

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

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 55 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

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

**Facility Information**

**Facility Name:** APARTMENTS AT ELIZABETH RESIDENCE (THE) (0012474)

**Address:** 9279 N PORT WASHINGTON RD, BAYSIDE, WI 53217

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/21/2008

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

**Survey History**

**Survey ID:** 0102759      **End Date:** 10/21/2008      **Type:** INITIAL      **Purpose:** DESK REVIEW

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

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

**Facility Information**

**Facility Name:** DEERWOOD CROSSING SENIOR RESIDENCE (0013351)  
**Address:** 4195 W BRADLEY RD, BROWN DEER, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/23/2010  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106944    **End Date:** 08/23/2010    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** LAUREL OAKS (0010326)  
**Address:** 1700 W BENDER RD, GLENDALE, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103314    **End Date:** 11/12/2008    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (LAUREL OAKS)**

**Date Complaint Received: 10/17/2008**

**Date Investigation Completed: 11/13/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** CONCORD AT THE HARBOUR VILLAGE (THE) (0012468)

**Address:** 5700 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:** 0102654      **End Date:** 09/18/2008      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

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

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

**Facility Information**

**Facility Name:** CLEMENT MANOR RETIREMENT COMMUNITY (0010314)

**Address:** 9339 W HOWARD AVE, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1997

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

**Survey History**

**Survey ID:** 0106790      **End Date:** 07/01/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (CLEMENT MANOR RETIREMENT COMMUNITY)**

**Date Complaint Received: 05/19/2010**

**Date Investigation Completed: 07/01/2010**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** HICKORY PARK (0012790)  
**Address:** 3933 S PRAIRIE HILL LN, GREENFIELD, WI 53228  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/24/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103913    **End Date:** 04/24/2009    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** LAYTON TERRACE V LLC (0010327)  
**Address:** 9200 W LAYTON AVE, GREENFIELD, WI 53228  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/1999  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106604    **End Date:** 05/25/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103384    **End Date:** 01/22/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (LAYTON TERRACE V LLC)**

**Date Complaint Received: 11/17/2008**

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

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS  
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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

**Facility Information**

**Facility Name:** LEXINGTON HERITAGE (0010328)  
**Address:** 5020 S 107TH ST, GREENFIELD, WI 53228  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** LEXINGTON HERITAGE-HERITAGE ASSISTED LIVING (0012864)

**Address:** 5020 S 107TH ST, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/16/2009

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

**Survey History**

**Survey ID:** 0105099      **End Date:** 10/16/2009      **Type:** INITIAL      **Purpose:** SURVEY

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

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

**Facility Information**

**Facility Name:** FOREST RIDGE LLC (0010542)  
**Address:** 11077 W FOREST HOME AVE, HALES CORNERS, WI 53130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/09/2004  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** ASSISTED LIVING AT THE MILW CATHOLIC HOME (0010299)

**Address:** 2330 NORTH PROSPECT AVE, MILWAUKEE, WI 53211

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1997

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

**Survey History**

**Survey ID:** 0106497    **End Date:** 05/13/2010    **Type:** OTHER    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (ASSISTED LIVING AT THE MILW CATHOLIC HOME)**

**Date Complaint Received: 05/05/2010**

**Date Investigation Completed: 05/13/2010**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** BRADFORD TERRACE (0010308)  
**Address:** 2429 E BRADFORD AVE, MILWAUKEE, WI 53211  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/25/1997  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** CHAI POINT (0010313)  
**Address:** 1400 N PROSPECT AVE, MILWAUKEE, WI 53202  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102024    **End Date:** 06/11/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** CLARKE SQUARE TERRACE (0012814)  
**Address:** 1740 W PIERCE ST, MILWAUKEE, WI 53204  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/26/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106600      **End Date:** 05/24/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104074      **End Date:** 05/26/2009      **Type:** INITIAL      **Purpose:** SURVEY

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

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

**Complaint History (CLARKE SQUARE TERRACE)**

**Date Complaint Received: 04/26/2010**

**Date Investigation Completed: 05/24/2010**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** GARDEN PLACE (0011078)  
**Address:** 8425 N 107TH ST, MILWAUKEE, WI 53224  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/13/2005  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106030    **End Date:** 03/18/2010    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** GARDEN TERRACE (0012588)  
**Address:** 10851 W DONNA DR, MILWAUKEE, WI 53224  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/22/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103134    **End Date:** 12/22/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** LUTHER HAVEN (0011597)  
**Address:** 8949 N 97TH ST, MILWAUKEE, WI 53224  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/27/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** POLONAISE AT WILSON COMMONS (THE) (0010715)  
**Address:** 1500 W SONATA DR, MILWAUKEE, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/18/2004  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108269    **End Date:** 03/08/2011    **Type:** ABBREVIATED    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106777    **End Date:** 05/25/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #361I11    Served 08/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(2)	CONTRACT BACKGROUND CHECKS REQUIREMENT	03/08/2011	Yes
13.05(2)	CLIENT PROTECTION	03/08/2011	Yes
89.23(3)(f)	SERVICES	03/08/2011	Yes
89.23(4)(a)1	SERVICES	03/08/2011	Yes

**Survey ID:** 0104234    **End Date:** 06/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103904    **End Date:** 04/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Survey ID: 0103762    End Date: 03/27/2009    Type: OTHER    Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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

**Complaint History (POLONAISE AT WILSON COMMONS (THE))**

**Date Complaint Received: 04/05/2010**

**Date Investigation Completed: 05/25/2010**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
STAFF ADEQUACY

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

361111

**Date Complaint Received: 03/15/2010**

**Date Investigation Completed: 05/25/2010**

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

361111

**Date Complaint Received: 04/30/2009**

**Date Investigation Completed: 06/10/2009**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS  
ABUSE  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/22/2009**

**Date Investigation Completed: 06/10/2009**

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/27/2009**

**Date Investigation Completed: 04/10/2009**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Date Complaint Received: 03/25/2009**

**Date Investigation Completed: 03/27/2009**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** SAINT JOHNS ON THE LAKE NORTH RESIDENCE (0010770)

**Address:** 1840 N PROSPECT AVE, MILWAUKEE, WI 53202

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/20/2004

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

**Survey History**

**Survey ID:** 0103682      **End Date:** 03/05/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (SAINT JOHNS ON THE LAKE NORTH RESIDENCE)**

**Date Complaint Received: 01/27/2009**

**Date Investigation Completed: 03/05/2009**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** ST CLARE TERRACE (0010944)  
**Address:** 3553 S 41ST ST, MILWAUKEE, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/05/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107790      **End Date:** 01/12/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107553      **End Date:** 10/07/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103153      **End Date:** 11/24/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (ST CLARE TERRACE)**

**Date Complaint Received: 09/28/2010**

**Date Investigation Completed: 10/07/2010**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** TIVOLI TERRACE AT ST ANNES SALVATORIAN CAMPUS (0010362)

**Address:** 3800 N 92ND ST, MILWAUKEE, WI 532222589

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/25/2001

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

**Survey History**

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

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

**Facility Information**

**Facility Name:** TRINITY VILLAGE ASSISTED LIVING (0010742)  
**Address:** 7300 W DEAN RD, MILWAUKEE, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2004  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107978      **End Date:** 01/25/2011      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106287      **End Date:** 04/20/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103684      **End Date:** 03/25/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (TRINITY VILLAGE ASSISTED LIVING)**

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

**Date Investigation Completed: 04/20/2010**

Subject Area(s)

Result

SOD #

ABUSE  
HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** WATERTOWER ASSISTED LIVING (0010377)  
**Address:** 2425 N LAKE DR, MILWAUKEE, WI 53211  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** CORNERSTONE OF OAK CREEK (THE) (0010316)  
**Address:** 155 W SUNNYVIEW DR, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/19/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107662    **End Date:** 12/13/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EEWD11    Served 12/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		

**Survey ID:** 0106495    **End Date:** 05/12/2010    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104231    **End Date:** 05/12/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102298    **End Date:** 06/16/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (CORNERSTONE OF OAK CREEK (THE))**

**Date Complaint Received: 10/18/2010**

**Date Investigation Completed: 12/13/2010**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

EEWD11

**Date Complaint Received: 04/29/2009**

**Date Investigation Completed: 05/12/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** MANORPOINTE APARTMENTS (0012259)  
**Address:** 700 E STONEGATE DR, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/18/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** MEADOWMERE OAK CREEK (0012243)  
**Address:** 701 E PUETZ RD, 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:** 0106785    **End Date:** 07/06/2010    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103995    **End Date:** 05/14/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101589    **End Date:** 04/02/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PFWH11    Served 05/01/2008

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

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

**Enforcement History (MEADOWMERE OAK CREEK)**

**Date: 04/30/2008      SOD #PFWH11      Enforcement Appealed: No**

Sanctions

FORFEITURE---89.23(2)(c)

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

**Complaint History (MEADOWMERE OAK CREEK)**

**Date Complaint Received: 05/06/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** FRANCISCAN COURTS (0010317)  
**Address:** 1010 WILLIAMS AVE, SOUTH MILWAUKEE, WI 53172  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102710    **End Date:** 09/05/2008    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** HOWARD VILLAGE (0010322)  
**Address:** 2500 E HOWARD AVE, ST FRANCIS, WI 53235  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/26/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0107107    **End Date:** 08/23/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103607    **End Date:** 02/09/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102422    **End Date:** 07/24/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (HOWARD VILLAGE)**

**Date Complaint Received: 03/02/2010**

**Date Investigation Completed: 08/23/2010**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/27/2008**

**Date Investigation Completed: 07/24/2008**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** HART PARK SQUARE (0010859)  
**Address:** 6600 W RIVER PKWY, WAUWATOSA, WI 53213  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/22/2005  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104672    **End Date:** 08/18/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0101593    **End Date:** 04/02/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (HART PARK SQUARE)**

**Date Complaint Received: 07/23/2009**

**Date Investigation Completed: 08/18/2009**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** HARWOOD PLACE (0011422)  
**Address:** 8220 HARWOOD AVE, WAUWATOSA, WI 53213  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/25/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** LUTHER MANOR (0011107)  
**Address:** 4545 N 92ND ST, WAUWATOSA, WI 53225  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/20/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

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

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

**Facility Information**

**Facility Name:** HERITAGE WEST ALLIS HERITAGE 6 LLC (0012759)  
**Address:** 7901 W NATIONAL AVE, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/15/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0108328      **End Date:** 03/31/2011      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107780      **End Date:** 12/07/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107756      **End Date:** 11/22/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104826      **End Date:** 09/15/2009      **Type:** INITIAL      **Purpose:** DESK REVIEW

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

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

**Complaint History (HERITAGE WEST ALLIS HERITAGE 6 LLC)**

**Date Complaint Received: 03/02/2011**

**Date Investigation Completed: 03/31/2011**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/01/2010**

**Date Investigation Completed: 12/07/2010**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/22/2010**

**Date Investigation Completed: 11/22/2010**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** LIBRARY SQUARE (0010329)  
**Address:** 1820 SOUTH 75TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0105501    **End Date:** 12/08/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103313    **End Date:** 12/17/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (LIBRARY SQUARE)**

**Date Complaint Received: 11/19/2009**

**Date Investigation Completed: 12/08/2009**

Subject Area(s)  
OTHER

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/18/2008**

**Date Investigation Completed: 12/17/2008**

Subject Area(s)  
OTHER

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** MEADOWMERE WEST ALLIS (0012241)  
**Address:** 2330 S 54TH ST, WEST ALLIS, WI 53219  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/18/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0106498    **End Date:** 05/11/2010    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104770    **End Date:** 09/02/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZLJV11    Served 09/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	05/10/2010	Yes

**Survey ID:** 0102608    **End Date:** 09/09/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Survey ID: 0101578    End Date: 04/07/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #IJFE11    Served 04/30/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	09/08/2008	Yes

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

**Complaint History (MEADOWMERE WEST ALLIS)**

**Date Complaint Received: 03/01/2010**

**Date Investigation Completed: 05/10/2010**

Subject Area(s)

Result

SOD #

ABUSE  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/22/2009**

**Date Investigation Completed: 09/02/2009**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES  
ADMINISTRATION

NOT SUBSTANTIATED  
SUBSTANTIATED ZLJV11

**Date Complaint Received: 09/05/2008**

**Date Investigation Completed: 09/09/2008**

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

**Date Complaint Received: 07/03/2008**

**Date Investigation Completed: 09/09/2008**

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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