

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 includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 42 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: AVALON SQUARE INC (0009325)

Address: 222 PARK PL, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 07/01/2002

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

Survey History

Survey ID: 0106246 **End Date:** 05/12/2010 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: CCLS GARFIELD (0010780)

Address: 1306 GARFIELD AVE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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: CCLS OAKDALE DRIVE (310328)
Address: 1606 OAKDALE DR, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 06/28/1991
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106361 **End Date:** 06/02/2010 **Type:** ABBREVIATED **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: CCLS VICTORIA DRIVE (0009420)
Address: 1425 VICTORIA DR, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 04/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0108224 **End Date:** 03/24/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R9OC11 Served 03/25/2011

<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

Facility Information

Facility Name: CCLS WELSH COURT (310329)
Address: 2704 2706 WELSH CT, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 12/01/1984
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106259 **End Date:** 05/12/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X03011 Served 05/17/2010

<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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: CENTURY HOUSE (0013580)
Address: 1130 NORTHVIEW RD, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 02/01/2012
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109681 **End Date:** 12/08/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107892 **End Date:** 02/03/2011 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: CEPHAS HALFWAY HOUSE (0013468)
Address: 325 SENTINEL DRIVE, WAUKESHA, WI 53189
License Status: REGULAR
Licensed/Certified/Registered 02/01/2012
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109675 **End Date:** 11/18/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PUEI11 Served 12/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0107927 **End Date:** 02/03/2011 **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 AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS - CLARION MANOR (0012503)

Address: 21325 CLARION LN, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 10/01/2008

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

Survey History

Survey ID: 0107481 **End Date:** 11/12/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KWCI11 Served 11/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0106803 **End Date:** 07/14/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TKP511 Served 08/13/2010

<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 - CLARION MANOR)

Date: 11/23/2010 **SOD #KWC11** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

Date: 08/12/2010 **SOD #TKP511** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.38(1)(g)

FORFEITURE---83.47(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Complaint History (CREATIVE LIVING ENVIRONMENTS - CLARION MANOR)

Date Complaint Received: 10/20/2010

Date Investigation Completed: 11/12/2010

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

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: DI LANA HOUSE (0012234)

Address: W274 S4025 TIMBER TRL, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009

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

Survey History

Survey ID: 0108662 **End Date:** 06/03/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107701 **End Date:** 12/22/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLQB12 Served 01/13/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	06/03/2011	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	06/03/2011	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Survey ID: 0107025 **End Date: 08/25/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLQB11 Served 09/11/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	12/09/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/09/2010	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/09/2010	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	12/09/2010	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	12/09/2010	Yes

Survey ID: 0105587 **End Date: 01/28/2010** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104018 **End Date: 05/20/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103799 **End Date: 03/31/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0Q0H11 Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	04/01/2009	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	04/01/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	Yes
83.41(4)(a)	HEATING	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 CS (SEMIAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (DI LANA HOUSE)

Date: 01/10/2011 **SOD #XLQB12** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/03/2011
FORFEITURE---83.14(2)(a)
FORFEITURE---83.35(3)(a) (2d citation)

Date: 09/09/2010 **SOD #XLQB11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.46(3)

Date: 04/08/2009 **SOD #0Q0H11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(3)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.16(1)(h)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 (DI LANA HOUSE)

Date Complaint Received: 11/16/2010

Date Investigation Completed: 12/14/2010

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/28/2010

Date Investigation Completed: 12/14/2010

Subject Area(s)

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

Result

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

SOD #

Date Complaint Received: 05/12/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)

SUPERVISION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/07/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)

SUPERVISION
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/30/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Date Complaint Received: 03/30/2009

Subject Area(s)
STAFF ADEQUACY

Date Investigation Completed: 05/14/2009

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/27/2009

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/14/2009

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/05/2009

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 03/31/2009

Result SOD #
SUBSTANTIATED 0Q0H11

Date Complaint Received: 01/07/2009

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Date Investigation Completed: 03/31/2009

Result SOD #
SUBSTANTIATED 0Q0H11

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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: HIL CANAAN (0009981)
Address: 443 FREEMAN ST, WAUKESHA, WI 53189
License Status: REGULAR
Licensed/Certified/Registered 10/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0106532 **End Date:** 06/22/2010 **Type:** ABBREVIATED **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: HIL FLEETFOOT (0013201)
Address: 1316/1318 FLEETFOOT DR, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 05/12/2010
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0108913 **End Date:** 07/15/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108046 **End Date:** 02/03/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU0T11 Served 03/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	07/15/2011	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	07/15/2011	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	07/15/2011	Yes

Survey ID: 0106243 **End Date:** 05/10/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUKESHA

Enforcement History (HIL FLEETFOOT)

Date: 03/02/2011 SOD #GU0T11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.12(4)(b)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(d)

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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 (HIL FLEETFOOT)

Date Complaint Received: 01/03/2011

Date Investigation Completed: 02/03/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	GU0T11
ABUSE	SUBSTANTIATED	GU0T11
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	GU0T11

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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 GREENMEADOW (0012708)

Address: 204 GREENMEADOW DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 03/23/2009

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

Survey History

Survey ID: 0109749 **End Date:** 12/15/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108230 **End Date:** 03/09/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HBN11 Served 03/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/15/2011	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	12/15/2011	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	12/15/2011	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/15/2011	Yes
83.38(1)(b)	SUPERVISION	12/15/2011	Yes
83.47(3)	FIRE INSPECTION	12/15/2011	Yes

Survey ID: 0103670 **End Date:** 03/23/2009 **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (HIL GREENMEADOW)

Date: 03/25/2011 SOD #9HBN11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(1)(a)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.47(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (HIL GREENMEADOW)

Date Complaint Received: 11/17/2011

Date Investigation Completed: 12/15/2011

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HIL GREENWAY (0013083)

Address: 1329 GREENWAY TERRACE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 03/12/2010

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

Survey History

Survey ID: 0105899 **End Date:** 03/11/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: HIL JORDAN HOUSE (0009759)
Address: 2165 LAURA LN, WAUKESHA, WI 53186
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 ORCHARD KNOLL (0009797)
Address: 1500 NORTHVIEW RD, WAUKESHA, WI 53188
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: LINDEN COURT WAUKESHA (0010827)

Address: 2330 W MICHIGAN AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 10/01/2005

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

Survey History

Survey ID: 0106528 **End Date:** 06/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N32F11 Served 06/29/2010

<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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: LSS GENESIS HALFWAY HOUSE (310399)

Address: 1002 MOTOR AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 03/01/1980

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: MARION HOUSE (310472)

Address: 401 S PRAIRIE ST, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 05/01/1994

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

Survey History

Survey ID: 0108222 **End Date:** 03/22/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106773 **End Date:** 08/04/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105584 **End Date:** 01/12/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BPGS11 Served 02/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	08/04/2010	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	08/04/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	08/04/2010	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	08/04/2010	Yes

Survey ID: 0105327 **End Date:** 12/10/2009 **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 CNA (NONAMBULATORY)
COUNTY: WAUKESHA

Enforcement History (MARION HOUSE)

Date: 01/29/2010 SOD #BPGS11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/04/2010

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(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 (MARION HOUSE)

Date Complaint Received: 02/16/2011

Date Investigation Completed: 03/22/2011

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

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: MERRILL HILLS MANOR (0013032)

Address: 3217 FIDDLERS CREEK DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/01/2010

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

Survey History

Survey ID: 0109834 **End Date:** 12/22/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QNTY11 Served 01/16/2012

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Survey ID: 0109634 **End Date:** 10/11/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #43UT13 Served 12/06/2011

<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

Survey ID: 0109148 **End Date: 08/22/2011** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #43UT12 Served 09/13/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	10/11/2011	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/11/2011	No

Survey ID: 0106637 **End Date: 07/02/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #43UT11 Served 07/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	08/22/2011	Yes

Survey ID: 0105219 **End Date: 11/19/2009** **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

Enforcement History (MERRILL HILLS MANOR)

Date: 12/02/2011 SOD #43UT13 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(c) 2d cite
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(i)

Date: 09/07/2011 SOD #43UT12 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (MERRILL HILLS MANOR)

Date Complaint Received: 11/17/2011

Date Investigation Completed: 12/19/2011

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

Date Complaint Received: 11/01/2011

Date Investigation Completed: 12/19/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 10/07/2011

Date Investigation Completed: 10/11/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	43UT13
ABUSE	SUBSTANTIATED	43UT13
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	43UT13
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	43UT13
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	43UT13

Date Complaint Received: 09/22/2011

Date Investigation Completed: 10/11/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	43UT13

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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: 09/08/2011

Date Investigation Completed: 10/11/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	43UT13
QUALITY OF LIFE	SUBSTANTIATED	43UT13

Date Complaint Received: 06/20/2011

Date Investigation Completed: 08/18/2011

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

Date Complaint Received: 06/20/2010

Date Investigation Completed: 07/02/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: OAK HILL TERRACE V LLC (310668)

Address: 1805 KENSINGTON DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 02/01/1987

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

Survey History

Survey ID: 0106978 **End Date:** 08/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107828 **End Date:** 01/19/2010 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: SAMSON HOUSE (0013581)
Address: 611 N GRAND AVE, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 02/01/2012
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0107891 **End Date:** 02/03/2011 **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: ST COLETTA OF WI NORRIS (0013999)

Address: 405 PRAIRIE SONG DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 02/20/2012

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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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: SUMMIT HOUSE (0011511)
Address: 910 SUMMIT AVE, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 04/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0109145 **End Date:** 08/31/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108512 **End Date:** 04/28/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HR1K11 Served 05/11/2011

<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	08/31/2011	Yes
83.47(3)	FIRE INSPECTION	08/31/2011	Yes

Survey ID: 0103368 **End Date:** 01/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HQ4E12 Served 02/10/2009

<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 AA (AMBULATORY)
COUNTY: WAUKESHA

Enforcement History (SUMMIT HOUSE)

Date: 05/09/2011	SOD #HR1K11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 08/31/2011
COMPLY WITH REQUIREMENT		--Facility Compliant 08/31/2011
FORFEITURE---83.27(2)(a)		
FORFEITURE---83.47(3)		

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

Complaint History (SUMMIT HOUSE)

Date Complaint Received: 04/07/2011

Date Investigation Completed: 04/29/2011

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

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