

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility
COUNTY: WAUKESHA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 91 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 CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: CLA BUTLER (0010567)

Address: 12605 W COURTLAND AVE, BUTLER, WI 53007

License Status: REGULAR

Licensed/Certified/Registered 05/01/2006

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

Survey History

Survey ID: 0109469 **End Date:** 10/06/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F5B311 Served 11/04/2011

<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: WAUKESHA

Enforcement History (CLA BUTLER)

Date: 10/31/2011 SOD #F5B311 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

- FORFEITURE---83.20(2)(b)
- FORFEITURE---83.20(2)(c)
- FORFEITURE---83.21(1)
- FORFEITURE---83.21(2)
- FORFEITURE---83.21(3)
- FORFEITURE---83.22(3)
- FORFEITURE---83.22(4)
- FORFEITURE---83.25(1)
- FORFEITURE---83.41(3)(b)1

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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: WAUKESHA

Complaint History (CLA BUTLER)

Date Complaint Received: 08/25/2011

Date Investigation Completed: 10/04/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	F5B311
PROGRAM SERVICES	NOT SUBSTANTIATED	
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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL DELAFIELD A (0012062)

Address: W277 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 02/08/2008

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

Survey History

Survey ID: 0106726 **End Date:** 07/28/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL DELAFIELD B (0012061)

Address: W325 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 02/08/2008

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

Survey History

Survey ID: 0109202 **End Date:** 08/29/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YLQN11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106610 **End Date:** 06/23/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUKESHA

Enforcement History (ROGERS MEMORIAL HOSPITAL DELAFIELD B)

Date: 09/16/2011 **SOD #YLQN11** **Enforcement Appealed: Yes** **Decision: PENDING**
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

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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: WAUKESHA

Complaint History (ROGERS MEMORIAL HOSPITAL DELAFIELD B)

Date Complaint Received: 07/11/2011

Date Investigation Completed: 08/29/2011

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

SUBSTANTIATED

YLQN11

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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: WAUKESHA

Facility Information

Facility Name: TWIN OAKS (0013851)

Address: N4 W31511 TWIN OAKS DRIVE, DELAFIELD, WI 53018

License Status: PROBATIONARY

Licensed/Certified/Registered 09/22/2011

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

Survey History

Survey ID: 0109241 **End Date:** 09/22/2011 **Type:** OTHER **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: CORY HOME (0012200)
Address: 201/203 CORY AVE, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 11/27/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106147 **End Date:** 04/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #202E11 Served 04/29/2010

<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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HANSON HOUSE (0009739)

Address: 240 WOLF DRIVE, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0109031 **End Date:** 08/09/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108864 **End Date:** 06/23/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1QBJ11 Served 07/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106305 **End Date:** 05/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C5R311 Served 05/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	04/18/2011	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: WAUKESHA

Enforcement History (HANSON HOUSE)

Date: 07/13/2011 SOD #1QBJ11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.32(3)(g)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.42(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: WAUKESHA

Complaint History (HANSON HOUSE)

Date Complaint Received: 06/07/2011

Date Investigation Completed: 06/23/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	1QBJ11
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	1QBJ11
QUALITY OF LIFE	SUBSTANTIATED	1QBJ11

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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: WAUKESHA

Facility Information

Facility Name: LAD LAKE COTTAGE UNIT (0011270)
Address: W350 S4101 WATERVILLE RD, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 01/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109059 **End Date:** 04/14/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5Z7612 Served 08/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0104707 **End Date:** 08/05/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5Z7611 Served 08/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(b)	SUPERVISION		

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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: WAUKESHA

Enforcement History (LAD LAKE COTTAGE UNIT)

Date: 08/17/2011 **SOD #5Z7612**

Enforcement Appealed: No

Sanctions

FORFEITURE---83.20(1)(a)

Date: 08/27/2009 **SOD #5Z7611**

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 07/28/2010

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 AA (AMBULATORY)
COUNTY: WAUKESHA

Complaint History (LAD LAKE COTTAGE UNIT)

Date Complaint Received: 07/31/2009

Date Investigation Completed: 08/05/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	5Z7611
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	5Z7611
ADMINISTRATION	SUBSTANTIATED	5Z7611

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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: WAUKESHA

Facility Information

Facility Name: LAD LAKE INC (0010164)
Address: W350 S1401 WATERVILLE RD, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: RIVERSIDE LODGE (310510)

Address: 410 N MAIN ST, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 12/01/1996

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

Survey History

Survey ID: 0105475 **End Date:** 01/07/2010 **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: FAIRVIEW HOUSE (0010004)

Address: 1820 WESTMOOR TERRACE, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0109227 **End Date:** 09/13/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9V013 Served 09/22/2011

Deficiencies Cited
83.15(3)(a)

Subject Area
ADMINISTRATOR SHALL SUPERVISE DAILY
OPERATION

Compliance
Verified

Corrected

Survey ID: 0108609 **End Date:** 05/17/2011 **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Survey ID: 0107913 End Date: 01/25/2011 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9V012 Served 02/10/2011

<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	08/30/2011	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	08/30/2011	No
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	08/30/2011	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	08/30/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/30/2011	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	08/30/2011	Yes
83.38(1)(a)	PERSONAL CARE	08/30/2011	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	08/30/2011	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	08/30/2011	No
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	08/30/2011	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	08/30/2011	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	08/30/2011	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: WAUKESHA

Survey ID: 0106428 **End Date: 05/20/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9V011 Served 06/28/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	01/25/2011	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	01/25/2011	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	01/25/2011	No
83.38(1)(a)	PERSONAL CARE	01/25/2011	No
83.39(3)	HAND WASHING	01/25/2011	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	01/25/2011	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	01/25/2011	No
83.48(6)(b)	INTEGRATED HEAT DETECTOR IN ATTACHED GARAGE	01/25/2011	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	01/25/2011	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	01/25/2011	No
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	01/25/2011	No
83.59(6)(c)	MOUNTING HEIGHT OF HANDRAILS ON RAMPS	01/25/2011	Yes

Survey ID: 0104749 **End Date: 09/01/2009** **Type: OTHER** **Purpose: DESK REVIEW**

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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Enforcement History (FAIRVIEW HOUSE)

Date: 09/20/2011 **SOD #O9V013** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.46(1)(b)

Date: 02/08/2011 **SOD #O9V012** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.45(1)(e)

FORFEITURE---83.59(1)(c)

FORFEITURE---83.59(1)(g)

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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Date: 06/14/2010

SOD #O9V011

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

ACCRUING FORFEITURE

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---8.35(3)(d)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.39(3)

FORFEITURE---83.45(1)(e)

FORFEITURE---Total Accruing Forfeiture

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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: WAUKESHA

Complaint History (FAIRVIEW HOUSE)

Date Complaint Received: 04/07/2011

Date Investigation Completed: 05/17/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 04/05/2010

Date Investigation Completed: 05/20/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	O9V011
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	O9V011

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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: WAUKESHA

Facility Information

Facility Name: BRADFORD HOME (0012560)
Address: 644 BRADFORD WAY, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 12/03/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0107215 **End Date:** 09/30/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: GATE HOUSE (0009716)
Address: 123 LAWN ST, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0108867 **End Date:** 06/27/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V6MN11 Served 07/15/2011

<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: WAUKESHA

Enforcement History (GATE HOUSE)

Date: 07/13/2011 SOD #V6MN11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.55(6)(b)

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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: WAUKESHA

Complaint History (GATE HOUSE)

Date Complaint Received: 06/07/2011

Date Investigation Completed: 06/27/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	V6MN11
MEDICATIONS	SUBSTANTIATED	V6MN11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM 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: WAUKESHA

Facility Information

Facility Name: HARTLAND TERRACE (0012378)

Address: 327B NORTH AVE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 05/01/2009

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

Survey History

Survey ID: 0109044 **End Date:** 07/28/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103278 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I8W611 Served 01/27/2009

<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: WAUKESHA

Complaint History (HARTLAND TERRACE)

Date Complaint Received: 07/07/2011

Date Investigation Completed: 07/28/2011

Subject Area(s)

Result

SOD #

ABUSE
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

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: WAUKESHA

Facility Information

Facility Name: ARBORETUM V LLC (THE) CBRF (310670)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 02/01/1991

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

Survey History

Survey ID: 0105011 **End Date:** 09/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DKYT11 Served 10/17/2009

<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: WAUKESHA

Complaint History (ARBORETUM V LLC (THE) CBRF)

Date Complaint Received: 08/05/2009

Date Investigation Completed: 09/29/2009

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

DKYT11

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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: WAUKESHA

Facility Information

Facility Name: HARTFEL HOUSE (310410)
Address: N88 W17630 CHRISTMAN RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 05/01/1980
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HERITAGE COURT (0010630)

Address: N48 W14250 HAMPTON AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005

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

Survey History

Survey ID: 0103456 **End Date:** 02/04/2009 **Type:** ABBREVIATED **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: WAUKESHA

Complaint History (HERITAGE COURT)

Date Complaint Received: 01/08/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOF

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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: WAUKESHA

Facility Information

Facility Name: HIL HAWTHORNE HOUSE (0009796)

Address: N60 W15734 W HAWTHORNE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0109844 **End Date:** 12/06/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1T7I12 Served 01/18/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0108522 **End Date:** 04/26/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1T7I11 Served 05/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	12/02/2011	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/02/2011	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	12/02/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	12/02/2011	No
83.38(1)(g)	HEALTH MONITORING	12/02/2011	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: WAUKESHA

Survey ID: 0105351 End Date: 11/13/2009 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7VM411 Served 12/18/2009

<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: WAUKESHA

Enforcement History (HIL HAWTHORNE HOUSE)

Date: 05/10/2011 SOD #1T7I11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.12(3)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.38(1)(g)

Date: 12/16/2009 SOD #7VM411 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.12(2)(a)2
FORFEITURE---83.32(3)(g)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(e)
FORFEITURE---83.47(2)(d)2
FORFEITURE---83.59(1)(g)

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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: WAUKESHA

Complaint History (HIL HAWTHORNE HOUSE)

Date Complaint Received: 03/07/2011

Date Investigation Completed: 04/26/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	1T7I11
ABUSE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	1T7I11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	1T7I11
QUALITY OF LIFE	SUBSTANTIATED	1T7I11

Date Complaint Received: 09/23/2009

Date Investigation Completed: 11/13/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	7VM411

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

Facility Information

Facility Name: MAPLE ROAD GROUP HOME (0011662)
Address: W187 N8581 MAPLE ROAD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 05/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0105196 **End Date:** 11/18/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104760 **End Date:** 08/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y5FL11 Served 09/04/2009

<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 CA (AMBULATORY)
COUNTY: WAUKESHA

Enforcement History (MAPLE ROAD GROUP HOME)

Date: 09/03/2009 SOD #Y5FL11 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: WAUKESHA

Facility Information

Facility Name: NORTHFIELD MANOR (0011923)

Address: W128 N6900 NORTHFIELD DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/25/2007

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

Survey History

Survey ID: 0109532 **End Date:** 11/01/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108649 **End Date:** 05/18/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DV211 Served 06/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/01/2011	Yes
83.25	CONTINUING EDUCATION	11/01/2011	Yes
83.38(1)(b)	SUPERVISION	11/01/2011	Yes

Survey ID: 0106222 **End Date:** 05/05/2010 **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: WAUKESHA

Survey ID: 0104597 End Date: 08/04/2009 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #42LU11 Served 08/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	05/05/2010	Yes

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

Enforcement History (NORTHFIELD MANOR)

Date: 06/01/2011 SOD #4DV211 Enforcement Appealed: No

Sanctions

FORFEITURE---83.25

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 CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (NORTHFIELD MANOR)

Date Complaint Received: 10/27/2011

Date Investigation Completed: 11/01/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 10/21/2011

Date Investigation Completed: 11/01/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/14/2011

Date Investigation Completed: 11/01/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/12/2011

Date Investigation Completed: 11/01/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
OTHER	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: WAUKESHA

Date Complaint Received: 04/28/2011

Date Investigation Completed: 05/18/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

4DV211

4DV211

Date Complaint Received: 03/24/2011

Date Investigation Completed: 05/03/2011

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2010

Date Investigation Completed: 05/05/2010

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: RIVERVIEW VILLAGE (0009599)

Address: W176 N9430 RIVER CREST DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/01/2002

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

Survey History

Survey ID: 0106653 **End Date:** 07/12/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104090 **End Date:** 05/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7X1F11 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	07/12/2010	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: WAUKESHA

Enforcement History (RIVERVIEW VILLAGE)

Date: 06/02/2009 **SOD #7X1F11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/12/2010
FORFEITURE---50.03(5g)(c)1

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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: WAUKESHA

Complaint History (RIVERVIEW VILLAGE)

Date Complaint Received: 06/07/2010

Date Investigation Completed: 07/12/2010

Subject Area(s)

ADMINISTRATION
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: WAUKESHA

Facility Information

Facility Name: BIRCHROCK CORNERS (310611)

Address: 210 MCDIVITT LN, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 06/01/1997

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

Survey History

Survey ID: 0106714 **End Date:** 07/21/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104608 **End Date:** 07/30/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2T911 Served 08/01/2009

<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 CNA (NONAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (BIRCHROCK CORNERS)

Date: 07/30/2009

SOD #V2T911

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: WAUKESHA

Facility Information

Facility Name: LINDEN COURT MUKWONAGO (310452)

Address: 845 COUNTY RD NN EAST, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0106576 **End Date:** 06/18/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PE4K11 Served 07/07/2010

<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: WAUKESHA

Facility Information

Facility Name: MUSKEGO NURSING HOME (310477)

Address: S77 W18690 JANESVILLE RD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 12/01/1979

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

Survey History

Survey ID: 0107620 **End Date:** 12/09/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106493 **End Date:** 06/09/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LKV311 Served 06/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(5)(a)	FOOD STORAGE	12/09/2010	Yes
83.47(2)(d)	FIRE DRILLS	12/09/2010	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: WAUKESHA

Enforcement History (MUSKEGO NURSING HOME)

Date: 06/22/2010 SOD #LKV311 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/09/2010

COMPLY WITH FACILITY PLAN OF CORRECTION --Facility Compliant 12/09/2010

FORFEITURE---83.35(5)(a)

FORFEITURE---83.47(2)(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: WAUKESHA

Facility Information

Facility Name: MUSKEGO (0013081)

Address: S68 W12699 BRISTLECONE LANE, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 01/01/2010

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

Survey History

Survey ID: 0105564 **End Date:** 01/01/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: TUDOR OAKS WINDSOR GARDENS (0013745)

Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150

License Status: PROBATIONARY

Licensed/Certified/Registered 08/08/2011

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

Survey History

Survey ID: 0109123 **End Date:** 08/08/2011 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: APPLEWOOD NEW BERLIN (310635)

Address: 2900 S MOORLAND RD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 07/01/1998

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

Survey History

Survey ID: 0107480 **End Date:** 11/16/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106547 **End Date:** 06/22/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KKIR11 Served 07/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/16/2010	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: WAUKESHA

Enforcement History (APPLEWOOD NEW BERLIN)

Date: 06/30/2010 **SOD #KKIR11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(bm)

--Facility Compliant 11/16/2010

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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: WAUKESHA

Facility Information

Facility Name: AUTUMN LIVING NORTH (0010951)

Address: 12850 12860 W EUCLID AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: COUNTRY CASTLE GROUP HOME (0012381)

Address: 21530 W LOCHLEVEN LN, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0109744 **End Date:** 12/08/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S3EK11 Served 01/04/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0104042 **End Date:** 05/20/2009 **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: WAUKESHA

Enforcement History (COUNTRY CASTLE GROUP HOME)

Date: 12/21/2011

SOD #S3EK11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.12(3)(a)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.42(1)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.49(2)(a)

FORFEITURE---83.49(2)(f)

FORFEITURE---83.49(2)(g)

FORFEITURE---83.59(2)(b)

FORFEITURE---83.59(7)(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: WAUKESHA

Complaint History (COUNTRY CASTLE GROUP HOME)

Date Complaint Received: 10/24/2011

Date Investigation Completed: 11/21/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	S3EK11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	S3EK11
STAFF ADEQUACY	SUBSTANTIATED	S3EK11

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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: WAUKESHA

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS -RAINBOW TERRACE (0012504)

Address: 15831 W SANTA ROSA BLVD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/01/2008

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

Survey History

Survey ID: 0107560 **End Date:** 11/16/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2MSS11 Served 12/10/2010

<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 AS (SEMIAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (CREATIVE LIVING ENVIRONMENTS -RAINBOW TERRACE)

Date: 12/07/2010 SOD #2MSS11 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.37(1)(e)

FORFEITURE---83.45(1)(b)

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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: WAUKESHA

Facility Information

Facility Name: GOLDEN OAKS (0013446)

Address: 21600 W CLEVELAND AVE, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011

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

Survey History

Survey ID: 0108844 End Date: 06/28/2011 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107085 End Date: 09/16/2010 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: WAUKESHA

Facility Information

Facility Name: HERITAGE AT DEER CREEK (CBRF) (0009763)

Address: 3585 S 147TH ST, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Survey History

Survey ID: 0104417 **End Date:** 07/15/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104122 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7ZIU11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	07/15/2009	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: WAUKESHA

Complaint History (HERITAGE AT DEER CREEK (CBRF))

Date Complaint Received: 06/17/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
RESTRAINTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/22/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
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: WAUKESHA

Facility Information

Facility Name: HIL SKYLINE HOUSE (0009690)

Address: 5265 S SKYLINE DR, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: SKY RESIDENTIAL BROOKSIDE (0009132)

Address: 2405 S BROOKSIDE PKWY, NEW BERLIN, WI 531512905

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0106706 **End Date:** 07/26/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106047 **End Date:** 03/17/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VPIV11 Served 04/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	07/26/2010	Yes
83.35(5)(a)	FOOD STORAGE	07/26/2010	Yes
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	07/26/2010	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: WAUKESHA

Enforcement History (SKY RESIDENTIAL BROOKSIDE)

Date: 04/07/2010 **SOD #VPIV11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/26/2010
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: WAUKESHA

Complaint History (SKY RESIDENTIAL BROOKSIDE)

Date Complaint Received: 06/09/2010

Date Investigation Completed: 07/26/2010

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 02/24/2010

Date Investigation Completed: 03/19/2010

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 02/08/2010

Date Investigation Completed: 03/19/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

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: WAUKESHA

Facility Information

Facility Name: VICTORIAN CASTLE (0011711)

Address: 19700 W CLEVELAND AVE, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104367 **End Date:** 06/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BPT11 Served 07/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (VICTORIAN CASTLE)

Date: 07/14/2009 SOD #1BPT11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---50.03(5g)(c)1

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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: WAUKESHA

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES OF PEWAUKEE (0013467)

Address: W232 N3471 HUNTERS RIDGE RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 12/01/2011

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

Survey History

Survey ID: 0109622 **End Date:** 11/17/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HXF311 Served 12/02/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107522 **End Date:** 12/01/2010 **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: WAUKESHA

Complaint History (ARBOR VIEW COMMUNITIES OF PEWAUKEE)

Date Complaint Received: 10/11/2011

Date Investigation Completed: 11/17/2011

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

HXF311

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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: WAUKESHA

Facility Information

Facility Name: CHATEAU LEBLANC GROUP HOME (310340)

Address: N27 W30818 GOLF HILLS DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 11/10/1996

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

Survey History

Survey ID: 0104390 **End Date:** 07/08/2009 **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: WAUKESHA

Complaint History (CHATEAU LEBLANC GROUP HOME)

Date Complaint Received: 06/04/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HIL CRESCENT HOUSE (0009791)

Address: W228 N4043 CRESCENT DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103764 **End Date:** 03/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7XIH12 Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	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: WAUKESHA

Facility Information

Facility Name: HIL DEER HAVEN (0009962)

Address: N26 W26286 QUAIL HOLLOW RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Facility Information

Facility Name: HIL LAKEVIEW (0009811)

Address: 504 W WISCONSIN AVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Facility Information

Facility Name: HIL PEWAUKEE HOUSE (0009704)
Address: 303 OAKTON AVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
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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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: KIRKLAND CROSSINGS (0009361)

Address: 700 QUINLAN DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

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

Survey History

Survey ID: 0106516 **End Date:** 06/23/2010 **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: WAUKESHA

Facility Information

Facility Name: LYNNWOOD OF DELAFIELD (0009711)

Address: W302 N1632 MAPLE AVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

Survey ID: 0107262 **End Date:** 10/07/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5EDK12 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: 0104784 **End Date:** 08/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5EDK11 Served 09/10/2009

<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: WAUKESHA

Enforcement History (LYNNWOOD OF DELAFIELD)

Date: 09/09/2009 SOD #5EDK11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
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 CNA (NONAMBULATORY)
COUNTY: WAUKESHA

Complaint History (LYNNWOOD OF DELAFIELD)

Date Complaint Received: 06/29/2009

Date Investigation Completed: 08/10/2009

Subject Area(s)
SUPERVISION
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
5EDK11

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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: WAUKESHA

Facility Information

Facility Name: WYNDHAM COTTAGE (0011912)

Address: 1109 CECELIA DR, PEWAUKEE, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0108628 **End Date:** 05/12/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2NN711 Served 06/02/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0105073 **End Date:** 10/20/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YRZ711 Served 11/02/2009 Withdrawn 01/27/2010: Stipulated Agreement

Survey ID: 0103592 **End Date:** 02/10/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FZIX12 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	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: WAUKESHA

Enforcement History (WYNDHAM COTTAGE)

Date: 10/29/2009 **SOD #YRZ711** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

Sanction Withdrawn on Appeal--Facility Compliant 01/27/2010

Date: 03/18/2009 **SOD #FZIX12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(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: WAUKESHA

Complaint History (WYNDHAM COTTAGE)

Date Complaint Received: 04/04/2011

Date Investigation Completed: 05/12/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

2NN711
2NN711

Date Complaint Received: 03/30/2011

Date Investigation Completed: 05/12/2011

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

2NN711

Date Complaint Received: 09/04/2009

Date Investigation Completed: 10/20/2009

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YRZ711

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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: WAUKESHA

Facility Information

Facility Name: STERLING HOUSE OF SUSSEX (310682)

Address: W240 N6351 MAPLE AVE, SUSSEX, WI 53089

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998

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

Survey History

Survey ID: 0108401 **End Date:** 04/04/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4QRQ11 Served 04/22/2011

<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: WAUKESHA

Enforcement History (STERLING HOUSE OF SUSSEX)

Date: 04/21/2011 SOD #4QRQ11 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.59(1)(g)

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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: WAUKESHA

Complaint History (STERLING HOUSE OF SUSSEX)

Date Complaint Received: 01/25/2011

Date Investigation Completed: 02/08/2011

Subject Area(s)
PROGRAM SERVICES
QUALITY OF LIFE

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
4QRQ11
4QRQ11

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