17/2011

SOD #ZVG411

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.12(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(g)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.59(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (FRANCIS HOUSE)

Date Complaint Received: 07/12/2011

Date Investigation Completed: 07/28/2011

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/25/2011

Date Investigation Completed: 05/03/2011

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2010

Date Investigation Completed: 01/27/2011

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
SUBSTANTIATED

SOD #
ZVG411

Date Complaint Received: 05/26/2009

Date Investigation Completed: 05/27/2009

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: FRANCISCAN GARDENS (0011763)

Address: 1000 WILLIAMS AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0106253 **End Date:** 03/25/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q5BY11 Served 05/15/2010

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (FRANCISCAN GARDENS)

Date Complaint Received: 03/10/2010

Date Investigation Completed: 03/24/2010

Subject Area(s)

Result

SOD #

SUPERVISION
MEDICATIONS

SUBSTANTIATED
SUBSTANTIATED

Q5BY11
Q5BY11

Date Complaint Received: 01/20/2010

Date Investigation Completed: 03/24/2010

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

Q5BY11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LSS HEMLOCK (0011694)

Address: 310 HEMLOCK, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 09/01/2007

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: OAK CREST BLAKEWOOD HOME (310275)

Address: 3407 S BLAKEWOOD AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 08/04/1995

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

Survey History

Survey ID: 0105130 **End Date:** 09/28/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XW0Z11 Served 11/12/2009

<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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (OAK CREST BLAKEWOOD HOME)

Date Complaint Received: 07/31/2009

Date Investigation Completed: 09/28/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
XW0Z11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: REM WISCONSIN II INC NICHOLSON (0010403)

Address: 1009 NICHOLSON AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004

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

Survey History

Survey ID: 0108936 **End Date:** 07/08/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104849 **End Date:** 09/15/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104729 **End Date:** 08/25/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0104261 End Date: 05/13/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TKZM11 Served 06/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	09/15/2009	Yes
83.12(3)(a)	CRIMINAL RECORDS CHECK	09/15/2009	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/15/2009	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/15/2009	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	09/15/2009	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	09/15/2009	Yes
83.45(3)	TOXIC SUBSTANCES	09/15/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (REM WISCONSIN II INC NICHOLSON)

Date: 06/26/2009 SOD #TKZM11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/15/2009
PROVIDE TRAINING	--Facility Compliant 09/15/2009
FORFEITURE---83.32(3)(i)	
FORFEITURE---83.35(1)(c)	
FORFEITURE---83.35(3)(d)	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (REM WISCONSIN II INC NICHOLSON)

Date Complaint Received: 08/24/2009

Date Investigation Completed: 08/25/2009

Subject Area(s)
SUPERVISION

Result
-migrated data -

SOD #
NOT RECORDED

Date Complaint Received: 06/17/2009

Date Investigation Completed: 09/15/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
TKZM11

Date Complaint Received: 02/03/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
TKZM11

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: SOUTH MILWAUKEE (0010134)
Address: 1408 MARION, SOUTH MILWAUKEE, WI 531723010
License Status: REGULAR
Licensed/Certified/Registered 02/01/2004
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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ST JOHNS MANOR (310144)

Address: 812 MARQUETTE AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 10/08/1992

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ST MARYS MANOR (310235)

Address: 1313 MISSOURI AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 02/03/1996

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

Survey History

Survey ID: 0109719 **End Date:** 12/15/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0109329 **End Date:** 07/06/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3HF111 Served 10/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	12/15/2011	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (ST MARYS MANOR)

Date: 10/10/2011 SOD #3HF111 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ST MARYS MANOR)

Date Complaint Received: 05/16/2011

Date Investigation Completed: 07/06/2011

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

3HF111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ABERDEEN COTTAGE (0011942)

Address: 3620 E DENTON, ST FRANCIS, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0108839 **End Date:** 04/11/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DZY411 Served 07/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108062 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2CJV13 Served 03/07/2011

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0107365 **End Date: 09/16/2010** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2CJV12 Served 11/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	01/27/2011	Yes

Survey ID: 0106347 **End Date: 04/12/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2CJV11 Served 06/01/2010

<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	09/16/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/16/2010	Yes
83.38(1)(a)	PERSONAL CARE	09/16/2010	Yes
83.39(3)	HAND WASHING	09/16/2010	Yes

Survey ID: 0105365 **End Date: 11/16/2009** **Type: STANDARD** **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (ABERDEEN COTTAGE)

Date: 07/08/2011 **SOD #DZY411** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.09(1)(f)2
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(1)(g)

Date: 11/04/2010 **SOD #2CJV12** **Enforcement Appealed: No**

Sanctions

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

Date: 05/26/2010 **SOD #2CJV11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 09/16/2010
COMPLY WITH REQUIREMENT --Facility Compliant 09/16/2010
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ABERDEEN COTTAGE)

Date Complaint Received: 03/09/2011

Date Investigation Completed: 04/11/2011

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/14/2011

Date Investigation Completed: 01/27/2011

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
2CJV13

Date Complaint Received: 09/08/2010

Date Investigation Completed: 01/27/2011

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

2CJV13

Date Complaint Received: 07/09/2010

Date Investigation Completed: 09/16/2010

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/28/2010

Date Investigation Completed: 09/16/2010

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

2CJV12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 02/23/2010

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Date Investigation Completed: 04/12/2010

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	2CJV11
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 11/19/2009

Subject Area(s)
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 04/12/2010

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	2CJV11
NOT SUBSTANTIATED	
SUBSTANTIATED	2CJV11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ABERDEEN HOUSE (0011940)

Address: 3660 E DENTON AVE, ST FRANCIS, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0108834 **End Date:** 04/15/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QROT11 Served 07/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108068 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #15GQ14 Served 03/07/2011

<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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0107357 End Date: 09/16/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GQ13 Served 11/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TEMPORARILY TRANSFERRED TO HOSPITAL	01/27/2011	Yes
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION	01/27/2011	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	01/27/2011	Yes

Survey ID: 0106548 End Date: 06/02/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GQ12 Served 07/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/16/2010	Yes
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	09/16/2010	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	09/16/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/16/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/16/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	09/16/2010	Yes
83.44(2)(a)	BUILDING CONTROLLED BY CBRF OWNER	09/16/2010	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0105677 End Date: 12/14/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15GQ11 Served 02/16/2010

<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	09/16/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	09/16/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	09/16/2010	Yes

Survey ID: 0103773 End Date: 03/25/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RYSX11 Served 04/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.33(2)	GENERAL SERVICES	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (ABERDEEN HOUSE)

Date: 07/08/2011 SOD #QROT11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.09(1)(f)2
FORFEITURE---83.14(2)(a)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.44(2)(a)

Date: 11/04/2010 SOD #15GQ13 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.20(1)(b)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.38(1)(h)

Date: 06/30/2010 SOD #15GQ12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS
FORFEITURE---13.05(3)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date: 02/11/2010

SOD #15GQ11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Date: 04/07/2009

SOD #RYSX11

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(1)(c)

FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ABERDEEN HOUSE)

Date Complaint Received: 02/11/2011

Date Investigation Completed: 04/15/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

QROT11

Date Complaint Received: 01/25/2011

Date Investigation Completed: 01/27/2011

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

15GQ14

15GQ14

Date Complaint Received: 09/08/2010

Date Investigation Completed: 01/27/2011

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
ADMINISTRATION
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

15GQ14

15GQ14

15GQ14

Date Complaint Received: 07/09/2010

Date Investigation Completed: 09/16/2010

Subject Area(s)

SUPERVISION
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

15GQ13
15GQ13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 06/28/2010

Date Investigation Completed: 09/16/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	15GQ13

Date Complaint Received: 06/16/2010

Date Investigation Completed: 09/16/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	15GQ13
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	

Date Complaint Received: 05/06/2010

Date Investigation Completed: 06/02/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	15GQ12

Date Complaint Received: 04/13/2010

Date Investigation Completed: 06/02/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	15GQ12
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	15GQ12
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	15GQ12

Date Complaint Received: 09/09/2009

Date Investigation Completed: 12/14/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 02/12/2009

Date Investigation Completed: 03/25/2009

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
RYSX11
RYSX11

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: SULLIVAN HOUSE ST FRANCIS (310298)
Address: 3652 S RUTLAND AVE, ST FRANCIS, WI 53235
License Status: REGULAR
Licensed/Certified/Registered 03/01/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104319 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EKQC11 Served 07/08/2009

<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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: SOUTH 47TH STREET (310009)
Address: 1015 1017 S 47TH ST, WEST MILWAUKEE, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 06/01/1981
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0109733 **End Date:** 12/15/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZRQH11 Served 12/21/2011

<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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Complaint History (SOUTH 47TH STREET)

Date Complaint Received: 05/25/2011

Date Investigation Completed: 12/15/2011

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZRQH11

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