

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 20 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

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

Facility Information

Facility Name: MARSHALL HOME (0012014)
Address: 2635 N 130TH ST, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 09/28/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0104916 **End Date:** 09/17/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V16M11 Served 10/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: WAUKESHA

Facility Information

Facility Name: SPRINGDALE HOUSE (390106)
Address: 2650 N SPRINGDALE RD, BROOKFIELD, WI 53045
License Status: REGULAR
Licensed/Certified/Registered 03/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106688 **End Date:** 07/22/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105443 **End Date:** 12/21/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7IK111 Served 01/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	07/22/2010	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	07/22/2010	Yes
88.10(3)(q)	MEDICATIONS	07/22/2010	Yes

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

Enforcement History (SPRINGDALE HOUSE)

Date: 01/06/2010	SOD #7IK111	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 07/22/2010
COMPLY WITH REQUIREMENT		--Facility Compliant 07/22/2010

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

Facility Information

Facility Name: THORS ADULT FAMILY HOME (0012721)
Address: 18365 MILWAUKEE AVE, BROOKFIELD, WI 53045
License Status: REGULAR
Licensed/Certified/Registered 02/23/2009
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0108258 **End Date:** 03/30/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HOL911 Served 04/01/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0103532 **End Date:** 02/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: HOME AGAIN ADULT FAMILY CARE (0012521)
Address: W216N5522 ADAMDALE DR, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 12/17/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109100 **End Date:** 08/24/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108266 **End Date:** 03/30/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #KMPQ12 Served 04/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	08/24/2011	Yes

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

Survey ID: 0107167 End Date: 09/28/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KMPQ11 Served 10/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(1)(b)	SERVICE PROVIDER AGE	03/30/2011	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	03/30/2011	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	03/30/2011	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/30/2011	Yes

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

Enforcement History (HOME AGAIN ADULT FAMILY CARE)

Date: 03/31/2011 **SOD #KMPQ12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 09/29/2010 **SOD #KMPQ11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: MENOMONEE AVENUE GROUP HOME (0011659)
Address: N84 W19019 MENOMONEE AVE, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 11/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0103635 **End Date:** 02/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (MENOMONEE AVENUE GROUP HOME)

Date Complaint Received: 01/15/2009

Date Investigation Completed: 02/19/2009

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
Adult Family Home
COUNTY: WAUKESHA

Facility Information

Facility Name: WATER STREET GROUP HOME (0011661)
Address: W164 N9470 WATER ST, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered: 11/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0108289 **End Date:** 04/05/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104216 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SMS011 Served 06/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	04/05/2011	Yes

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

Enforcement History (WATER STREET GROUP HOME)

Date: 06/22/2009 **SOD #SMS011** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/05/2011

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

Facility Information

Facility Name: JOHANNESSEN ADULT FAMILY HOME (0010209)
Address: 21400 W HIDDEN VALLEY DR, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0107060 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105802 **End Date:** 02/24/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BU8X12 Served 03/04/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	08/25/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	08/25/2010	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	08/25/2010	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	08/25/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	08/25/2010	Yes
88.09(1)(d)11	RESIDENT FUNDS	08/25/2010	Yes

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

Enforcement History (JOHANNESSEN ADULT FAMILY HOME)

Date: 03/01/2010	SOD #BU8X12	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 08/25/2010
COMPLY WITH REQUIREMENT		--Facility Compliant 08/25/2010

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

Facility Information

Facility Name: LAVAUN H MUELLER (0010152)
Address: 15190 W FENWAY DR, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 09/03/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0103544 **End Date:** 02/26/2009 **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
Adult Family Home
COUNTY: WAUKESHA

Facility Information

Facility Name: OAKWOOD HOUSE EAST (0010050)
Address: 1739 CRAFTSMAN DR, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 06/09/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109358 **End Date:** 09/29/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DYYZ11 Served 10/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: WAUKESHA

Enforcement History (OAKWOOD HOUSE EAST)

Date: 10/13/2011 SOD #DYZZ11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Facility Information

Facility Name: BETHESDA LUTHERAN COMMUNITIES - HAPPY HOLLOW (0013312)

Address: 55 HAPPY HOLLOW LANE, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 05/24/2010

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106331 **End Date:** 05/19/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: MATT AND NANCY GARCIA (0012449)
Address: 778 BYRON DR, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 07/26/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106366 **End Date:** 06/02/2010 **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
Adult Family Home
COUNTY: WAUKESHA

Facility Information

Facility Name: RIVERLINE HOME (0014047)
Address: 1314 N RIVERLINE DR, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 03/01/2012
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

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