

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Milwaukee

Notes

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

The report includes only facilities located within the City of MILWAUKEE. 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 747.00 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 1 HEAVENLY DIVINE ADULT FAMILY HOMES LLC (0015708)

Address: 4637 N 24TH PL, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0144863 **End Date:** 11/17/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144101 **End Date:** 08/04/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6DDE12 Served 09/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/17/23	No

Enforcement History (1 HEAVENLY DIVINE ADULT FAMILY HOMES LLC-0015708)

Date: 09/01/2023 **SOD #**6DDE12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 1 VILLARD STREET MANOR (0016620)

Address: 5277 N 29TH STREET APARTMENT 1, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 06/26/2017 12:00:00AM

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

Survey History

Survey ID: 0147767 **End Date:** 08/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LWDS15 Served 10/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)2	COMMUNICABLE DISEASE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0146305 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145919 **End Date:** 03/18/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0146030 **End Date:** 02/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LWDS14 Served 03/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/23/24	No
88.04(2)(g)2	COMMUNICABLE DISEASE	8/23/24	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	8/22/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	8/22/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	8/23/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	8/23/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/23/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/23/24	No
88.07(4)(a)	NUTRITION	8/22/24	Yes

Survey ID: 0145378 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ2811 Served 01/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	3/18/24	Yes

Survey ID: 0144272 **End Date:** 04/24/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LWDS13 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	2/27/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/27/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142348 End Date: 10/20/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LWDS12 Served 03/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/24/23	Yes
88.04(2)(a)	RESPONSIBILITIES	4/24/23	Yes
88.04(2)(g)2	COMMUNICABLE DISEASE	4/24/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/24/23	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	4/24/23	Yes
88.06(3)(f)	REVIEW OF ISP	4/24/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	4/24/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/24/23	No
88.10(3)(q)	MEDICATIONS	4/24/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (1 VILLARD STREET MANOR--0016620)

Date: 10/04/2024 **SOD #**LWDS15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 03/29/2024 **SOD #**LWDS14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/25/2024 **SOD #**FQ2811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 09/19/2023 **SOD #**LWDS13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/02/2023 **SOD #**LWDS12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 5 STAR ADULT CARE SERVICES LLC (0016260)

Address: 5442 N 20TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/05/2016 12:00:00AM

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

Survey History

Survey ID: 0139130 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (5 STAR ADULT CARE SERVICES LLC--0016260)

Date Complaint Received: 01/31/2022

Date Investigation Completed: 03/17/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 511 HOUSE ADULT FAMILY HOME LLC (0016293)

Address: 511 N 34TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 06/21/2017 12:00:00AM

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

Survey History

Survey ID: 0146503 **End Date:** 04/17/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WLR14 Served 05/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142588 **End Date:** 09/28/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WLR13 Served 03/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/17/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/17/24	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	4/17/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/17/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/17/24	Yes
88.10(3)(b)	PRIVACY	4/17/24	Yes

Survey ID: 0139893 **End Date:** 03/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6WLR12 Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	9/28/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/28/22	No
88.07(2)(a)	SERVICES	9/28/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/28/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/28/22	No
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	9/28/22	Yes
88.10(3)(e)	SELF-DIRECTION	9/28/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (511 HOUSE ADULT FAMILY HOME LLC--0016293)

Date: 05/24/2024 **SOD #**6WLR14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/29/2023 **SOD #**6WLR13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/23/2022 **SOD #**6WLR12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (511 HOUSE ADULT FAMILY HOME LLC--0016293)

Date Complaint Received: 05/31/2022

Date Investigation Completed: 09/28/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
6WLR13

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 76TH STREET HOME (0011454)

Address: 3380 S 76TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 05/18/2006 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 831 ADULT FAMILY HOME (0018109)

Address: 5836 NORTH 76TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/09/2020 12:00:00AM

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

Survey History

Survey ID: 0148752 **End Date:** 01/16/2025 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H0RM11 Served 02/12/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND		
	MAINTENANCE		
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(a)	RESIDENT RECORDS		

Complaint History (831 ADULT FAMILY HOME--0018109)

Date Complaint Received: 10/23/2024

Date Investigation Completed: 01/16/2025

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
H0RM11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 831 Adult Living Facility LLC Site 2 (0019460)

Address: 4447 N 75th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/02/2023 12:00:00AM

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

Survey History

Survey ID: 0147522 **End Date:** 08/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144968 **End Date:** 10/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #04ZY11 Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	8/26/24	Yes

Survey ID: 0142528 **End Date:** 03/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (831 Adult Living Facility LLC Site 2--0019460)

Date: 12/05/2023 **SOD #**04ZY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (831 Adult Living Facility LLC Site 2--0019460)

Date Complaint Received: 04/24/2024

Date Investigation Completed: 08/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/08/2023

Date Investigation Completed: 08/26/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/09/2023

Date Investigation Completed: 10/17/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
04ZY11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 831 Adult Living Facility LLC Site 3 (0019461)

Address: 4453 N 75th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/02/2023 12:00:00AM

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

Survey History

Survey ID: 0142527 **End Date:** 03/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 831 Adult Living Facility LLC Site 4 (0019957)

Address: 7225 W Carmen Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147158 **End Date:** 07/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 92ND STREET ADULT FAMILY HOME (0014993)

Address: 418 S 92ND STREET, MILWAUKEE, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 08/27/2014 12:00:00AM

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

Survey History

Survey ID: 0142264 **End Date:** 02/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (92ND STREET ADULT FAMILY HOME--0014993)

Date Complaint Received: 02/01/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICE SITE 7 (0015401)

Address: 8710 W LYNX AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/28/2015 12:00:00AM

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

Survey History

Survey ID: 0145835 **End Date:** 03/07/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145375 **End Date:** 01/18/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F2FM11 Served 01/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	3/7/24	Yes

Enforcement History (A BETTER LIVING FAMILY SERVICE SITE 7--0015401)

Date: 01/25/2024 **SOD #**F2FM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICES II LLC (0013588)

Address: 7828 W KEEFE AVE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/15/2011 12:00:00AM

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

Survey History

Survey ID: 0148408 **End Date:** 12/19/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J59J11 Served 12/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (A BETTER LIVING FAMILY SERVICES II LLC--0013588)

Date: 12/27/2024 **SOD #J59J11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A BETTER LIVING FAMILY SERVICES II LLC--0013588)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 12/19/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

J59J11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICES LLC (0012482)

Address: 6516 N 55TH ST, MILWAUKEE, WI 532235908

License Status: REGULAR

Licensed/Certified/Registered 03/24/2009 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICES SITE 3 (0014371)
Address: 9104 W CUSTER AVE, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 12/20/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147500 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J78H13 Served 09/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144324 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J78H12 Served 09/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/30/24	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	7/30/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/30/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	7/30/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/30/24	Yes

Survey ID: 0143124 **End Date:** 02/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YGBY11 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	7/30/24	Yes

Survey ID: 0141864 **End Date:** 08/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J78H11 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/8/23	Yes
88.06(3)(d)3	SERVICES BY OUTSIDE AGENCIES	5/8/23	Yes
88.06(3)(f)	REVIEW OF ISP	5/8/23	Yes
88.07(2)(b)5	MONITORING HEALTH	5/8/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (A BETTER LIVING FAMILY SERVICES SITE 3--0014371)

Date: 09/11/2024 **SOD #**J78H13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/25/2023 **SOD #**J78H12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/22/2023 **SOD #**YGBY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/17/2023 **SOD #**J78H11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A BETTER LIVING FAMILY SERVICES SITE 3--0014371)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

J78H13

Date Complaint Received: 04/04/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

J78H12

Date Complaint Received: 01/11/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YGBY11

Date Complaint Received: 05/13/2022

Date Investigation Completed: 08/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICES SITE 4 (0014544)

Address: 3915 N 62ND STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/06/2013 12:00:00AM

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

Survey History

Survey ID: 0148393 **End Date:** 10/15/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DS0X11 Served 12/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0145400 **End Date:** 01/24/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144727 **End Date:** 07/17/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HIRS14 Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/24/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/24/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	1/24/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	1/24/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/24/24	Yes

Survey ID: 0141976 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HIRS13 Served 01/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/17/23	No
88.05(2)(a)	DIFFICULTY WALKING	7/17/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/17/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/17/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	7/17/23	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/17/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	7/17/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/17/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (A BETTER LIVING FAMILY SERVICES SITE 4--0014544)

Date: 12/23/2024 **SOD #**DS0X11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/06/2023 **SOD #**HIRS14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 01/31/2023 **SOD #**HIRS13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 04/01/2022 **SOD #**HIRS12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A BETTER LIVING FAMILY SERVICES SITE 4--0014544)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 10/15/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/04/2023

Date Investigation Completed: 07/17/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER LIVING FAMILY SERVICES SITE 6 (0015033)

Address: 8534 W POTOMAC AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 04/10/2014 12:00:00AM

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

Survey History

Survey ID: 0146110 **End Date:** 06/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7XYX11 Served 10/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(h)5	SPACE IN BEDROOMS		
88.05(3)(l)	BEDROOMS-PRIVACY		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(g)	CLOTHING AND POSSESSIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (A BETTER LIVING FAMILY SERVICES SITE 6--0015033)

Date: 10/11/2023 **SOD #**7XYX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A BETTER LIVING FAMILY SERVICES SITE 6--0015033)

Date Complaint Received: 04/04/2023

Date Investigation Completed: 06/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

7XYX11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A BETTER WAY ADULT FAMILY HOME LLC (0016594)

Address: 1512 S UNION ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 11/30/2017 12:00:00AM

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

Survey History

Survey ID: 0139125 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A BETTER WAY ADULT FAMILY HOME LLC--0016594)

Date: 01/21/2022 **SOD #**43CX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A Brighter Day A Better Tomorrow LLC (0020004)

Address: 7820 W Townsend St, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 08/06/2024 12:00:00AM

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

Survey History

Survey ID: 0147290 **End Date:** 08/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A CHANGE OF HOPE LLC (0019033)

Address: 2813 N 54TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 10/03/2022 12:00:00AM

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

Survey History

Survey ID: 0140959 **End Date:** 10/03/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A Family Within (0019246)

Address: 11019 W Langlade Street, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/13/2023 12:00:00AM

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

Survey History

Survey ID: 0141878 **End Date:** 01/13/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A Gift From The Heart LLC (0019834)

Address: 5263 N 65th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/17/2024 12:00:00AM

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

Survey History

Survey ID: 0145308 **End Date:** 01/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A HEART OF GOLD ADULT FAMILY HOME LLC 2 (0020628)

Address: 1821 N 19TH ST, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 11/06/2024 12:00:00AM

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

Survey History

Survey ID: 0148089 **End Date:** 11/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A LOVING SPACE LLC (0017836)

Address: 4625 N 40TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/18/2019 12:00:00AM

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

Survey History

Survey ID: 0143472 **End Date:** 03/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1XJS11 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (A LOVING SPACE LLC--0017836)

Date: 06/26/2023 **SOD #**1XJS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (A LOVING SPACE LLC--0017836)

Date Complaint Received: 03/10/2023 **Date Investigation Completed:** 03/21/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSE CAPACITY OR CLASS	SUBSTANTIATED	1XJS11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A NEW LIFE ADULT LIVING CENTER (0016706)

Address: 2532 W VINE ST, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 07/31/2017 12:00:00AM

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

Survey History

Survey ID: 0147302 **End Date:** 05/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VEV312 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0143796 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VEV311 Served 07/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	5/29/24	Yes

Survey ID: 0141394 **End Date:** 11/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141028 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140353 **End Date:** 02/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TME311 Served 08/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	10/5/22	Yes
88.10(3)(e)	SELF-DIRECTION	10/5/22	Yes

Enforcement History (A NEW LIFE ADULT LIVING CENTER--0016706)

Date: 08/13/2024 **SOD #**VEV312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/31/2023 **SOD #**VEV311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/03/2022 **SOD #**TME311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A NEW LIFE ADULT LIVING CENTER--0016706)

Date Complaint Received: 02/07/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
VEV312

Date Complaint Received: 04/14/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/27/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
VEV311

Date Complaint Received: 11/02/2022

Date Investigation Completed: 11/15/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A PEACE OF MIND ADULT FAMILY HOMES LLC (0018074)

Address: 4909 N 105TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/08/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A Peace of Mind Adult Family Homes Site II (0019235)

Address: 4934 N 105th St, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 12/01/2022 12:00:00AM

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

Survey History

Survey ID: 0143357 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141528 **End Date:** 12/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (A Peace of Mind Adult Family Homes Site II--0019235)

Date Complaint Received: 04/14/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A PLACE TO CALL HOME LLC (0016041)

Address: 2600 N 56TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/09/2017 12:00:00AM

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

Survey History

Survey ID: 0141516 **End Date:** 06/08/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A PLACE WE CALL HOME (0017888)

Address: 5315 N 68TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/04/2020 12:00:00AM

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

Survey History

Survey ID: 0144343 **End Date:** 05/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SY0G11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.08	TERMINATION OF PLACEMENT		

Enforcement History (A PLACE WE CALL HOME--0017888)

Date: 09/26/2023 **SOD #**SY0G11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (A PLACE WE CALL HOME--0017888)

Date Complaint Received: 01/17/2023 **Date Investigation Completed:** 05/16/2023

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A SAFE HAVEN HEALTH AND SUPPORTIVE CARE SERVICE (0016020)

Address: 8329 W POTOMAC AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/23/2017 12:00:00AM

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

Survey History

Survey ID: 0146660 **End Date:** 05/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141638 **End Date:** 12/15/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A SAFE HAVEN HEALTH AND SUPPORTIVE CARE SERVICE--0016020)

Date: 06/01/2022 **SOD #**12T611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (A SAFE HAVEN HEALTH AND SUPPORTIVE CARE SERVICE--0016020)

Date Complaint Received: 03/12/2024

Date Investigation Completed: 05/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/26/2023

Date Investigation Completed: 05/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A SAFE HAVEN HEALTH AND SUPPORTIVE CARE SERVICES 2 (0019477)

Address: 9150 N Surf CT, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 07/21/2023 12:00:00AM

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

Survey History

Survey ID: 0143784 **End Date:** 07/21/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (A SAFE HAVEN HEALTH AND SUPPORTIVE CARE SERVICES 2--0019477)

Date Complaint Received: 09/23/2024

Date Investigation Completed: 02/10/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: A SAFE PLACE LLC (0012816)

Address: 6229 W ARMITAGE AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/23/2009 12:00:00AM

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

Survey History

Survey ID: 0141906 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A SAFE PLACE LLC--0012816)

Date: 04/29/2022 **SOD #**CZID11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AA and A Adult Family Home LLC (0019268)

Address: 4674 N Hopkins Street, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/01/2022 12:00:00AM

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

Survey History

Survey ID: 0141554 **End Date:** 12/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ABOVE AND BEYOND HEALTH CARE SERVICES LLC (0017533)

Address: 4341 N 19TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/08/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ABSOLUTE CARE PROVIDERS LLC (0015280)

Address: 4633 N 75TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/15/2015 12:00:00AM

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

Survey History

Survey ID: 0141639 **End Date:** 07/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2C6K11 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/2/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	2/2/23	Yes

Complaint History (ABSOLUTE CARE PROVIDERS LLC--0015280)

Date Complaint Received: 05/26/2022

Date Investigation Completed: 07/28/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Abundance of Grace LLC (0019755)

Address: 2311 W Henry Ave, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 01/25/2024 12:00:00AM

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

Survey History

Survey ID: 0145457 **End Date:** 01/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ABUNDANT HOMES FOR INDEPENDENT LLC (0020270)

Address: 4645 N 46TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147104 **End Date:** 07/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ABUNDANT LIVING CARE ADULT FAMILY HOME LLC (0015381)

Address: 2721 N 18TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 01/27/2015 12:00:00AM

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

Survey History

Survey ID: 0145842 **End Date:** 03/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141619 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140831 **End Date:** 05/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10G613 Served 09/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/13/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ABUNDANT LIVING CARE ADULT FAMILY HOME LLC--0015381)

Date: 09/25/2022 **SOD #**10G613 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/18/2022 **SOD #**10G612 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ABUNDANT LIVING CARE ADULT FAMILY HOME LLC--0015381)

Date Complaint Received: 10/17/2023

Date Investigation Completed: 03/08/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/07/2022

Date Investigation Completed: 05/18/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ADDIES FAITH HOUSES LLC (0017369)

Address: 4903 N 42ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/02/2019 12:00:00AM

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

Survey History

Survey ID: 0145396 **End Date:** 11/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S49812 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144137 End Date: 10/12/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S49811 Served 09/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/30/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	11/30/23	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	11/30/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	11/30/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/30/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/30/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/30/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/30/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/30/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/30/23	No
88.09(1)(a)	RESIDENT RECORDS	11/30/23	No
88.09(2)(a)	SERVICE PROVIDER RECORD	11/30/23	No

Enforcement History (ADDIES FAITH HOUSES LLC--0017369)

Date: 01/26/2024 SOD #S49812 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/07/2023 SOD #S49811 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (ADDIES FAITH HOUSES LLC--0017369)

Date Complaint Received: 09/14/2022

Date Investigation Completed: 10/12/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSE CAPACITY OR CLASS	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	S49811
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	S49811

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AEGIS ADULT FAMILY HOME (0018173)

Address: 3408 SOUTH 1ST STREET, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 02/17/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ageless Journey AFH (0019600)

Address: 3906 N 26th St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 07/18/2023 12:00:00AM

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

Survey History

Survey ID: 0143786 **End Date:** 07/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALBERTINE HOUSE 2 (0016900)

Address: 7925 N RIVER VIEW CT B, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0147965 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #177T12 Served 10/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	1/29/25	Yes

Survey ID: 0147005 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145937 End Date: 02/13/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I77T11 Served 03/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/22/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/22/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	10/22/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/22/24	Yes

Survey ID: 0141363 End Date: 06/13/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XL4L13 Served 11/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/31/22	Yes

Enforcement History (ALBERTINE HOUSE 2--0016900)

Date: 10/22/2024 SOD #I77T12 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 03/20/2024 SOD #I77T11 Appealed: No

Sanctions
 COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Date: 01/21/2022 SOD #Z77U11 Appealed: No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (ALBERTINE HOUSE 2--0016900)

Date Complaint Received: 01/02/2024

Date Investigation Completed: 02/13/2024

Subject Area(s)

Result

SOD #

LICENSE CAPACITY OR CLASS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALBERTINE HOUSE I (0016899)

Address: 7925 N RIVER VIEW CT A, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0147931 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147002 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145956 **End Date:** 02/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WXU711 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/22/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/22/24	Yes

Survey ID: 0140726 **End Date:** 08/08/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140077 End Date: 06/13/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ALBERTINE HOUSE I--0016899)

Date: 03/22/2024 SOD #WXU711 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/27/2022 SOD #6GO412 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 01/21/2022 SOD #TXYP11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (ALBERTINE HOUSE I--0016899)

Date Complaint Received: 09/16/2024

Date Investigation Completed: 10/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2024

Date Investigation Completed: 02/13/2024

Subject Area(s)
LICENSE CAPACITY OR CLASS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/25/2022

Date Investigation Completed: 08/08/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Alexandrias Angels LLC (0020914)

Address: 4312 North 91st St, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 02/04/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Alexandrias Angels LLC (0020915)

Address: 4314 North 91st St, Milwaukee, WI 532221612

License Status: REGULAR

Licensed/Certified/Registered 02/04/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALEXANDRIAS ANGELS (0018546)

Address: 6610 NORTH 86TH STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 07/22/2021 12:00:00AM

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

Survey History

Survey ID: 0137054 **End Date:** 07/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALEXANDRIAS ANGELS (0019544)

Address: 5320 W SPRING LN, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/22/2023 12:00:00AM

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

Survey History

Survey ID: 0145448 **End Date:** 08/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALL FOR YOU ADULT FAMILY HOME (0015079)

Address: 5672 N 60TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/21/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: All In Adult Family Home LLC (0019047)

Address: 4354 N 29th Street, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/02/2022 12:00:00AM

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

Survey History

Survey ID: 0141272 **End Date:** 11/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALL IN THE FAMILY RESIDENTIAL CARE FACILITY (0020149)

Address: 6353 N JOYCE AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/01/2024 12:00:00AM

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

Survey History

Survey ID: 0146311 **End Date:** 05/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALLIANCE ADULT FAMILY HOME LLC (0015282)

Address: 6441 N 71ST STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 02/24/2015 12:00:00AM

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

Survey History

Survey ID: 0144801 **End Date:** 08/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUC011 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0144601 **End Date:** 05/15/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #352317 Served 10/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.06(3)(f)	REVIEW OF ISP		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS
88.07(3)(a)	PRESCRIPTION MEDICATIONS
88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.09(1)(a)	RESIDENT RECORDS

Survey ID: 0141517 **End Date:** 06/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #352316 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/5/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	5/5/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/5/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ALLIANCE ADULT FAMILY HOME LLC--0015282)

Date: 11/13/2023 **SOD #**QUC011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/23/2023 **SOD #**352317 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/07/2022 **SOD #**352316 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/25/2022 **SOD #**352315 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (ALLIANCE ADULT FAMILY HOME LLC--0015282)

Date Complaint Received: 05/22/2023

Date Investigation Completed: 08/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALTRUISTIC ASSISTANT LIVING CENTRE (0014771)
Address: 2976 N 58TH STREET, MILWAUKEE, WI 53210
License Status: REGULAR
Licensed/Certified/Registered 01/21/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144723 **End Date:** 05/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KL5Y11 Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Enforcement History (ALTRUISTIC ASSISTANT LIVING CENTRE--0014771)

Date: 11/06/2023 **SOD #**KL5Y11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Amazing Care Group Home LLC 2 (0019469)

Address: 734 S 39th St, Milwaukee, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 04/07/2023 12:00:00AM

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

Survey History

Survey ID: 0142709 **End Date:** 04/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AMAZING CARE GROUP HOME LLC (0018225)

Address: 5732 NORTH 87TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/31/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AMAZING CARE HOME (0016666)

Address: 7553 W SHERIDAN AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/05/2018 12:00:00AM

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

Survey History

Survey ID: 0143042 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AMAZING GRACE ADULT FAMILY HOME LLC (0018992)

Address: 5358 N 61ST STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/23/2022 12:00:00AM

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

Survey History

Survey ID: 0140642 **End Date:** 08/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AMAZING GRACE CHRISTIAN HOME (0016339)

Address: 5724 N 87TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/25/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ANCHORAGE HOMES I (0011968)

Address: 4109 N 50TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/23/2007 12:00:00AM

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

Survey History

Survey ID: 0145070 **End Date:** 12/14/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ANGEL HEART HOME LLC (0015113)

Address: 7906 N GRANVILLE ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 05/04/2015 12:00:00AM

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

Survey History

Survey ID: 0148168 **End Date:** 11/15/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FMC511 Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	1/11/25	Yes

Survey ID: 0147068 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142349 **End Date:** 02/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139776 **End Date:** 05/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ANGEL HEART HOME LLC--0015113)

Date: 02/18/2022 **SOD #**6T1F13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/26/2022 **SOD #**OIU911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ANGEL HEART HOME LLC--0015113)

Date Complaint Received: 08/13/2024

Date Investigation Completed: 11/15/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

FMC511

Date Complaint Received: 12/06/2022

Date Investigation Completed: 02/23/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Angel House 1 (0020689)

Address: 7021 N 40th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/24/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Another Level Healthcare LLC (0019649)

Address: 5230 N 28th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147255 **End Date:** 07/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ARCH HOUSE (0018115)

Address: 10507 WEST ARCH AVENUE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/28/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ART OF CARE ADULT LIVING FACILITY (0018688)

Address: 1123 N 26TH ST, MILWAUKEE, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 10/17/2022 12:00:00AM

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

Survey History

Survey ID: 0145446 **End Date:** 10/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Asiya Home LLC (0019567)

Address: 7938 West Potomac Avenue, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 09/05/2024 12:00:00AM

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

Survey History

Survey ID: 0147512 **End Date:** 09/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: At Home Residential Services LLC Lancaster Ave (0020161)

Address: 5109 N 64TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/30/2024 12:00:00AM

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

Survey History

Survey ID: 0145460 **End Date:** 01/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: B2B Brighter Dayz (0019988)

Address: 3284 N 15th St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 02/15/2024 12:00:00AM

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

Survey History

Survey ID: 0145645 **End Date:** 02/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BENEVOLENCE LLC (0018949)

Address: 8110 W KATHRYN AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/30/2022 12:00:00AM

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

Survey History

Survey ID: 0140151 **End Date:** 06/30/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bessie Mae Family Home LLC Upper (0019831)

Address: 2864 N 24th Pl, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 02/21/2024 12:00:00AM

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

Survey History

Survey ID: 0145692 **End Date:** 02/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bessie Mae Family Home LLC (0019813)

Address: 2862 N 24th Pl, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 02/21/2024 12:00:00AM

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

Survey History

Survey ID: 0145694 **End Date:** 02/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Beulahgene Assistant Living Inc #2 (0019617)

Address: 10911 W Jeffrey Lane, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/09/2023 12:00:00AM

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

Survey History

Survey ID: 0143363 **End Date:** 06/09/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BEYOND INFINITY HOME HEALTH CARE LLC (0018797)

Address: 3803 NORTH 23RD STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 06/24/2022 12:00:00AM

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

Survey History

Survey ID: 0140119 **End Date:** 06/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Beyond Infinity II Adult Family Home LLC (0020141)

Address: 2559 N. 49th Street, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 09/24/2024 12:00:00AM

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

Survey History

Survey ID: 0147679 **End Date:** 09/24/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BILLS ADULT FAMILY HOME (0017676)

Address: 6447 N 106TH, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/01/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BKA FAMILY LIVING SERVICES LLC (0015937)

Address: 1532 W CAPITOL DR, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 03/15/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BLESSETH IS THE WAY (0020061)

Address: 7113 N 43RD ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/03/2024 12:00:00AM

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

Survey History

Survey ID: 0145556 **End Date:** 01/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BONDING LOVE ADULT FAMILY HOME (0017354)

Address: 4513 N 67TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/04/2019 12:00:00AM

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

Survey History

Survey ID: 0143123 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NFH712 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Enforcement History (BONDING LOVE ADULT FAMILY HOME--0017354)

Date: 05/22/2023 **SOD #NFH712** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/28/2022 **SOD #NFH711** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRANCHES OF BLESSINGS ASSISTED LIVING (0018740)

Address: 5240 N 62ND STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/08/2022 12:00:00AM

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

Survey History

Survey ID: 0146449 **End Date:** 05/14/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146213 **End Date:** 03/26/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #05R511 Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	5/14/24	Yes

Survey ID: 0138762 **End Date:** 02/08/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BRANCHES OF BLESSINGS ASSISTED LIVING--0018740)

Date: 04/23/2024 **SOD #05R511** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRIDGE STREET HOME (0010016)

Address: 2111 W BRIDGE ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 11/12/2003 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRIDGETTES ADULT HOME CARE LLC (0016053)

Address: 5462 NORTH 37TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/10/2017 12:00:00AM

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

Survey History

Survey ID: 0146333 **End Date:** 05/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145388 **End Date:** 01/09/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G4J013 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/7/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	5/7/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/7/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	5/7/24	Yes
88.05(6)(c)	HOUSEHOLD PETS-HANDLED PROPERLY	5/7/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	5/7/24	Yes
88.06(3)(f)	REVIEW OF ISP	5/7/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	5/7/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142323 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G4J012 Served 02/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/9/24	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/9/24	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/27/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/27/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	12/27/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140563 End Date: 04/08/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G4J011 Served 08/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/4/22	Yes
88.04(2)(a)	RESPONSIBILITIES	11/4/22	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/4/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	11/4/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/4/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/4/22	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	11/4/22	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/4/22	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/4/22	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/4/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/4/22	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/4/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/4/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/4/22	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/4/22	No
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	11/4/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	11/4/22	Yes
88.09(2)(b)	LICENSEE RECORD	11/4/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (BRIDGETTES ADULT HOME CARE LLC--0016053)

Date: 01/26/2024 **SOD #**G4J013 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY

Date: 02/28/2023 **SOD #**G4J012 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 08/24/2022 **SOD #**G4J011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRIGHTER DAYZ TREATMENT CENTER (0017839)

Address: 2817 NORTH 17TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 10/16/2019 12:00:00AM

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

Survey History

Survey ID: 0145606 **End Date:** 02/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140842 **End Date:** 09/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140103 **End Date:** 02/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YL0U11 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/6/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/6/22	Yes

Enforcement History (BRIGHTER DAYZ TREATMENT CENTER--0017839)

Date: 07/12/2022 **SOD #**YL0U11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (BRIGHTER DAYZ TREATMENT CENTER--0017839)

Date Complaint Received: 10/10/2023

Date Investigation Completed: 02/07/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (NASH) (0013506)
Address: 7620-22 W KEEFE AVENUE, MILWAUKEE, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 03/04/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147063 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141042 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROADSTEP-WISCONSIN, INC (NASH)--0013506)

Date: 01/23/2022 **SOD #**MFTN11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (BROADSTEP-WISCONSIN, INC (NASH)--0013506)

Date Complaint Received: 06/27/2022 **Date Investigation Completed:** 10/13/2022

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (68TH STREET) (0013783)

Address: 628-30 S 68TH ST, MILWAUKEE, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 06/14/2012 12:00:00AM

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

Survey History

Survey ID: 0139742 **End Date:** 02/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ER0611 Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/18/22	

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (LISBON) (0013678)

Address: 7624-26 W KEEFE AVENUE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 05/24/2011 12:00:00AM

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

Survey History

Survey ID: 0147064 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141043 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROADSTEP-WISCONSIN, INC. (LISBON)--0013678)

Date: 01/26/2022 **SOD #**J66C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BROADSTEP-WISCONSIN, INC. (LISBON)--0013678)

Date Complaint Received: 06/27/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CACHE JAMES BETTER LIVING LLC 2 (0015951)

Address: 7518 N 38TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/10/2016 12:00:00AM

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

Survey History

Survey ID: 0140555 **End Date:** 08/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CACHE JAMES BETTER LIVING LLC 2--0015951)

Date: 04/10/2022 **SOD #**Q4LM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CACHE JAMES BETTER LIVING LLC (0015314)

Address: 5741 W GREEN TREE ROAD, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 01/05/2015 12:00:00AM

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

Survey History

Survey ID: 0141063 **End Date:** 08/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CACHE JAMES BETTER LIVING LLC--0015314)

Date: 04/01/2022 **SOD #**8XE311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CAPITOL TERRACE (0015038)

Address: 4019 N 87TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 04/20/2015 12:00:00AM

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

Survey History

Survey ID: 0144668 **End Date:** 08/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #581111 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0140669 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (CAPITOL TERRACE--0015038)

Date: 10/30/2023 **SOD #**581111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/19/2022 **SOD #**YBYK12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (CAPITOL TERRACE--0015038)

Date Complaint Received: 06/01/2023

Date Investigation Completed: 08/11/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CARE ASSISTED LIVING FACILITY LLC (0016135)

Address: 4528 W KEEFE AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/09/2016 12:00:00AM

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

Survey History

Survey ID: 0140081 **End Date:** 06/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARE ASSISTED LIVING FACILITY LLC--0016135)

Date: 03/31/2022 **SOD #**Q59X11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Care4all LLC (0020173)

Address: 4579 S 13th St, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 11/29/2024 12:00:00AM

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

Survey History

Survey ID: 0148186 **End Date:** 11/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Caring For You AFH LLC (0019017)

Address: 5739 North 98th Street, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/03/2022 12:00:00AM

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

Survey History

Survey ID: 0140393 **End Date:** 08/03/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CARING HANDS CARE CENTER LLC (0014729)

Address: 7841 W HUSTIS ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/31/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CARMEN COURT 5820 (0018092)

Address: 5820 NORTH 91ST STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 07/07/2021 12:00:00AM

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

Survey History

Survey ID: 0141890 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CARMEN COURT 5820--0018092)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 01/12/2023

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CARTERS QUALITY CARE (0016704)

Address: 4058 N 89TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 07/12/2017 12:00:00AM

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

Survey History

Survey ID: 0147437 **End Date:** 07/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C4TO11 Served 08/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0146383 **End Date:** 05/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARTERS QUALITY CARE--0016704)

Date: 08/28/2024 **SOD #**C4TO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CARTERS QUALITY CARE--0016704)

Date Complaint Received: 07/08/2024

Date Investigation Completed: 07/31/2024

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
C4TO11

Date Complaint Received: 04/18/2024

Date Investigation Completed: 05/07/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CARTERS QUALITY CARE (0017468)

Address: 3215 N 77TH ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 07/26/2019 12:00:00AM

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

Survey History

Survey ID: 0146776 **End Date:** 04/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y5MG11 Served 06/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (CARTERS QUALITY CARE--0017468)

Date: 06/25/2024 **SOD #**Y5MG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CARTERS QUALITY CARE--0017468)

Date Complaint Received: 04/08/2024

Date Investigation Completed: 04/25/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CASTLE MANOR II (0016882)

Address: 4343 S 20TH ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 12/27/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CASTLE MANOR III (0017504)

Address: 2319 W GRANGE AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 05/21/2019 12:00:00AM

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

Survey History

Survey ID: 0141653 **End Date:** 09/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6P2T11 Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/3/23	Yes

Complaint History (CASTLE MANOR III--0017504)

Date Complaint Received: 06/25/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CASTLE MANOR LLC (0016730)

Address: 2271 WEST LAYTON AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 08/03/2017 12:00:00AM

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

Survey History

Survey ID: 0146036 **End Date:** 03/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144541 **End Date:** 08/29/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MMSO11 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	12/2/23	Yes

Survey ID: 0143056 **End Date:** 04/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CASTLE MANOR LLC--0016730)

Date Complaint Received: 11/22/2023

Date Investigation Completed: 03/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/23/2023

Date Investigation Completed: 08/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

MMSO11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/01/2023

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CATCHUCARE SERVICES (0014807)

Address: 4430 W ROOSEVELT DRIVE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/14/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CBR ADULT FAMILY HOME (0017902)

Address: 4274 N 74TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 06/01/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CENTER OF LIFE ADULT FAMILY HOME LLC (0020541)

Address: 2744 N 46th St, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 11/04/2024 12:00:00AM

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

Survey History

Survey ID: 0148059 **End Date:** 11/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CHARISMA CARE FAMILY SERVICES LLC (0014931)

Address: 4369 N 62ND STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 02/11/2014 12:00:00AM

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

Survey History

Survey ID: 0145656 **End Date:** 02/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143821 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142081 **End Date:** 01/31/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CHARISMA CARE FAMILY SERVICES LLC--0014931)

Date Complaint Received: 01/08/2024

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/02/2023

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/30/2023

Date Investigation Completed: 04/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/17/2022

Date Investigation Completed: 01/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CHERYLS PLACE (0018818)

Address: 7917 A N RIVER VIEW COURT, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 02/28/2022 12:00:00AM

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

Survey History

Survey ID: 0148004 **End Date:** 11/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146709 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145698 **End Date:** 02/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X8CT11 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	6/6/24	Yes

Survey ID: 0138843 **End Date:** 02/28/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (CHERYLS PLACE--0018818)

Date: 02/22/2024 **SOD #**X8CT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CHERYLS PLACE--0018818)

Date Complaint Received: 08/13/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 01/02/2024

Date Investigation Completed: 02/13/2024

Subject Area(s)

Result

SOD #

LICENSE CAPACITY OR CLASS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CHILD AND FAMILY HAVEN HOUSE LLC (0018990)

Address: 3911 N 23RD STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 04/18/2023 12:00:00AM

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

Survey History

Survey ID: 0143105 **End Date:** 04/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CINCH LIVING FACILITY (0017087)

Address: 4337 N 13TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/30/2018 12:00:00AM

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

Survey History

Survey ID: 0144719 **End Date:** 05/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YIM611 Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS		
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(3)(d)	MEDICATION- WRITTEN ORDER
88.09(1)(a)	RESIDENT RECORDS
88.10(3)(e)	SELF-DIRECTION

Enforcement History (CINCH LIVING FACILITY--0017087)

Date: 11/06/2023 **SOD #** YIM611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (CINCH LIVING FACILITY--0017087)

Date Complaint Received: 01/18/2023 **Date Investigation Completed:** 05/10/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	YIM611
RESIDENT RIGHTS	SUBSTANTIATED	YIM611

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CIRCLE OF LOVE ADULT FAMILY HOME LLC (0017099)

Address: 5305 N 54TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/23/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Clean Slate Adult Family Home I (0020365)

Address: 5743 North 77th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/04/2024 12:00:00AM

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

Survey History

Survey ID: 0146636 **End Date:** 06/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Clean Slate Adult Family Home II (0020081)

Address: 6918 W Birch Ct, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/04/2024 12:00:00AM

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

Survey History

Survey ID: 0146071 **End Date:** 04/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Clean Slate Adult Family Home III (0020266)

Address: 5102 North 77th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/04/2024 12:00:00AM

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

Survey History

Survey ID: 0146635 **End Date:** 06/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Clean Slate Adult Family Home IV (0020268)

Address: 5100 North 77th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/04/2024 12:00:00AM

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

Survey History

Survey ID: 0146634 **End Date:** 06/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COLLECTIVE CARE LLC (0018328)

Address: 4226 N 62ND STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/01/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COLONIAL HOME CARE (0015080)

Address: 3165 N 96TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/24/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COLORFUL LIVES OUTREACH (0016703)

Address: 3179 N RICHARDS ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT HOMES ADULT FAMILY LIVING (0017026)
Address: 8077 N 53RD STREET, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 12/11/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142273 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140582 **End Date:** 03/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F4H911 Served 08/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	2/21/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/21/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/21/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	2/21/23	Yes

Enforcement History (COMFORT HOMES ADULT FAMILY LIVING--0017026)

Date: 08/27/2022 **SOD #**F4H911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMING OF AGE HEALTH CARE LLC (0015026)

Address: 5725 NORTH 96TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/17/2014 12:00:00AM

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

Survey History

Survey ID: 0146035 **End Date:** 03/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BOI211 Served 04/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140315 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139712 **End Date:** 01/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LMMG11 Served 06/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	7/20/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COMING OF AGE HEALTH CARE LLC--0015026)

Date: 04/01/2024 **SOD #**BOI211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/01/2022 **SOD #**LMMG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (COMING OF AGE HEALTH CARE LLC--0015026)

Date Complaint Received: 09/20/2023

Date Investigation Completed: 03/06/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMING OF AGE HEALTHCARE HOUSE II (0016511)

Address: 5729 N 96TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 03/06/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Commission Christian Adult Family Home Location 3 (0020054)

Address: 5188 N Sherman Blvd, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/15/2024 12:00:00AM

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

Survey History

Survey ID: 0147250 **End Date:** 04/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Commission Christian Care Adult Family Home LLC (0019917)

Address: 5701 North 72nd St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/28/2023 12:00:00AM

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

Survey History

Survey ID: 0147610 **End Date:** 08/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144956 **End Date:** 11/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Commission Christian Care Adult Family Home LLC--0019917)

Date Complaint Received: 05/07/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/25/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMMUNITY SUPPORTIVE HOME CARE (0017571)

Address: 7321 W HAMPTON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/18/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMMUNITY SUPPORTIVE HOME CARE (0017572)

Address: 7319 W HAMPTON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/04/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMPASSIONATE HEART LLC INDIGO (0018010)

Address: 7810 WEST BEECHWOOD AVENUE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/06/2020 12:00:00AM

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

Survey History

Survey ID: 0145707 **End Date:** 01/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RUK012 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(h)5	SPACE IN BEDROOMS		

Survey ID: 0144829 **End Date:** 08/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RUK011 Served 11/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	1/18/24	Yes
88.05(2)(a)	DIFFICULTY WALKING	1/18/24	No
88.05(3)(h)5	SPACE IN BEDROOMS	1/18/24	No
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	1/18/24	Yes
88.06(3)(f)	REVIEW OF ISP	1/18/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/18/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/18/24	Yes
88.10(3)(b)	PRIVACY	1/18/24	Yes

Enforcement History (COMPASSIONATE HEART LLC INDIGO--0018010)

Date: 02/22/2024 **SOD #**RUK012 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Date: 11/15/2023 **SOD #**RUK011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Complaint History (COMPASSIONATE HEART LLC INDIGO--0018010)

Date Complaint Received: 10/02/2023 **Date Investigation Completed:** 01/18/2024

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

Date Complaint Received: 09/14/2023 **Date Investigation Completed:** 01/18/2024

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

Date Complaint Received: 07/13/2023 **Date Investigation Completed:** 08/09/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	RUK011

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Compassionate Heart LLC Infinity (0019112)

Address: 4020 N. Sherman Blvd, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/22/2023 12:00:00AM

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

Survey History

Survey ID: 0142574 **End Date:** 03/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CONNECTED2SUPPORT C2SWA LLC (0018738)

Address: 5670 N 39TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/27/2022 12:00:00AM

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

Survey History

Survey ID: 0138553 **End Date:** 01/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COREYS PLACE #2 (0017720)

Address: 4051 N 69TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/25/2019 12:00:00AM

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

Survey History

Survey ID: 0144286 **End Date:** 05/17/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V9J511 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Enforcement History (COREYS PLACE #2--0017720)

Date: 09/20/2023 **SOD #**V9J511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COREYS PLACE 1 (0017721)

Address: 4049 N 69TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/25/2019 12:00:00AM

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

Survey History

Survey ID: 0144275 **End Date:** 05/17/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LU1B11 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COREYS PLACE 1--0017721)

Date: 09/19/2023 **SOD #**LU1B11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CORNERSTONE CHRISTIAN HOME 3 (0015254)

Address: 5851 N 92ND STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/08/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (CORNERSTONE CHRISTIAN HOME 3--0015254)

Date: 04/15/2022 **SOD #**J0WU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CORNERSTONE CHRISTIAN HOME (0013637)

Address: 12200 W FLORIST AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/19/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Covenant Home LLC DBA Covenant Home 2 (0019848)

Address: 4049 N 67th St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/18/2024 12:00:00AM

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

Survey History

Survey ID: 0145359 **End Date:** 01/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COVENANT HOME LLC (0017827)

Address: 7837 W DENVER AVE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/04/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CRAWFORD AVENUE (0011961)

Address: 9007 W CRAWFORD AVE, MILWAUKEE, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 08/31/2007 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Cream City Comfortable Living 2 (0019507)

Address: 6336 N 104th Street, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/04/2023 12:00:00AM

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

Survey History

Survey ID: 0144053 **End Date:** 08/03/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CROSSROAD FAMILY HOME LLC (0018679)

Address: 4234 N 50TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/12/2022 12:00:00AM

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

Survey History

Survey ID: 0139692 **End Date:** 05/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: D & S HOMEZ (0018820)

Address: 3338 N 2ND STREET, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 04/12/2022 12:00:00AM

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

Survey History

Survey ID: 0139316 **End Date:** 04/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DAILY BREAD ADULT FAMILY HOME LLC (0017935)

Address: 5712 NORTH 80TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/14/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DAISY HOUSE 2 (0014336)

Address: 9028 W PALMETTO AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/24/2012 12:00:00AM

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

Survey History

Survey ID: 0147023 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144211 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OQXU11 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/12/24	Yes

Enforcement History (DAISY HOUSE 2--0014336)

Date: 09/13/2023 **SOD #**OQXU11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 03/31/2022 **SOD #**BRDZ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DAISY HOUSE (0013024)

Address: 4480 N 85TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 12/22/2009 12:00:00AM

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

Survey History

Survey ID: 0147027 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141703 **End Date:** 06/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IQ6M11 Served 12/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/7/22	Yes

Enforcement History (DAISY HOUSE--0013024)

Date: 12/28/2022 **SOD #**IQ6M11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/23/2022 **SOD #**SCTR11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Danellas Incredible Love Home II (0020286)

Address: 4177 North 16th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147950 **End Date:** 10/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DANELLAS INCREDIBLE LOVE HOME (0014724)

Address: 4666 N 46TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/06/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (DANELLAS INCREDIBLE LOVE HOME--0014724)

Date: 03/20/2022 **SOD #**ZKSX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DAWNS LOVING HANDS AFH LLC (0018331)

Address: 3753 N 36TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 02/02/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DEELYNN HOME CARE LLC (0012789)

Address: 4143 N 42ND ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 06/30/2009 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DESTINED HOMES LLC (0019668)

Address: 7020 W CONGRESS ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/08/2023 12:00:00AM

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

Survey History

Survey ID: 0145046 **End Date:** 12/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Destiny Home (0020558)

Address: 5854 N 77th St, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/16/2025 12:00:00AM

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

Survey History

Survey ID: 0148532 **End Date:** 01/16/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Differently Abled LLC (0020013)

Address: 3023 North 53rd Street, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 06/11/2024 12:00:00AM

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

Survey History

Survey ID: 0146733 **End Date:** 06/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Divine Care (0020368)

Address: 8321 W Fairmount Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/26/2024 12:00:00AM

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

Survey History

Survey ID: 0148175 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE HOMES AND HEALTHCARE SERVICES LLC (0018583)

Address: 4135 NORTH 69TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/28/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Divine Homes (0020148)

Address: 7209 W Ruby Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/29/2024 12:00:00AM

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

Survey History

Survey ID: 0147143 **End Date:** 07/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE LIVING AFH LLC (0014243)

Address: 7752 W BRENTWOOD AVE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/16/2012 12:00:00AM

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

Survey History

Survey ID: 0147846 **End Date:** 10/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146500 **End Date:** 04/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1M4M11 Served 05/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	7/7/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/7/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (DIVINE LIVING AFH LLC--0014243)

Date Complaint Received: 08/16/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/02/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/07/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/19/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/05/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/19/2023

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DOMINION HOME (0015637)

Address: 4317 W VILLARD AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 09/15/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Dorothys Place of Care LLC (0020018)

Address: 4889 North 24th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/19/2024 12:00:00AM

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

Survey History

Survey ID: 0145968 **End Date:** 03/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EAST POINT RESIDENTIAL FACILITY LLC (0011290)

Address: 608 E NORTH AVE, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 06/29/2006 12:00:00AM

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

Survey History

Survey ID: 0141904 **End Date:** 01/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140579 **End Date:** 04/06/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y50U11 Served 08/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/5/23	Yes

Enforcement History (EAST POINT RESIDENTIAL FACILITY LLC--0011290)

Date: 08/25/2022 **SOD #**Y50U11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EASY LIVING SENIOR HOME LLC THE COTTAGE (0015764)

Address: 2037 W NEIL PLACE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/03/2015 12:00:00AM

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

Survey History

Survey ID: 0144813 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142122 **End Date:** 11/03/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OIVM11 Served 02/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	11/9/23	Yes

Enforcement History (EASY LIVING SENIOR HOME LLC THE COTTAGE--0015764)

Date: 02/10/2023 **SOD #**OIVM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EASY LIVING SENIOR HOME (0012873)

Address: 7219 W MEDFORD AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/30/2009 12:00:00AM

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

Survey History

Survey ID: 0147520 **End Date:** 07/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2BO613 Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0145974 **End Date:** 02/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2BO612 Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/26/24	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/26/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/26/24	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	7/26/24	Yes
88.06(3)(f)	REVIEW OF ISP	7/26/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/26/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145587 End Date: 02/08/2024 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145363 End Date: 01/22/2024 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ND211 Served 01/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	2/8/24	Yes

Survey ID: 0140139 End Date: 02/11/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2BO611 Served 07/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/6/24	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	2/6/24	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	2/6/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	2/6/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (EASY LIVING SENIOR HOME--0012873)

Date: 09/06/2024 **SOD #**2BO613 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/25/2024 **SOD #**2BO612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/25/2024 **SOD #**4ND211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 07/15/2022 **SOD #**2BO611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (EASY LIVING SENIOR HOME--0012873)

Date Complaint Received: 02/21/2024

Date Investigation Completed: 07/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/12/2024

Date Investigation Completed: 02/29/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EBENEZER CHRISTIAN HOME (0018213)

Address: 3207 NORTH 36TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 04/20/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EDMONDS WAY ADULT FAMILY HOME II LLC (0017280)

Address: 8743 W BRENTWOOD AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 10/12/2018 12:00:00AM

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

Survey History

Survey ID: 0141892 **End Date:** 01/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EDMONDS WAY ADULT FAMILY HOME LLC (0016079)

Address: 8029 W MILL RD, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/21/2016 12:00:00AM

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

Survey History

Survey ID: 0140562 **End Date:** 08/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (EDMONDS WAY ADULT FAMILY HOME LLC--0016079)

Date: 06/20/2022 **SOD #**RX8V12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EDWARDS RESIDENTS (0017944)

Address: 2513 NORTH 41ST STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 06/02/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EDWARDS RESIDENTS (0019380)

Address: 3255 N 44TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 02/08/2023 12:00:00AM

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

Survey History

Survey ID: 0142093 **End Date:** 02/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EKWYNOX HOUSE LLC (0018930)

Address: 4168 N 74TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/12/2022 12:00:00AM

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

Survey History

Survey ID: 0140750 **End Date:** 09/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ELAINES HOME OF COMPASSION LLC (0016322)

Address: 4545 N 75TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/01/2017 12:00:00AM

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

Survey History

Survey ID: 0139780 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ELAINES HOME OF COMPASSION LLC--0016322)

Date: 03/16/2022 **SOD #**O15V12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ELITE ADULT FAMILY HOME 2 (0014546)

Address: 2601 NORTH 59TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 06/05/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (ELITE ADULT FAMILY HOME 2--0014546)

Date: 03/24/2022 **SOD #**9WVZ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ELITE ADULT FAMILY HOME (0013479)

Address: 3214 N 48TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/23/2010 12:00:00AM

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

Survey History

Survey ID: 0139793 **End Date:** 05/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ELITE ADULT FAMILY HOME--0013479)

Date: 02/13/2022 **SOD #**SQAF11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ELITE CARE LLC (0019812)

Address: 4639 N 36TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146522 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ellens Family Home Care II LLC (0019642)

Address: 7721 W Medford Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/08/2023 12:00:00AM

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

Survey History

Survey ID: 0143325 **End Date:** 06/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ellens Family Home Care LLC (0019106)

Address: 8210 W Herbert Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/10/2023 12:00:00AM

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

Survey History

Survey ID: 0147594 **End Date:** 08/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GD9011 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0142181 **End Date:** 02/10/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Ellens Family Home Care LLC--0019106)

Date: 09/17/2024 **SOD #**GD9011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Ellens Family Home Care LLC--0019106)

Date Complaint Received: 04/01/2024

Date Investigation Completed: 08/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMANUELS ADULT FAMILY HOME (0014058)

Address: 4723 N 45TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/16/2012 12:00:00AM

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

Survey History

Survey ID: 0147764 **End Date:** 08/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8LUE11 Served 10/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.09(2)(a)9	HEALTH SCREENING		

Enforcement History (EMANUELS ADULT FAMILY HOME--0014058)

Date: 10/04/2024 **SOD #**8LUE11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (EMANUELS ADULT FAMILY HOME--0014058)

Date Complaint Received: 07/22/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/03/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMERGE HOME CARE AND SUPPORTIVE LIVING LLC (0016061)

Address: 3618 NORTH 42ND, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/02/2017 12:00:00AM

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

Survey History

Survey ID: 0139665 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Emerge Homecare and Supportive Living (0020356)

Address: 10302 West Grantosa Drive, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 01/31/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMINENT QUALITY CARE LLC (0016635)

Address: 4500 N 85TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 09/19/2017 12:00:00AM

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

Survey History

Survey ID: 0148596 **End Date:** 11/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8FZD11 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.10(3)(b)	PRIVACY		

Survey ID: 0145901 **End Date:** 01/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (EMINENT QUALITY CARE LLC--0016635)

Date Complaint Received: 06/11/2024

Date Investigation Completed: 11/05/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMINENT QUALITY CARE LLC (0018154)

Address: 4827 N 71ST ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/30/2020 12:00:00AM

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

Survey History

Survey ID: 0148163 **End Date:** 11/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K9DY11 Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (EMINENT QUALITY CARE LLC--0018154)

Date: 11/26/2024 **SOD #**K9DY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (EMINENT QUALITY CARE LLC--0018154)

Date Complaint Received: 08/01/2024 **Date Investigation Completed:** 11/07/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMINENT QUALITY CARE (0018924)

Address: 4732 N 78TH COURT, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/24/2022 12:00:00AM

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

Survey History

Survey ID: 0141211 **End Date:** 08/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Empathy House LLC (0019467)

Address: 4147 N 95th St, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/16/2023 12:00:00AM

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

Survey History

Survey ID: 0147623 **End Date:** 09/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143508 **End Date:** 06/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Empathy House LLC--0019467)

Date Complaint Received: 06/15/2024

Date Investigation Completed: 09/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EnVision Home Health Care LLC (0019822)

Address: 3068 North 40th St, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 07/02/2024 12:00:00AM

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

Survey History

Survey ID: 0146854 **End Date:** 07/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ernestine s House Inc (0019462)

Address: 3618 N 50th St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/02/2023 12:00:00AM

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

Survey History

Survey ID: 0144050 **End Date:** 08/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ESSENTIAL LOVE HOME HEALTH AGENCY (0020496)

Address: 4067 N 14TH ST, MILWAUKEE, WI 532096905

License Status: REGULAR

Licensed/Certified/Registered 09/30/2024 12:00:00AM

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

Survey History

Survey ID: 0147746 **End Date:** 09/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ESTHER HOUSE II (THE) (0010730)

Address: 7057 N 44TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 03/10/2005 12:00:00AM

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

Survey History

Survey ID: 0141277 **End Date:** 08/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ESTHER HOUSE II (THE)--0010730)

Date: 04/29/2022 **SOD #**BPXH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXCELCARE 2 (0016802)

Address: 4854 N 66TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/08/2017 12:00:00AM

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

Survey History

Survey ID: 0140085 **End Date:** 06/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXCELCARE ADULT HOME INC (0015290)

Address: 3611 N 38TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/21/2015 12:00:00AM

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

Survey History

Survey ID: 0141700 **End Date:** 05/06/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RR6111 Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(h)5	SPACE IN BEDROOMS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Enforcement History (EXCELCARE ADULT HOME INC--0015290)

Date: 12/27/2022 **SOD #**RR6111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (EXCELCARE ADULT HOME INC--0015290)

Date Complaint Received: 03/07/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXCEPTIONAL LIVING ADULT FAMILY HOME SITE 3 (0017448)

Address: 8231 N 106TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 04/05/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXCEPTIONAL LIVING ADULT FAMILY HOMES LLC (0015193)

Address: 7311 W SHERIDAN AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/16/2014 12:00:00AM

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

Survey History

Survey ID: 0147182 **End Date:** 07/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EXCEPTIONAL LIVING ADULT FAMILY HOMES LLC--0015193)

Date Complaint Received: 04/12/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXCEPTIONAL LIVING AFH SITE 2 (0016599)

Address: 6212 N 102ND STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 04/20/2017 12:00:00AM

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

Survey History

Survey ID: 0139885 **End Date:** 06/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EXQUISITE LIVING FAMILY ADULT HOME LLC (0014502)

Address: 9700 W METCALF PL, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/19/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (EXQUISITE LIVING FAMILY ADULT HOME LLC--0014502)

Date: 03/16/2022 **SOD #**I22F13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAIRVIEW ADULT FAMILY HOME LLC (0018131)

Address: 5000 NORTH 39TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/14/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Faith and Peace AFH (0020251)

Address: 3314 W Oriole Drive, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/21/2024 12:00:00AM

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

Survey History

Survey ID: 0147418 **End Date:** 08/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Faith House AFH I LLC (0018956)

Address: 3529 North 85th Street, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 07/28/2022 12:00:00AM

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

Survey History

Survey ID: 0147980 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6LI11 Served 10/31/2024

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified

Corrected

Survey ID: 0147276 **End Date:** 06/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #34KC11 Served 08/08/2024

Deficiencies Cited
88.08

Subject Area
TERMINATION OF PLACEMENT

Compliance
Verified
6/11/24

Corrected

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144928 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VZOD11 Served 11/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0140383 **End Date:** 07/28/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Faith House AFH I LLC--0018956)

Date: 10/31/2024 **SOD #D6LI11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 08/09/2024 **SOD #34KC11** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/30/2023 **SOD #VZOD11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Faith House AFH I LLC--0018956)

Date Complaint Received: 06/05/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)
ADMINISTRATION
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/11/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAITHFUL LIVING LLC (0019079)

Address: 3302 WEST GALENA, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 02/02/2023 12:00:00AM

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

Survey History

Survey ID: 0140936 **End Date:** 02/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Family First Adult Group Home LLC (0018971)

Address: 8239 West Green Tree Road, Milwaukee, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 04/14/2023 12:00:00AM

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

Survey History

Survey ID: 0146078 **End Date:** 04/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JRIB11 Served 04/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0142889 **End Date:** 04/12/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Family First Adult Group Home LLC--0018971)

Date: 04/08/2024 **SOD #**JRIB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Family First Adult Group Home LLC--0018971)

Date Complaint Received: 12/13/2023

Date Investigation Completed: 04/01/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAMILY TIES (0017461)

Address: 10512 W GREENFIELD AVE, MILWAUKEE, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 03/12/2019 12:00:00AM

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

Survey History

Survey ID: 0144294 **End Date:** 08/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142881 **End Date:** 12/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VJI211 Served 04/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	8/24/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/24/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/24/23	Yes
88.06(3)(f)	REVIEW OF ISP	8/24/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/24/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	8/24/23	Yes
88.10(3)(e)	SELF-DIRECTION	8/24/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (FAMILY TIES--0017461)

Date: 04/26/2023 **SOD #**VJI211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Family Values Adult Family Home (0019992)

Address: 5256 North 61st St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/10/2024 12:00:00AM

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

Survey History

Survey ID: 0148302 **End Date:** 12/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAVOR CHRISTIAN HOME LLC (0016214)

Address: 5320 N 52ND ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/19/2016 12:00:00AM

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

Survey History

Survey ID: 0144317 **End Date:** 06/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139799 **End Date:** 05/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FAVOR CHRISTIAN HOME LLC--0016214)

Date Complaint Received: 05/17/2023

Date Investigation Completed: 06/27/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAVOR CHRISTIAN HOME LLC (0017199)

Address: 5415 N 91ST STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 09/04/2018 12:00:00AM

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

Survey History

Survey ID: 0147234 **End Date:** 07/09/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F2XB11 Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Enforcement History (FAVOR CHRISTIAN HOME LLC--0017199)

Date: 08/06/2024 **SOD #**F2XB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FAVOR CHRISTIAN HOME LLC (0020692)

Address: 9357 W CLOVERNOOK STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/08/2025 12:00:00AM

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

Survey History

Survey ID: 0148479 **End Date:** 01/08/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FERVENT CARE ADULT HOME INC (0015402)

Address: 4957 N 18TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/21/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FIRST CLASS CARE WISCONSIN LLC (0015719)

Address: 5441 N 73RD ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/20/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FIVE GOOD MEN COMMUNITY GROUP HOME LLC (0018543)

Address: 942 NORTH 29TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/23/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FLAGG STREET MANOR II LLC (0014934)

Address: 8608 W CROSSFIELD AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/03/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FLAGG STREET MANOR II (0015434)

Address: 5650 N 87TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 03/02/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FLAGG STREET MANOR III (0016521)

Address: 8608 WEST BENDER ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 03/02/2017 12:00:00AM

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

Survey History

Survey ID: 0148154 **End Date:** 09/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZEZF13 Served 11/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	1/31/25	Yes

Survey ID: 0144761 **End Date:** 07/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZEZF12 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	9/26/24	Yes
88.04(2)(a)	RESPONSIBILITIES	9/26/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/26/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/26/24	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	9/26/24	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	9/26/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/26/24	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	9/26/24	Yes
88.06(3)(f)	REVIEW OF ISP	9/26/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	9/26/24	Yes
88.09(1)(e)	RESIDENT'S RECORD RETENTION	9/26/24	Yes

Enforcement History (FLAGG STREET MANOR III--0016521)

Date: 11/22/2024 **SOD #**ZEZF13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 11/08/2023 **SOD #**ZEZF12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/28/2022 **SOD #**ZEZF11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FLAGG STREET MANOR LLC (0013759)

Address: 5845 N 92ND ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/31/2011 12:00:00AM

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

Survey History

Survey ID: 0147839 **End Date:** 08/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6V5411 Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Enforcement History (FLAGG STREET MANOR LLC--0013759)

Date: 10/15/2024 **SOD #**6V5411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (FLAGG STREET MANOR LLC--0013759)

Date Complaint Received: 04/12/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Flags Care (0020457)

Address: 7928 W Herbert Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/18/2024 12:00:00AM

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

Survey History

Survey ID: 0148398 **End Date:** 12/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Floor23 Care Mary Manor (0020169)

Address: 5308 North 49th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/18/2024 12:00:00AM

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

Survey History

Survey ID: 0148373 **End Date:** 12/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FLOWER HOUSE (THE) (0018520)

Address: 1212 W CHAMBERS, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 03/31/2022 12:00:00AM

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

Survey History

Survey ID: 0139281 **End Date:** 03/31/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Fraziers Forever Home (0020159)

Address: 3166 N 14th St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 07/18/2024 12:00:00AM

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

Survey History

Survey ID: 0146809 **End Date:** 07/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FRESH START AFH (0015946)

Address: 5785 N 32ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/25/2016 12:00:00AM

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

Survey History

Survey ID: 0145092 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140369 **End Date:** 03/03/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QZVH12 Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/20/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/20/23	Yes

Enforcement History (FRESH START AFH--0015946)

Date: 08/04/2022 **SOD #**QZVH12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FRIENDS OF FAMILY ADULT HOME LLC (0018191)

Address: 5486 NORTH 75TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

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

Survey History

Survey ID: 0146297 **End Date:** 04/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145709 **End Date:** 01/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V9MC11 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/30/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/30/24	Yes

Enforcement History (FRIENDS OF FAMILY ADULT HOME LLC--0018191)

Date: 02/22/2024 **SOD #**V9MC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (FRIENDS OF FAMILY ADULT HOME LLC--0018191)

Date Complaint Received: 09/11/2023

Date Investigation Completed: 01/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: FRIENDS OF FAMILY ADULT HOME (0016815)

Address: 5322 N 73RD STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/12/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GEMMA CARE (0016426)

Address: 6918 NORTH 40TH PLACE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 11/10/2016 12:00:00AM

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

Survey History

Survey ID: 0139390 **End Date:** 04/05/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GENNYE RESIDENTIAL CARE FACILITY LLC (0018042)

Address: 4547 NORTH 66TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/19/2020 12:00:00AM

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

Survey History

Survey ID: 0148267 **End Date:** 10/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QDTM11 Served 12/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		

Enforcement History (GENNYE RESIDENTIAL CARE FACILITY LLC--0018042)

Date: 12/10/2024 **SOD #**QDTM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GENNYE RESIDENTIAL CARE FACILITY LLC--0018042)

Date Complaint Received: 07/01/2024 **Date Investigation Completed:** 10/18/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Gentle Touch Adult Family Home (0019338)

Address: 4434 N 39th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/24/2023 12:00:00AM

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

Survey History

Survey ID: 0144622 **End Date:** 10/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GEORGIAS PARADISE ASSISTED LIVING II (0013716)

Address: 844 N 25TH ST, MILWAUKEE, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 08/01/2011 12:00:00AM

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

Survey History

Survey ID: 0139873 **End Date:** 01/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GEORGIAS PARADISE ASSISTED LIVING LLC III (0014904)

Address: 4453 N 85TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 03/10/2014 12:00:00AM

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

Survey History

Survey ID: 0148201 **End Date:** 09/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KFFV11 Served 12/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(b)	PRIVACY		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.10(3)(m) FREEDOM FROM ABUSE

Survey ID: 0142182 **End Date: 02/07/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141949 **End Date: 08/18/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SWCE11 Served 01/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	2/7/23	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	2/7/23	Yes
88.05(3)(c)	UTILITIES MEET LOCAL BUILDING CODES	2/7/23	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	2/7/23	Yes

Survey ID: 0141269 **End Date: 06/22/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HTJV11 Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/7/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/7/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GEORGIA'S PARADISE ASSISTED LIVING LLC III--0014904)

Date: 12/03/2024 **SOD #**KFFV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/26/2023 **SOD #**SWCE11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 11/08/2022 **SOD #**HTJV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GEORGIA'S PARADISE ASSISTED LIVING LLC III--0014904)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 09/30/2024

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

KFFV11

Date Complaint Received: 07/18/2022

Date Investigation Completed: 08/18/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

SWCE11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GEORGIAS PARADISE ASSISTED LIVING LLC (0013109)

Address: 842 N 25TH ST, MILWAUKEE, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 01/22/2010 12:00:00AM

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

Survey History

Survey ID: 0144729 **End Date:** 05/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76S713 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140538 **End Date:** 01/27/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76S712 Served 08/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	5/26/23	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	5/23/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/23/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/23/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GEORGAS PARADISE ASSISTED LIVING LLC--0013109)

Date: 11/07/2023 **SOD #**76S713 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/22/2022 **SOD #**76S712 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GIFTED CARE ADULT FAMILY HOME (0017178)

Address: 10328 W VILLA AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/15/2018 12:00:00AM

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

Survey History

Survey ID: 0141119 **End Date:** 04/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3GN11 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)8	TRAINING DOCUMENTATION		

Enforcement History (GIFTED CARE ADULT FAMILY HOME--0017178)

Date: 10/25/2022 **SOD #**H3GN11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GIFTED HANDS ASSISTED LIVING FACILITY (0017678)

Address: 5209 N 83RD ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/25/2019 12:00:00AM

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

Survey History

Survey ID: 0148181 **End Date:** 11/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O0CD12 Served 12/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0141861 **End Date:** 09/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O0CD11 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY	11/13/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GIFTED HANDS ASSISTED LIVING FACILITY--0017678)

Date: 11/29/2024 **SOD #**O0CD12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/17/2023 **SOD #**O0CD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (GIFTED HANDS ASSISTED LIVING FACILITY--0017678)

Date Complaint Received: 08/02/2024 **Date Investigation Completed:** 11/13/2024

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

Date Complaint Received: 08/23/2022 **Date Investigation Completed:** 09/29/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GLORY HOUSE ADULT FAMILY HOME (0011947)
Address: 5063 N 76TH ST, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 07/26/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146162 **End Date:** 04/17/2024 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144994 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** DESK REVIEW
Results: ENFORCEMENT ACTION

Statement of Deficiency: #HORY12 Served 12/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	4/17/24	Yes

Survey ID: 0138680 **End Date:** 01/26/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GLORY HOUSE ADULT FAMILY HOME--0011947)

Date: 12/07/2023 **SOD #**HORY12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/26/2022 **SOD #**HORY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GLORY HOUSE ADULT FAMILY HOME--0011947)

Date Complaint Received: 01/24/2022

Date Investigation Completed: 02/14/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GODS FAVOR FAMILY SERVICE LLC (0018310)

Address: 6113 W LEON TERRACE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/19/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Gods Vision of Love 2 LLC (0020039)

Address: 5070 N 24th St, Milwaukee, WI 532095610

License Status: REGULAR

Licensed/Certified/Registered 03/20/2024 12:00:00AM

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

Survey History

Survey ID: 0145955 **End Date:** 03/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GODS VISION OF LOVE LLC (0017645)

Address: 5073 N 24TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/11/2019 12:00:00AM

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

Survey History

Survey ID: 0145091 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142125 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NO9C11 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	12/20/23	Yes

Enforcement History (GODS VISION OF LOVE LLC--0017645)

Date: 02/13/2023 **SOD #**NO9C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GOING THE DISTANCE (0014698)

Address: 4553 N 23RD STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/16/2013 12:00:00AM

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

Survey History

Survey ID: 0147079 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138492 **End Date:** 01/26/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZJDR11 Served 01/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/22/24	Yes

Enforcement History (GOING THE DISTANCE--0014698)

Date: 01/26/2022 **SOD #**ZJDR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GOLDEN HANDS ADULT FAMILY HOME LLC 2 (0018033)

Address: 4448 NORTH 72ND STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/02/2020 12:00:00AM

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

Survey History

Survey ID: 0144802 **End Date:** 08/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OJ7211 Served 11/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/22/25	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	1/22/25	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/22/25	Yes
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS	1/22/25	Yes
88.09(2)(a)9	HEALTH SCREENING	1/22/25	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/22/25	Yes

Enforcement History (GOLDEN HANDS ADULT FAMILY HOME LLC 2--0018033)

Date: 11/13/2023 **SOD #OJ7211** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (GOLDEN HANDS ADULT FAMILY HOME LLC 2--0018033)

Date Complaint Received: 08/16/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GOLDEN HANDS ADULT FAMILY HOMES LLC (0016566)

Address: 4444 N 46TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/16/2018 12:00:00AM

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

Survey History

Survey ID: 0139414 **End Date:** 04/05/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GOLDEN PATH SENIOR LIVING CORP (0014249)
Address: 10343 W DONNA DR, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 06/26/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140346 **End Date:** 04/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2WCD11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES		

Enforcement History (GOLDEN PATH SENIOR LIVING CORP--0014249)

Date: 08/02/2022 **SOD #**2WCD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Grace Manor Assisted Living (0019343)

Address: 5044 N 107th ST, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/06/2023 12:00:00AM

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

Survey History

Survey ID: 0141773 **End Date:** 01/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SERVICES LLC (0013918)

Address: 2669 N 47TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 12/21/2011 12:00:00AM

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

Survey History

Survey ID: 0144955 **End Date:** 10/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TVS811 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0139862 **End Date:** 01/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GRACE SUPPORTIVE LIVING SERVICES LLC--0013918)

Date: 12/04/2023 **SOD #**TVS811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (GRACE SUPPORTIVE LIVING SERVICES LLC--0013918)

Date Complaint Received: 08/02/2023

Date Investigation Completed: 10/24/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
TVS811

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SERVICES LLC (0016294)

Address: 4525 W RIDGE CT, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 12/08/2016 12:00:00AM

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

Survey History

Survey ID: 0142888 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141087 **End Date:** 06/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUH411 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION		
88.06(3)(d)3	SERVICES BY OUTSIDE AGENCIES		
88.07(2)(b)5	MONITORING HEALTH		

Enforcement History (GRACE SUPPORTIVE LIVING SERVICES LLC--0016294)

Date: 10/19/2022 **SOD #OUH411** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (GRACE SUPPORTIVE LIVING SERVICES LLC--0016294)

Date Complaint Received: 05/09/2022

Date Investigation Completed: 06/17/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	OUH411
PROGRAM SERVICES	SUBSTANTIATED	OUH411
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	OUH411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SRVCS LLC ACACIA HOME (0014471)

Address: 6712 N 90TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 02/01/2013 12:00:00AM

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

Survey History

Survey ID: 0147983 **End Date:** 10/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SKGI11 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

Survey ID: 0142270 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139131 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GRACE SUPPORTIVE LIVING SRVCS LLC ACACIA HOME--0014471)

Date: 10/31/2024 **SOD #**SKGI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (GRACE SUPPORTIVE LIVING SRVCS LLC ACACIA HOME--0014471)

Date Complaint Received: 07/29/2024

Date Investigation Completed: 10/22/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 01/30/2023

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/04/2022

Date Investigation Completed: 02/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SVC LLC-MAGNOLIA (0014275)

Address: 7439 N 86TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/16/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SVCS LLC 101ST STREET (0015278)

Address: 6322 N 101ST STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 09/24/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE SUPPORTIVE LIVING SVCS LLC 78TH STREET (0014998)

Address: 5835 N 78TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/22/2014 12:00:00AM

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

Survey History

Survey ID: 0139761 **End Date:** 05/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Grans House (0019982)

Address: 5014 N 60th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/03/2024 12:00:00AM

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

Survey History

Survey ID: 0146320 **End Date:** 05/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Greatful Hearts Elderly Care LLC (0019638)

Address: 4957 N 25TH ST, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/21/2023 12:00:00AM

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

Survey History

Survey ID: 0144054 **End Date:** 08/21/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Green Valor Homes LLC (0019915)

Address: 6142 W Medford Ave, Milwaukee, WI 532185558

License Status: REGULAR

Licensed/Certified/Registered 03/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145795 **End Date:** 03/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Greenwood Adult Family Home LLC (0019778)

Address: 5323 W Greenwood Ter, Milwaukee, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 03/07/2024 12:00:00AM

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

Survey History

Survey ID: 0146239 **End Date:** 03/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRICE ADULT FAMILY HOME 2 (0016726)

Address: 8246 N 106TH STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 10/19/2017 12:00:00AM

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

Survey History

Survey ID: 0143795 **End Date:** 04/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #24FW12 Served 07/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0140548 **End Date:** 03/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #24FW11 Served 08/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/29/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/29/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/29/23	No
88.06(3)(f)	REVIEW OF ISP	3/29/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GRICE ADULT FAMILY HOME 2--0016726)

Date: 07/31/2023 **SOD #**24FW12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/22/2022 **SOD #**24FW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (GRICE ADULT FAMILY HOME 2--0016726)

Date Complaint Received: 02/24/2022

Date Investigation Completed: 03/15/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
24FW11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRICE ADULT FAMILY HOME (0013601)

Address: 7848 N 55TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/18/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HADASSAH CARE HOME INC (0017294)

Address: 4822 N 47TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/14/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HAGGAI HOME (0016465)

Address: 3136 W REICHERT PL, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/06/2017 12:00:00AM

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

Survey History

Survey ID: 0148528 **End Date:** 01/14/2025 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147413 **End Date:** 08/20/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146940 **End Date:** 05/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144604 **End Date:** 07/25/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4SUE11 Served 10/23/2023

Deficiencies Cited
88.05(4)(b)1

Subject Area
FIRE SAFETY-SMOKE DETECTORS

Compliance
Verified
12/8/23

Corrected
Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HAGGAI HOME--0016465)

Date Complaint Received: 01/02/2025

Date Investigation Completed: 01/14/2025

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/03/2024

Date Investigation Completed: 01/14/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/06/2024

Date Investigation Completed: 08/20/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/26/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/19/2023

Date Investigation Completed: 05/13/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Date Complaint Received: 07/07/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

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

Date Complaint Received: 06/20/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
PROGRAM SERVICES

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HANDS OF DIVINITY ADULT FAMILY HOME LLC (0017367)

Address: 8635 W APPLETON AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/07/2019 12:00:00AM

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

Survey History

Survey ID: 0147114 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140684 **End Date:** 09/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HANDS OF DIVINITY ADULT FAMILY HOME LLC--0017367)

Date: 01/27/2022 **SOD #**6EYS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/22/2022 **SOD #**GOWO11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HARMONY CARE HOUSE LLC (0020346)

Address: 1323 N HAWLEY RD, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 12/16/2024 12:00:00AM

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

Survey History

Survey ID: 0148331 **End Date:** 12/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HARRISONS HOUSE (0014812)

Address: 3823 N 26TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 10/09/2013 12:00:00AM

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

Survey History

Survey ID: 0147167 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HARRISONS HOUSE--0014812)

Date: 01/22/2022 **SOD #BURE11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Health and Wellness Adult Family Home (0019790)

Address: 9305 N Burbank Ave, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/30/2024 12:00:00AM

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

Survey History

Survey ID: 0145595 **End Date:** 01/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEART OF JOY FAMILY CARE LLC (0019828)

Address: 3641 N 22ND ST, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 08/14/2024 12:00:00AM

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

Survey History

Survey ID: 0147384 **End Date:** 08/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Heart To Heart Adult Family Home (0019731)

Address: 4431 N 66th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/20/2023 12:00:00AM

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

Survey History

Survey ID: 0145097 **End Date:** 12/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEART TO HEART ASSISTED LIVING HOMES LLC (0018023)

Address: 6153 WEST APPLETON AVENUE, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 11/27/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEAVENLY HANDS PARK JABEZ AFH SITE III (0014583)

Address: 2973 NORTH 48TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 09/03/2013 12:00:00AM

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

Survey History

Survey ID: 0145789 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145463 **End Date:** 01/30/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQVS11 Served 02/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	2/29/24	Yes

Survey ID: 0142184 **End Date:** 02/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140367 **End Date:** 03/02/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DKNK12 Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/7/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/7/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/7/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/7/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/7/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	2/7/23	Yes

Enforcement History (HEAVENLY HANDS PARK JABEZ AFH SITE III--0014583)

Date: 02/02/2024 **SOD #DQVS11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 08/04/2022 **SOD #DKNK12** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEAVENLY HANDS-PARK JABEZ LIVING CENTER I (0012995)

Address: 2846 N 48TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 11/05/2009 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEAVENLY HANDS-PARK JABEZ LIVING CENTER II (0012986)

Address: 2848 N 48TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 11/05/2009 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HEAVENS WAY LLC (0018597)

Address: 4514 W MEDFORD AVE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/10/2021 12:00:00AM

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

Survey History

Survey ID: 0141745 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RW8U11 Served 01/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Enforcement History (HEAVENS WAY LLC--0018597)

Date: 01/05/2023 **SOD #**RW8U11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HEAVENS WAY LLC--0018597)

Date Complaint Received: 08/26/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Helping Hand with Big Hearts (0019360)

Address: 4218 N 25th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 06/16/2023 12:00:00AM

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

Survey History

Survey ID: 0143410 **End Date:** 06/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HELPING HANDS HAVEN LLC (0017981)

Address: 2205 WEST BURNHAM STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 08/27/2020 12:00:00AM

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

Survey History

Survey ID: 0147168 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147293 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FHT811 Served 08/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.06(3)(f) REVIEW OF ISP
88.10(3)(b) PRIVACY

Enforcement History (HELPING HANDS HAVEN LLC--0017981)

Date: 08/12/2024 **SOD #**FHT811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/22/2022 **SOD #**V9HK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HELPING HANDS HAVEN LLC--0017981)

Date Complaint Received: 02/21/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

FHT811

Date Complaint Received: 12/08/2023

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HELPING HANDS LLC (0017830)

Address: 2914 N 46TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/14/2020 12:00:00AM

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

Survey History

Survey ID: 0146129 **End Date:** 04/10/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145618 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3ECX11 Served 02/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	4/10/24	Yes

Enforcement History (HELPING HANDS LLC--0017830)

Date: 02/15/2024 **SOD #**3ECX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HELPING HANDS ON 75TH ST (0016478)

Address: 157 N 75TH ST, MILWAUKEE, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 02/22/2017 12:00:00AM

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

Survey History

Survey ID: 0144831 **End Date:** 09/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZU4X11 Served 11/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140064 **End Date:** 06/06/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (HELPING HANDS ON 75TH ST--0016478)

Date: 11/16/2023 **SOD #**ZU4X11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/24/2022 **SOD #**73B312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HELPING HANDS ON 75TH ST--0016478)

Date Complaint Received: 08/27/2023

Date Investigation Completed: 09/06/2023

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HELPING HEARTS ADULT FAMILY HOME (0018457)

Address: 6880 WEST GRANTOSA DRIVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/15/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Helping Humble Hearts Adult Family Home (0020394)

Address: 7837 N 78th Street, Milwaukee, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 09/24/2024 12:00:00AM

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

Survey History

Survey ID: 0147667 **End Date:** 09/24/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HILLS OF LOVE (0014612)

Address: 5336 N 64TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/18/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HILLTOP TERRACE LLC (0018942)

Address: 6735 NORTH 55TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 12/13/2022 12:00:00AM

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

Survey History

Survey ID: 0147426 **End Date:** 06/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q7XE11 Served 08/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145203 **End Date: 12/21/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NLCY11 Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/23/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	2/23/24	Yes

Survey ID: 0143209 **End Date: 05/24/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142601 **End Date: 03/10/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141825 **End Date: 12/13/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HILLTOP TERRACE LLC--0018942)

Date: 08/26/2024 **SOD #Q7XE11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HILLTOP TERRACE LLC--0018942)

Date Complaint Received: 01/25/2024

Date Investigation Completed: 06/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Q7XE11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Q7XE11

Date Complaint Received: 12/01/2023

Date Investigation Completed: 12/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/10/2023

Date Investigation Completed: 05/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/16/2022

Date Investigation Completed: 03/10/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOLY HOMES AFH LLC (0016966)

Address: 8901 W HAMPTON AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 01/11/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME 2 HOME RESIDENTIAL CARE LLC (0018524)
Address: 8231 W CASPER ST, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 06/30/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Home Cares Adult Facility Home (0020137)

Address: 5329 N 65th Street, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/16/2024 12:00:00AM

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

Survey History

Survey ID: 0145288 **End Date:** 01/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME FOR ALL (0014891)

Address: 9242 W THURSTON AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/12/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Home Life Care Adult Facility Home LLC (0019681)

Address: 6141 N 35th St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/29/2023 12:00:00AM

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

Survey History

Survey ID: 0144413 **End Date:** 09/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME OF MY GOLDEN YEARS LLC (0015534)

Address: 5725 N 67TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/29/2015 12:00:00AM

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

Survey History

Survey ID: 0141290 **End Date:** 06/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TLF811 Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	12/23/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME SWEET HOME ASSISTED LIVING LLC (0018442)

Address: 2333 WEST LANCASTER AVENUE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/07/2021 12:00:00AM

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

Survey History

Survey ID: 0147701 **End Date:** 08/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WRWV11 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Enforcement History (HOME SWEET HOME ASSISTED LIVING LLC--0018442)

Date: 09/30/2024 **SOD #**WRWV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HOME SWEET HOME ASSISTED LIVING LLC--0018442)

Date Complaint Received: 05/08/2024 **Date Investigation Completed:** 08/04/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	WRWV11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HONEY LOVES ADULT FAMILY HOME (0018705)

Address: 3177 N 42ND ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/26/2022 12:00:00AM

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

Survey History

Survey ID: 0138508 **End Date:** 01/26/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOPE ASSISTED LIVING LLC (0017661)

Address: 3640 N 15TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 12/11/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HORACES HOUSE AFH LLC (0017900)

Address: 8801 W MONROVIA AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/15/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: House Of Compassionate Care (0018951)

Address: 7874 W Palmetto Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/06/2022 12:00:00AM

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

Survey History

Survey ID: 0140049 **End Date:** 07/06/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSE OF HOPE RESIDENTIAL LIVING HOME LLC (0018429)

Address: 4944 N 38TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/09/2021 12:00:00AM

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

Survey History

Survey ID: 0147317 **End Date:** 06/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J8QK12 Served 08/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(q)	MEDICATIONS		
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0144807 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QE3711 Served 11/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	6/5/24	Yes
88.07(1)(d)	SHALL ALLOW RESIDENTS TO PARTICIPATE	6/5/24	Yes
88.10(3)(q)	MEDICATIONS	6/5/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144485 **End Date:** 06/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J8QK11 Served 10/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/29/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/29/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	5/29/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/29/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/29/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	5/29/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/5/24	No
88.06(3)(d)1	DESCRIPTION OF SERVICES	5/29/24	Yes
88.06(3)(f)	REVIEW OF ISP	6/5/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/29/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/29/24	Yes

Enforcement History (HOUSE OF HOPE RESIDENTIAL LIVING HOME LLC--0018429)

Date: 08/14/2024 **SOD #**J8QK12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/15/2023 **SOD #**QE3711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/11/2023 **SOD #**J8QK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HOUSE OF HOPE RESIDENTIAL LIVING HOME LLC--0018429)

Date Complaint Received: 02/15/2024

Date Investigation Completed: 06/05/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/07/2023

Date Investigation Completed: 08/02/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
QE3711

Date Complaint Received: 01/25/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSE OF IMANI LLC (0016349)

Address: 4762 N 71ST STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/02/2017 12:00:00AM

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

Survey History

Survey ID: 0144858 **End Date:** 11/15/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144177 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NE9Z11 Served 09/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/15/23	Yes

Survey ID: 0140099 **End Date:** 06/29/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOUSE OF IMANI LLC--0016349)

Date: 09/12/2023 **SOD #**NE9Z11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: House of Jacob LLC (0019069)

Address: 6817 N 41st ST, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/12/2022 12:00:00AM

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

Survey History

Survey ID: 0141637 **End Date:** 12/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSE OF JERICHO INC (0012957)

Address: 2914 N 37TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 12/09/2010 12:00:00AM

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

Survey History

Survey ID: 0144593 **End Date:** 08/08/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JNVC11 Served 10/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	12/5/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/5/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	12/5/23	Yes

Survey ID: 0139817 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOUSE OF JERICHO INC--0012957)

Date: 02/26/2022 **SOD #**7LZF13 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSE OF JERICHO INC (0012958)

Address: 2912 N 37TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/25/2010 12:00:00AM

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

Survey History

Survey ID: 0147939 **End Date:** 10/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144598 **End Date:** 08/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1C6211 Served 10/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	12/5/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/5/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	12/5/23	Yes

Survey ID: 0139818 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (HOUSE OF JERICHO INC--0012958)

Date: 02/16/2022 **SOD #**KOON13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HOUSE OF JERICHO INC--0012958)

Date Complaint Received: 06/18/2024

Date Investigation Completed: 10/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/24/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: House Of Peace Group Home LLC (0020562)

Address: 4951 North 48th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/26/2024 12:00:00AM

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

Survey History

Survey ID: 0148176 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSE OF PROVISION (0014880)

Address: 2162 N 40TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 01/08/2014 12:00:00AM

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

Survey History

Survey ID: 0140677 **End Date:** 03/02/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H71514 Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Enforcement History (HOUSE OF PROVISION--0014880)

Date: 09/09/2022 **SOD #**H71514 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: House Of Sireny LLC (0019792)

Address: 2823 N 36th St, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/03/2024 12:00:00AM

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

Survey History

Survey ID: 0145204 **End Date:** 01/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOUSING MATTERS LLC (0016025)

Address: 2616 W CLYBOURN ST, MILWAUKEE, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 06/01/2016 12:00:00AM

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

Survey History

Survey ID: 0148142 **End Date:** 11/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146925 **End Date:** 06/14/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144574 **End Date:** 08/03/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NMDP11 Served 10/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/14/24	Yes
88.06(3)(f)	REVIEW OF ISP	6/14/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/14/24	Yes

Survey ID: 0142952 **End Date:** 04/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142039 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141504 **End Date:** 04/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8UUS11 Served 12/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/20/23	Yes

Enforcement History (HOUSING MATTERS LLC--0016025)

Date: 10/18/2023 **SOD #**NMDP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/12/2022 **SOD #**2KJ811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HOUSING MATTERS LLC--0016025)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 11/15/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/04/2024

Date Investigation Completed: 06/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/17/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/04/2023

Date Investigation Completed: 04/20/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/01/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2022

Date Investigation Completed: 04/15/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
8UUS11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOWELLS GREATER HOPE ASSISTED LIVING (0019217)

Address: 5173 N 61st st, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/11/2023 12:00:00AM

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

Survey History

Survey ID: 0141811 **End Date:** 01/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HUMBLE HEARTS ADULT FAMILY HOME LLC (0015514)

Address: 323 N 33RD STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 08/24/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: IDEAL COMMUNITY LIVING (0016031)

Address: 6911 W LIMA STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 04/06/2016 12:00:00AM

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

Survey History

Survey ID: 0145282 **End Date:** 01/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4KWM11 Served 01/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS		

Survey ID: 0144326 **End Date:** 06/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O70Y11 Served 09/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS	11/9/23	Yes
88.07(3)(a)	ALLOWED PRESCRIPTION MEDICATIONS	11/9/23	Yes

Survey ID: 0139476 **End Date:** 01/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (IDEAL COMMUNITY LIVING--0016031)

Date: 01/16/2024 **SOD #**4KWM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (IDEAL COMMUNITY LIVING--0016031)

Date Complaint Received: 04/10/2023

Date Investigation Completed: 06/08/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Incredibles Care Adult Family Home LLC (0019146)

Address: 7414 W Carmen Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/26/2022 12:00:00AM

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

Survey History

Survey ID: 0140909 **End Date:** 09/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: INFINITY HOME HEALTH CARE (0018304)

Address: 4471 NORTH 39TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/07/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: INNOVATION COMMUNITY CARE HOME (0015106)

Address: 4560 N 40TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/02/2014 12:00:00AM

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

Survey History

Survey ID: 0148488 **End Date:** 10/17/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CX7V12 Served 01/13/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(c)3	ALL CHARGES AND SECURITY DEPOSITS		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(b)	PRIVACY		

Survey ID: 0141035 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (INNOVATION COMMUNITY CARE HOME--0015106)

Date: 01/13/2025 **SOD #** CX7V12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (INNOVATION COMMUNITY CARE HOME--0015106)

Date Complaint Received: 09/03/2024 **Date Investigation Completed:** 10/17/2024

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

Date Complaint Received: 04/27/2022 **Date Investigation Completed:** 10/13/2022

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: INNOVATIVE LIVING CENTER 1 (0017330)

Address: 2646 N 50TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 03/14/2019 12:00:00AM

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

Survey History

Survey ID: 0148087 **End Date:** 10/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JN8M11 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME		

Survey ID: 0141531 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (INNOVATIVE LIVING CENTER 1--0017330)

Date: 11/13/2024 **SOD #**JN8M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (INNOVATIVE LIVING CENTER 1--0017330)

Date Complaint Received: 08/12/2024

Date Investigation Completed: 10/15/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/04/2024

Date Investigation Completed: 10/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/16/2024

Date Investigation Completed: 10/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/25/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: iRIZE Home Health Care LLC (0019772)

Address: 2114 North 38th St, Milwaukee, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 02/07/2024 12:00:00AM

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

Survey History

Survey ID: 0145669 **End Date:** 02/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ISAIAHS HOME OF INFINITE HOPE LLC (0015213)

Address: 6644 N 58TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/06/2015 12:00:00AM

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

Survey History

Survey ID: 0141785 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #76VU11 Served 01/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/15/23	Yes

Complaint History (ISAIAHS HOME OF INFINITE HOPE LLC--0015213)

Date Complaint Received: 09/19/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: IT TAKES A VILLAGE HOME LLC (0019700)

Address: 8919 W CONGRESS ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143843 **End Date:** 08/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: J + T HELPING HANDS INC (0018945)

Address: 10411 W SYLVIA ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/29/2022 12:00:00AM

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

Survey History

Survey ID: 0141572 **End Date:** 11/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: J and L Extended Family LLC (0019142)

Address: 4050 N 91st Street, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 09/06/2022 12:00:00AM

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

Survey History

Survey ID: 0140696 **End Date:** 09/06/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: J and T HELPING HANDS INC (0016001)

Address: 5641 N 73RD ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/09/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: J AND T HOLISTIC CARE LLC (0018993)

Address: 3427 N 53RD STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/22/2022 12:00:00AM

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

Survey History

Survey ID: 0140254 **End Date:** 07/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Jackies House of Love (0019129)

Address: 5078 N 60th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/29/2023 12:00:00AM

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

Survey History

Survey ID: 0143631 **End Date:** 06/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: JAMES'S HOUSE (0015849)

Address: 8030 W SHERIDAN AVE 2E, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/09/2015 12:00:00AM

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

Survey History

Survey ID: 0142582 **End Date:** 03/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141873 **End Date:** 06/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GXZD13 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	3/7/23	Yes
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	3/7/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (JAMES'S HOUSE--0015849)

Date: 01/17/2023 **SOD #**GXZD13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/10/2022 **SOD #**GXZD12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (JAMES'S HOUSE--0015849)

Date Complaint Received: 02/16/2023

Date Investigation Completed: 03/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: JANET'S HOUSE (0013508)

Address: 4812 N 55TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/18/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Jewells Family Home LLC (0019815)

Address: 4730 North 80th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/08/2024 12:00:00AM

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

Survey History

Survey ID: 0147291 **End Date:** 08/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Johnson Love Johnson House of Prosperity LLC (0019669)

Address: 4675 N 48th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/09/2024 12:00:00AM

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

Survey History

Survey ID: 0147080 **End Date:** 07/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Journeys Adult Family Home (0019332)

Address: 4893 N. 26th Street, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/17/2023 12:00:00AM

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

Survey History

Survey ID: 0147185 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143213 **End Date:** 05/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Journeys Adult Family Home--0019332)

Date Complaint Received: 04/03/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: JOYFUL MANOR ADULT FAMILY HOME (0015380)

Address: 6131 N DENMARK ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/13/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Juanitas Residential Care LLC (0019260)

Address: 3316 N 25th Street, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 05/08/2023 12:00:00AM

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

Survey History

Survey ID: 0143504 **End Date:** 05/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: JUST GRACE ASSISTING LIVING LLC (0017420)

Address: 8945 W MILL ROAD, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/06/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: K and S Home Care (0020348)

Address: 7060 W Medford Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/22/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Kare With Love Adult Family Home (0020204)

Address: 2463 South 19th St, Milwaukee, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 08/20/2024 12:00:00AM

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

Survey History

Survey ID: 0147503 **End Date:** 08/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Kaydens Home Kare (0020037)

Address: 5201 W Fairmount Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/17/2024 12:00:00AM

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

Survey History

Survey ID: 0148362 **End Date:** 12/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Key Cares 2 LLC (0019537)

Address: 7545 N. 90th Street, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 06/29/2023 12:00:00AM

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

Survey History

Survey ID: 0143595 **End Date:** 06/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KEY TO OUR HEARTS ADULT FAMILY HOME LLC (0017405)

Address: 3808 N 57TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/11/2019 12:00:00AM

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

Survey History

Survey ID: 0144388 **End Date:** 06/15/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S4S711 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (KEY TO OUR HEARTS ADULT FAMILY HOME LLC--0017405)

Date: 10/04/2023 **SOD #**S4S711 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KEY TO OUR HEARTS ADULT FAMILY HOME PHASE II LLC (0018946)

Address: 6538 N LANDERS ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/15/2022 12:00:00AM

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

Survey History

Survey ID: 0140643 **End Date:** 08/15/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Kims Helping Hands (0020110)

Address: 3125 N 15th St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 10/09/2024 12:00:00AM

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

Survey History

Survey ID: 0147802 **End Date:** 10/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KIND HEARTS LIVING CENTER LLC (0016140)

Address: 7504 W RUBY AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/16/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Kind Souls w Loving Hearts Adult Family Home LLC (0020080)

Address: 4352 N 66th Street, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/13/2024 12:00:00AM

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

Survey History

Survey ID: 0146430 **End Date:** 05/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KINGS ACADEMY ADULT HOME INC (0016450)

Address: 1350 W RESERVOIR AVE, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 03/06/2017 12:00:00AM

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

Survey History

Survey ID: 0148292 **End Date:** 12/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141960 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EOZP11 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	4/5/23	Yes
88.08	TERMINATION OF PLACEMENT	4/5/23	Yes

Survey ID: 0141265 **End Date:** 05/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C66H11 Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/6/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/6/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (KINGS ACADEMY ADULT HOME INC--0016450)

Date: 11/07/2022 **SOD #**C66H11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (KINGS ACADEMY ADULT HOME INC--0016450)

Date Complaint Received: 08/13/2024

Date Investigation Completed: 12/06/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/11/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
EOZP11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Kings Adult Family Home LLC (0020163)

Address: 5920 N 71st St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/03/2024 12:00:00AM

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

Survey History

Survey ID: 0146321 **End Date:** 05/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KOMFORT CARE (0017356)

Address: 3201 N 46TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/21/2020 12:00:00AM

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

Survey History

Survey ID: 0147173 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KOMFORT CARE--0017356)

Date: 01/21/2022 **SOD #**68M511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: L & L FAMILY HOME LLC (0015893)

Address: 5703 N 56TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/23/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LANGLADE HOUSE LLC (0016161)

Address: 9616 W LANGLADE ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/18/2016 12:00:00AM

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

Survey History

Survey ID: 0142232 **End Date:** 08/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JREE11 Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(a)	SIGNIFICANT CHANGE IN SERVICES		
88.03(8)(b)	AGENCY MAY VISIT HOME		

Enforcement History (LANGLADE HOUSE LLC--0016161)

Date: 02/20/2023 **SOD #**JREE11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LATONYAS HOUSE (0016069)

Address: 8030 WEST SHERIDAN AVE 1E, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/29/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (LATONYAS HOUSE--0016069)

Date: 02/24/2022 **SOD #**SE4J12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LAWN HOUSE (THE) (0018297)

Address: 3131 80TH STREET, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 12/18/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LEAP WAY TRANSITION HOME (0018466)

Address: 1436 N 26TH ST, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 06/21/2022 12:00:00AM

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

Survey History

Survey ID: 0139955 **End Date:** 06/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIFE ADULT FAMILY HOME LLC (0018004)

Address: 4958 NORTH 37TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/24/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Life of Miracle Hands (0020523)

Address: 3801 W Vera Ave, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/18/2024 12:00:00AM

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

Survey History

Survey ID: 0147661 **End Date:** 09/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIFESTYLE LIVING ADULT FAMILY HOME (0017842)
Address: 4427 W CAPITOL DR, MILWAUKEE, WI 53216
License Status: REGULAR
Licensed/Certified/Registered 01/09/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148088 **End Date:** 10/28/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H0FP11 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.09(1)(a)	RESIDENT RECORDS		

Enforcement History (LIFESTYLE LIVING ADULT FAMILY HOME--0017842)

Date: 11/13/2024 **SOD #**H0FP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LIFESTYLE LIVING ADULT FAMILY HOME--0017842)

Date Complaint Received: 06/03/2024 **Date Investigation Completed:** 10/28/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LINDA LENDING HANDS (0018320)

Address: 9379 W BRENTWOOD COURT, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 03/01/2021 12:00:00AM

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

Survey History

Survey ID: 0135719 **End Date:** 03/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIV WELL ADULT FAMILY HOMES LLC (0015869)

Address: 4315 N 17TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/21/2016 12:00:00AM

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

Survey History

Survey ID: 0145475 **End Date:** 01/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143295 **End Date:** 06/06/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142362 **End Date:** 01/18/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4UF011 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/18/23	Yes
88.06(3)(f)	REVIEW OF ISP	4/18/23	Yes
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS	4/18/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	4/18/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142156 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HD9T11 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	6/6/23	Yes
88.05(3)(j)	BEDROOM REQUIREMENTS	6/6/23	Yes
88.05(3)(l)	BEDROOMS-PRIVACY	6/6/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/6/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/6/23	Yes
88.08	TERMINATION OF PLACEMENT	6/6/23	Yes

Enforcement History (LIV WELL ADULT FAMILY HOMES LLC--0015869)

Date: 02/14/2023 **SOD #**HD9T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (LIV WELL ADULT FAMILY HOMES LLC--0015869)

Date Complaint Received: 09/20/2023

Date Investigation Completed: 01/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/15/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/30/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

HD9T11

Date Complaint Received: 07/06/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/01/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

HD9T11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIV WELL ADULT FAMILY HOMES LLC (0017852)

Address: 8543 W LAWRENCE AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/04/2020 12:00:00AM

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

Survey History

Survey ID: 0144822 **End Date:** 11/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144377 **End Date:** 06/20/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DGU911 Served 09/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (LIV WELL ADULT FAMILY HOMES LLC-0017852)

Date: 09/28/2023 **SOD #**DGU911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (LIV WELL ADULT FAMILY HOMES LLC--0017852)

Date Complaint Received: 08/15/2023

Date Investigation Completed: 11/10/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/16/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING INSIGHT ADULT FAMILY HOME (0018537)

Address: 3525 NORTH 20TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 07/09/2021 12:00:00AM

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

Survey History

Survey ID: 0141707 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIVING INSIGHT ADULT FAMILY HOME--0018537)

Date Complaint Received: 01/08/2025

Date Investigation Completed: 01/27/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/24/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING MADE EASY HOMES LLC SITE 1 (0016143)

Address: 2133 NORTH 39TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/25/2016 12:00:00AM

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

Survey History

Survey ID: 0145801 **End Date:** 02/29/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141579 **End Date:** 12/02/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LIVING MADE EASY HOMES LLC SITE 1--0016143)

Date: 03/28/2022 **SOD #**UHVR11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (LIVING MADE EASY HOMES LLC SITE 1--0016143)

Date Complaint Received: 11/28/2023

Date Investigation Completed: 02/29/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/26/2022

Date Investigation Completed: 12/02/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING MADE EASY HOMES LLC SITE 2 (0016144)

Address: 2135 NORTH 39TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/25/2016 12:00:00AM

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

Survey History

Survey ID: 0145836 **End Date:** 02/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #439C11 Served 03/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

Survey ID: 0141580 **End Date:** 12/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LIVING MADE EASY HOMES LLC SITE 2--0016144)

Date: 03/11/2024 **SOD #**439C11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 03/28/2022 **SOD #**NHOD11 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (LIVING MADE EASY HOMES LLC SITE 2--0016144)

Date Complaint Received: 08/26/2022

Date Investigation Completed: 12/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING MADE EASY HOMES LLC SITE 3 (0017086)

Address: 4333 N 71ST ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 06/25/2018 12:00:00AM

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

Survey History

Survey ID: 0146028 **End Date:** 02/19/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #97NI11 Served 03/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0142981 **End Date:** 05/05/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140350 **End Date:** 03/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q53N11 Served 08/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (LIVING MADE EASY HOMES LLC SITE 3--0017086)

Date: 03/29/2024 **SOD #**97N111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/08/2022 **SOD #**Q53N11 **Appealed:**

Sanctions

ORDER TO COMPLY

Complaint History (LIVING MADE EASY HOMES LLC SITE 3--0017086)

Date Complaint Received: 12/22/2022

Date Investigation Completed: 05/05/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Living Made Easy Homes Site 5 (0020419)

Address: 2847 North 28th St, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 12/03/2024 12:00:00AM

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

Survey History

Survey ID: 0148206 **End Date:** 12/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Living Proof Family Facility 2 (0020168)

Address: 3600 N 58th Blvd, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 10/21/2024 12:00:00AM

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

Survey History

Survey ID: 0147909 **End Date:** 10/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING PROOF FAMILY FACILITY II LLC (0015818)
Address: 6544 W LAWN AVE, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 11/16/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141296 **End Date:** 06/29/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W2V111 Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	12/23/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING PROOF FAMILY FACILITY LLC (0015022)

Address: 5620 N 78th Street, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/15/2014 12:00:00AM

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

Survey History

Survey ID: 0144509 **End Date:** 06/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H17M12 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Enforcement History (LIVING PROOF FAMILY FACILITY LLC--0015022)

Date: 10/16/2023 **SOD #**H17M12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/09/2022 **SOD #**H17M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Living Well at Home with Love (0019066)

Address: 2928 N 55th Street, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 11/21/2022 12:00:00AM

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

Survey History

Survey ID: 0141402 **End Date:** 11/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING WELL RESIDENTIAL FACILITY LLC DENVER HOUSE (0018321)

Address: 8401 W DENVER AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 04/15/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LIVING WELL RESIDENTIAL FACILITY (0018907)

Address: 6641 W BRENTWOOD AVE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 04/11/2022 12:00:00AM

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

Survey History

Survey ID: 0146731 **End Date:** 05/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P3ZV11 Served 06/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	8/3/24	Yes

Survey ID: 0139296 **End Date:** 04/11/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (LIVING WELL RESIDENTIAL FACILITY--0018907)

Date Complaint Received: 05/20/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ljb Adult Living Llc (0020050)

Address: 3050 n 30th st, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 05/08/2024 12:00:00AM

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

Survey History

Survey ID: 0146429 **End Date:** 05/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LJB ADULT LIVING (0018065)

Address: 5032 NORTH 33RD STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/13/2020 12:00:00AM

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

Survey History

Survey ID: 0147493 **End Date:** 07/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NVNQ11 Served 09/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.09(1)(d)11 RESIDENT FUNDS
88.10(3)(b) PRIVACY

Enforcement History (LJB ADULT LIVING--0018065)

Date: 09/04/2024 **SOD #** NVNQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (LJB ADULT LIVING--0018065)

Date Complaint Received: 07/02/2024 **Date Investigation Completed:** 07/29/2024

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

Date Complaint Received: 04/26/2024 **Date Investigation Completed:** 07/29/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LOVE MATTERS LLC (0018024)

Address: 3146 NORTH 42ND PLACE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 10/16/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Love Thy Niighbor AFH (0019285)

Address: 5753 N 80th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/21/2023 12:00:00AM

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

Survey History

Survey ID: 0144364 **End Date:** 09/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Love To Love Assisting Living LLC (0019759)

Address: 10701 W Mill Rd, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/13/2024 12:00:00AM

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

Survey History

Survey ID: 0145643 **End Date:** 02/13/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Love With a Purpose Residential Home LLC (0019728)

Address: 4723 N Sherman Blvd, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 02/07/2024 12:00:00AM

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

Survey History

Survey ID: 0145662 **End Date:** 02/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Love2Live Adult Care LLC (0019936)

Address: 6981 N 43rd St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/30/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LOVING CARE HOME (0018962)

Address: 6556 NORTH 83rd STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/30/2023 12:00:00AM

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

Survey History

Survey ID: 0144073 **End Date:** 08/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Loving Haven Group Home (0020615)

Address: 5900 N 68th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/08/2025 12:00:00AM

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

Survey History

Survey ID: 0148487 **End Date:** 01/08/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Loving Our Family AFH (0020038)

Address: 3917 N 75th St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/23/2024 12:00:00AM

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

Survey History

Survey ID: 0147461 **End Date:** 08/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MA BELL'S HOUSE OF PEACE (0018383)

Address: 5572 WEST ROOSEVELT DRIVE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/15/2022 12:00:00AM

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

Survey History

Survey ID: 0140388 **End Date:** 07/15/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Mahogany Heart Home 1 LLC (0020733)

Address: 5760 North 42nd St, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/03/2024 12:00:00AM

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

Survey History

Survey ID: 0148193 **End Date:** 12/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Mahogany Heart Home 2 LLC (0020760)

Address: 4820 North 46th St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/03/2024 12:00:00AM

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

Survey History

Survey ID: 0148194 **End Date:** 12/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MAJOR QUALITY CARE (0016722)

Address: 3431 N 13TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 12/21/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARCIA FAMILY HOME LLC (0018681)

Address: 5057 NORTH 19TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/08/2021 12:00:00AM

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

Survey History

Survey ID: 0147882 **End Date:** 09/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #90SN11 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0146303 **End Date:** 05/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145173 **End Date:** 12/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OQ6711 Served 01/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	5/1/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	5/1/24	Yes
88.08	TERMINATION OF PLACEMENT	5/1/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (MARCIA FAMILY HOME LLC--0018681)

Date: 10/18/2024 **SOD #**90SN11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/04/2024 **SOD #**OQ6711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MARCIA FAMILY HOME LLC--0018681)

Date Complaint Received: 08/09/2024

Date Investigation Completed: 09/04/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/21/2023

Date Investigation Completed: 12/14/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
OQ6711

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARGARETS PLACE ADULT FAMILY HOME INC (0016245)

Address: 2514 W CHAMBERS ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 11/22/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARIAHS FAMILY CARE HOME II (0014718)

Address: 4504 N 45TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/03/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARIAHS FAMILY CARE HOME III - UPPER (0015515)

Address: 4274 W HIGHLAND BLVD, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 05/26/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARIAHS FAMILY CARE HOME (0012552)

Address: 4272 W HIGHLAND BLVD, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 05/18/2009 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (MARIAHS FAMILY CARE HOME--0012552)

Date: 01/31/2022 **SOD #**9UGM12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Maries Happy Home Living LLC (0019632)

Address: 4061 North 15th Street, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/04/2023 12:00:00AM

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

Survey History

Survey ID: 0144592 **End Date:** 10/04/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARIES HOUSE 2 (0016068)

Address: 7930 W BRENTWOOD AVE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 04/20/2016 12:00:00AM

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

Survey History

Survey ID: 0148601 **End Date:** 11/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MXQ912 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0141058 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140859 **End Date: 08/04/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J1IT11 Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	10/14/22	Yes

Survey ID: 0139849 **End Date: 01/26/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MXQ911 Served 06/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	11/8/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/8/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/8/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	11/8/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/8/24	No

Enforcement History (MARIES HOUSE 2--0016068)

Date: 09/28/2022 **SOD #J1IT11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 06/17/2022 **SOD #MXQ911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (MARIES HOUSE 2--0016068)

Date Complaint Received: 08/13/2024

Date Investigation Completed: 11/08/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARION HOUSE (0017809)

Address: 7504 W MARION ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 02/10/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARTHAS HOUSE 2 (0015273)

Address: 3266 N 22ND STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 10/15/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARYANN ADULT FAMILY HOME (0017510)

Address: 3008 W CARMEN AVE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/04/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARYS CIRCLE OF LOVE ADULT FAMILY HOME 1 (0018523)

Address: 8006 WEST SHERIDAN AVE APT 1, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/06/2022 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARYS CIRCLE OF LOVE ADULT FAMILY HOME 2 (0018527)

Address: 8006 WEST SHERIDAN AVE APT 2, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/04/2022 12:00:00AM

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

Survey History

Survey ID: 0146825 **End Date:** 06/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140587 **End Date:** 08/04/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (MARYS CIRCLE OF LOVE ADULT FAMILY HOME 2--0018527)

Date Complaint Received: 01/17/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARYS COMFORT LIVING LLC (0017094)
Address: 8825 WEST THURSTON AVE, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 05/30/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142006 **End Date:** 09/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5VTD11 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

Enforcement History (MARYS COMFORT LIVING LLC--0017094)

Date: 02/01/2023 **SOD #**5VTD11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARYS COMFORT LIVING LLC (0018164)

Address: 8825A WEST THURSTON AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/25/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MAXI CARE ADULT FAMILY HOME (0015873)

Address: 4339 N 90TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 11/09/2016 12:00:00AM

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

Survey History

Survey ID: 0145560 **End Date:** 02/01/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15JL13 Served 02/09/2024

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

Survey ID: 0144115 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15JL12 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	2/1/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141142 **End Date:** 04/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ADIF11 Served 10/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(b)	AGENCY MAY VISIT HOME		

Enforcement History (MAXI CARE ADULT FAMILY HOME--0015873)

Date: 02/09/2024 **SOD #**15JL13 **Appealed:** No

Sanctions
REVOKE LICENSE
NNAO EXTENDED

Date: 09/05/2023 **SOD #**15JL12 **Appealed:** No

Sanctions
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 10/26/2022 **SOD #**ADIF11 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Mels Group Homes LLC (0020041)

Address: 4235 N 52nd St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/13/2024 12:00:00AM

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

Survey History

Survey ID: 0147056 **End Date:** 07/13/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MIDTOWN (0015700)

Address: 3908 N 60TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (MIDTOWN--0015700)

Date: 02/21/2022 **SOD #**LZ7V11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MIDWEST ADULT HOME CARE LLC (0020538)

Address: 7329 W TALLMADGE PLACE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/08/2024 12:00:00AM

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

Survey History

Survey ID: 0147782 **End Date:** 10/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MILL ADULT FAMILY HOME I (UPPER) (0015996)

Address: 6415 N 42ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/06/2016 12:00:00AM

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

Survey History

Survey ID: 0141648 **End Date:** 08/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MILL ADULT FAMILY HOME I (UPPER)--0015996)

Date Complaint Received: 06/15/2022

Date Investigation Completed: 08/24/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MILL ADULT FAMILY HOME II (0015997)

Address: 6413 N 42ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/21/2016 12:00:00AM

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

Survey History

Survey ID: 0141931 **End Date:** 08/30/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EK1013 Served 01/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	3/28/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MIMOZA LALAJ (0017084)

Address: 6228 W IDAHO ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 05/24/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Miracle Hope Supportive Home Care AFH (0018977)

Address: 4453 North 71st Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/22/2022 12:00:00AM

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

Survey History

Survey ID: 0140570 **End Date:** 08/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MNM ADULT FAMILY GROUP HOME (0016412)

Address: 1142 N 22 STREET, MILWAUKEE, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 11/10/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MOES CARE ADULT FAMILY HOMES LLC (0015277)

Address: 7224 W CARMEN AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/23/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MOORE BLESSINGS ADULT FAMILY HOME LLC (0015332)

Address: 3535 N 49TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/14/2015 12:00:00AM

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

Survey History

Survey ID: 0139697 **End Date:** 05/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Moore Tranquility Home Living LLC (0020654)

Address: 5653 N 36th Street, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/05/2024 12:00:00AM

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

Survey History

Survey ID: 0148249 **End Date:** 12/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORE THAN A HOME II (0015706)

Address: 7700 WEST KATHRYN AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/21/2015 12:00:00AM

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

Survey History

Survey ID: 0142648 **End Date:** 11/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DG4T11 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (MORE THAN A HOME II--0015706)

Date: 04/04/2023 **SOD #**DG4T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (MORE THAN A HOME II--0015706)

Date Complaint Received: 08/15/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORE THAN A HOME LLC (0013683)

Address: 6711 N 54TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/24/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORE THAN A HOME THREE (0018479)

Address: 4079 NORTH 85TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 09/08/2021 12:00:00AM

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

Survey History

Survey ID: 0147615 **End Date:** 09/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MORE THAN A HOME THREE--0018479)

Date Complaint Received: 05/01/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORGAN AVENUE HOUSE (390240)

Address: 7207 WEST MORGAN AVE, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 10/05/1998 12:00:00AM

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

Survey History

Survey ID: 0144302 **End Date:** 06/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #710811 Served 09/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0143037 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MORGAN AVENUE HOUSE--390240)

Date Complaint Received: 05/15/2023

Date Investigation Completed: 06/08/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

710811

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORGAN TERRACE GROUP HOME LLC (0017887)

Address: 3457 S 85TH ST, MILWAUKEE, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 02/18/2020 12:00:00AM

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

Survey History

Survey ID: 0148599 **End Date:** 11/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C9SU11 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(b)	PRIVACY		

Complaint History (MORGAN TERRACE GROUP HOME LLC--0017887)

Date Complaint Received: 05/21/2024

Date Investigation Completed: 11/20/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORGANS WAY HOMES (0013099)

Address: 4338 N 91 ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 02/23/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MORGANS WAY WEST (0015212)

Address: 4345 N 91ST ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 08/20/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MTJ RESIDENTIAL DEVELOPMENT HOME LLC (0015210)

Address: 4303 N 64TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/21/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MURPHYS HELPING HAND FOR THE INDEPENDENT LIVING LL (0018324)

Address: 3002 W CHERRY ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/23/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MURPHYS HELPING HAND FOR THE INDEPENDENT LIVING (0016049)

Address: 3000 W CHERRY ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 09/01/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: My Heart Group Home (0019165)

Address: 8162 W Kathryn Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/21/2022 12:00:00AM

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

Survey History

Survey ID: 0146869 **End Date:** 04/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MC8211 Served 07/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(h)5	SPACE IN BEDROOMS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(3)(e)1

MEDICATION- RECORD KEEPING

Survey ID: 0141675 End Date: 12/21/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (My Heart Group Home--0019165)

Date: 07/08/2024 SOD #MC8211 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (My Heart Group Home--0019165)

Date Complaint Received: 03/25/2024

Date Investigation Completed: 04/10/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
MC8211

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: My Journey Home Inc (0020096)

Address: 3756 N 22nd Street, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 10/17/2024 12:00:00AM

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

Survey History

Survey ID: 0147891 **End Date:** 10/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NADINES CARE HOME (0017724)

Address: 4401 N 55TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/11/2019 12:00:00AM

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

Survey History

Survey ID: 0147312 **End Date:** 06/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J7PW12 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(2)(a)	DIFFICULTY WALKING		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0142958 **End Date:** 01/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J7PW11 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	6/26/24	No
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/26/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (NADINES CARE HOME--0017724)

Date: 08/13/2024 **SOD #**J7PW12 **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/08/2023 **SOD #**J7PW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (NADINES CARE HOME--0017724)

Date Complaint Received: 01/03/2023

Date Investigation Completed: 01/31/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NADINES CARE I LLC (0015760)

Address: 2017 W NEIL PL, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/30/2015 12:00:00AM

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

Survey History

Survey ID: 0140771 **End Date:** 09/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NADINES CARE II (0017441)

Address: 6431 N 49TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 12/02/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Nanas Blessings AFH LLC (0019775)

Address: 3908 N 82nd St, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 10/24/2023 12:00:00AM

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

Survey History

Survey ID: 0144641 **End Date:** 10/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEHEMIAH HOUSE (0016612)

Address: 3901 NORTH 21ST STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 05/01/2017 12:00:00AM

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

Survey History

Survey ID: 0140152 **End Date:** 02/01/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #911S11 Served 07/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (NEHEMIAH HOUSE--0016612)

Date: 07/18/2022 **SOD #**911S11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEIGHBORHOOD LIVING INC (0010726)

Address: 2319 N 39TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 05/13/2005 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NELSON CRAWFORD HOME (THE) (0015964)
Address: 7303 W CRAWFORD AVENUE, MILWAUKEE, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 05/23/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141641 **End Date:** 09/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QC5F13 Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/3/23	Yes

Enforcement History (NELSON CRAWFORD HOME (THE)--0015964)

Date: 03/28/2022 **SOD #**QC5F12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NELSON HOME HEALTH CARE NO 2 LLC (0018105)
Address: 3779 SOUTH MASSACHUSETTS AVE, MILWAUKEE, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 10/20/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Nelson Home Health Care NO 3 LLC (0020084)

Address: 7927 W Bottsford Ave, Milwaukee, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 08/05/2024 12:00:00AM

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

Survey History

Survey ID: 0147222 **End Date:** 08/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Nelson Home Health Care NO 4 LLC (0019086)

Address: 10015 W Terra Ave, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/02/2023 12:00:00AM

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

Survey History

Survey ID: 0143836 **End Date:** 08/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS LLC 1 (0016064)

Address: 6823 N 41ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 06/17/2016 12:00:00AM

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

Survey History

Survey ID: 0142504 **End Date:** 11/02/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SHJT15 Served 03/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(3)(f)	REVIEW OF ISP		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (NEW BEGINNINGS LLC 1--0016064)

Date: 03/17/2023 **SOD #**SHJT15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/09/2022 **SOD #**SHJT14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (NEW BEGINNINGS LLC 1--0016064)

Date Complaint Received: 10/24/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
SHJT15

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS LLC 2 (0016065)

Address: 3846 N SHERMAN BLVD, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/04/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: New Care Family House LLC (0019705)

Address: 5354 N 107th St, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 04/25/2024 12:00:00AM

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

Survey History

Survey ID: 0146509 **End Date:** 04/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW LIFE NEW LOVE ADULT FAMILY HOME LLC (0017716)

Address: 2220 W MCKINLEY AVE, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 07/25/2019 12:00:00AM

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

Survey History

Survey ID: 0148315 **End Date:** 10/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C1NU11 Served 12/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(2)(a)	SERVICES		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0144619 **End Date:** 10/24/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144119 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OZRK12 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/24/23	No

Enforcement History (NEW LIFE NEW LOVE ADULT FAMILY HOME LLC--0017716)

Date: 12/13/2024 **SOD #**C1NU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 09/05/2023 **SOD #**OZRK12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (NEW LIFE NEW LOVE ADULT FAMILY HOME LLC--0017716)

Date Complaint Received: 07/23/2024 **Date Investigation Completed:** 10/25/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: New Life New Love Adult Family Home LLC (0019605)

Address: 2121 N 24th Pl, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 07/23/2024 12:00:00AM

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

Survey History

Survey ID: 0147066 **End Date:** 07/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEWSON RESIDENTIAL INC 1 (0018553)

Address: 4031 N 61ST 1, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/03/2022 12:00:00AM

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

Survey History

Survey ID: 0148665 **End Date:** 11/18/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONIW12 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(e)	SELF-DIRECTION		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147123 End Date: 05/22/2024 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONIW11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/18/24	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/30/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	11/18/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/30/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/18/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/30/24	Yes

Survey ID: 0139061 End Date: 03/03/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEWSON RESIDENTIAL INC 1--0018553)

Date: 07/26/2024 SOD #ONIW11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY

Complaint History (NEWSON RESIDENTIAL INC 1--0018553)

Date Complaint Received: 01/08/2025 Date Investigation Completed: 01/22/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	M86H11
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEWSON RESIDENTIAL INC 2 (0018552)

Address: 4031 N 61ST 2, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/03/2022 12:00:00AM

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

Survey History

Survey ID: 0148667 **End Date:** 11/18/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1RFB12 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(2)(a)9	HEALTH SCREENING		
88.10(3)(e)	SELF-DIRECTION		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147124 End Date: 05/22/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1RFB11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/30/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/30/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/30/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/30/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/30/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	10/30/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/30/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/30/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	10/30/24	Yes
88.09(2)(a)9	HEALTH SCREENING	10/30/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/30/24	Yes

Survey ID: 0139062 End Date: 03/03/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEWSON RESIDENTIAL INC 2--0018552)

Date: 07/26/2024 SOD #1RFB11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (NEWSON RESIDENTIAL INC 2--0018552)

Date Complaint Received: 01/08/2025

Date Investigation Completed: 01/22/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

W58011

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 01/25/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/02/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1RFB11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEWSON RESIDENTIAL INC 3 (0018554)

Address: 4031 N 61ST 3, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/03/2022 12:00:00AM

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

Survey History

Survey ID: 0148669 **End Date:** 11/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJW112 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(2)(a)	DIFFICULTY WALKING		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(e)	SELF-DIRECTION		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147145 **End Date: 05/22/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TJW111 Served 07/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/30/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/30/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/30/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	10/30/24	No
88.07(2)(a)	SERVICES	10/30/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/30/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/30/24	Yes

Survey ID: 0143199 **End Date: 05/09/2023** **Type: OTHER** **Purpose: SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DW2R11 Served 05/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	5/9/23	

Survey ID: 0139063 **End Date: 03/03/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEWSON RESIDENTIAL INC 3--0018554)

Date: 07/30/2024 **SOD #TJW111** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (NEWSON RESIDENTIAL INC 3--0018554)

Date Complaint Received: 01/08/2025

Date Investigation Completed: 01/22/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZX3T11

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 09/13/2024

Date Investigation Completed: 11/18/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEWSON RESIDENTIAL INC 4 (0018555)

Address: 4031 N 61ST 4, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/03/2022 12:00:00AM

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

Survey History

Survey ID: 0148668 **End Date:** 11/18/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #05BC12 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.10(3)(e)	SELF-DIRECTION		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147282 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #05BC11 Served 08/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/30/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/30/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/30/24	Yes
88.07(1)(e)	OVERNIGHT SUPERVISION	11/18/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/30/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/30/24	Yes

Survey ID: 0139064 **End Date:** 03/03/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEWSON RESIDENTIAL INC 4--0018555)

Date: 08/09/2024 **SOD #**05BC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (NEWSON RESIDENTIAL INC 4--0018555)

Date Complaint Received: 01/08/2025 **Date Investigation Completed:** 01/22/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	GL9F11
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RES SERVICES CLEVELAND (0014741)

Address: 2633-2633A S 68TH STREET, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 08/15/2013 12:00:00AM

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

Survey History

Survey ID: 0147958 **End Date:** 10/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES FOUNTAIN VIEW II (0015681)

Address: 3333 S 90TH STREET, MILWAUKEE, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 05/27/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES-OHIO (0014037)

Address: 6301 W OHIO AVE, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 02/03/2012 12:00:00AM

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

Survey History

Survey ID: 0148058 **End Date:** 10/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NOELS ADULT FAMILY HOME (0017097)

Address: 1419 W CUSTER AVE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/30/2018 12:00:00AM

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

Survey History

Survey ID: 0144575 **End Date:** 09/01/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WDL411 Served 10/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.09(1)(a)	RESIDENT RECORDS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NOUVELLE CARE SERVICES INC (0013796)

Address: 6951 N 77TH CT, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/23/2011 12:00:00AM

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

Survey History

Survey ID: 0148244 **End Date:** 10/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VP5P11 Served 12/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Enforcement History (NOUVELLE CARE SERVICES INC--0013796)

Date: 12/09/2024 **SOD #**VP5P11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (NOUVELLE CARE SERVICES INC--0013796)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 10/17/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NovaNest Residence LLC (0020585)

Address: 4022 N 86TH St, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 11/26/2024 12:00:00AM

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

Survey History

Survey ID: 0148169 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NRS SERVICES FOREST HOME (0014416)

Address: 3673 S 60TH ST, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 12/05/2012 12:00:00AM

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

Survey History

Survey ID: 0147213 **End Date:** 08/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142276 **End Date:** 01/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NRS SERVICES FOREST HOME--0014416)

Date Complaint Received: 04/12/2024

Date Investigation Completed: 08/02/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Oak Leaf Manor 2 (0019998)

Address: 3941 N 12th St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 03/21/2024 12:00:00AM

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

Survey History

Survey ID: 0145975 **End Date:** 03/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Oak Leaf Manor 3 (0020191)

Address: 4175 N Richards St, Milwaukee, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 05/23/2024 12:00:00AM

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

Survey History

Survey ID: 0146532 **End Date:** 05/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OAKWOOD HOUSE OF WAUKESHA CORP DOTY (0015714)

Address: 1000 DOTY PLACE, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 07/20/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OASIS HOME CARE LLC (0020351)

Address: 5353 N 60th ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/26/2024 12:00:00AM

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

Survey History

Survey ID: 0148172 **End Date:** 11/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Oasis Homes (0020653)

Address: 2856 N 38th Street, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 02/01/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OBI LLC (0016048)

Address: 4439 S 20TH ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 06/14/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Oklahoma House (0019205)

Address: 3157 S 70th Street, Milwaukee, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 12/15/2022 12:00:00AM

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

Survey History

Survey ID: 0144091 **End Date:** 08/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142614 **End Date:** 03/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141620 **End Date:** 11/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Oklahoma House--0019205)

Date Complaint Received: 08/18/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 03/17/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OLIVIA HOUSE (0018043)

Address: 4317 NORTH 62ND STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 05/12/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OMEGA HOUSE LLC (0015851)

Address: 5544 NORTH 57TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/02/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OPEN WITH ARMS LLC (0016528)

Address: 3906 VEL R PHILLIPS AVE, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 06/26/2017 12:00:00AM

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

Survey History

Survey ID: 0140198 **End Date:** 07/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: OUR HOME SWEET HOME LLC (0017596)

Address: 4101 N MONTREAL ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/29/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Our House Your Home Residential Care Facility (0020140)

Address: 6330 N Joyce Ave, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/13/2024 12:00:00AM

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

Survey History

Survey ID: 0146418 **End Date:** 05/13/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PALMER MANOR II (0014059)

Address: 2416 N PALMER STREET, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 05/01/2012 12:00:00AM

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

Survey History

Survey ID: 0140351 **End Date:** 04/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZDLU11 Served 08/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/19/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	9/19/22	Yes

Survey ID: 0139636 **End Date:** 01/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KVA011 Served 11/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/8/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/8/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (PALMER MANOR II--0014059)

Date Complaint Received: 04/06/2022

Date Investigation Completed: 04/20/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Paradise Adult Family Home (0020361)

Address: 4104 North 63rd St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/20/2024 12:00:00AM

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

Survey History

Survey ID: 0147517 **End Date:** 08/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Parkers Manor of Care LLC (0019753)

Address: 4307 N 69th St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 09/29/2023 12:00:00AM

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

Survey History

Survey ID: 0146811 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144423 **End Date:** 09/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Parkers Manor of Care LLC--0019753)

Date Complaint Received: 02/14/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PARKVIEW (0014893)

Address: 4662 N 72ND STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/01/2014 12:00:00AM

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

Survey History

Survey ID: 0143339 **End Date:** 02/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFU411 Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (PARKVIEW--0014893)

Date: 06/14/2023 **SOD #**QFU411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (PARKVIEW--0014893)

Date Complaint Received: 12/30/2022

Date Investigation Completed: 02/02/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QFU411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Pasha Homecare Residence (0019168)

Address: 3324 W Pabst Ave, Milwaukee, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 09/13/2022 12:00:00AM

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

Survey History

Survey ID: 0140785 **End Date:** 09/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PEACEFUL CARE LIVING LLC (0018994)

Address: 3809 N 51ST BOULEVARD, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 08/11/2022 12:00:00AM

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

Survey History

Survey ID: 0140502 **End Date:** 08/11/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PEACEFUL DWELLINGS AFH (0018572)

Address: 4408 NORTH 39TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/25/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PEARLLENES CARING HEARTS (0018344)

Address: 7925 WEST KEEFE AVENUE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 05/25/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Pearls Adult Family Home (0019752)

Address: 4925 W Forest Home Ave, Milwaukee, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 02/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145585 **End Date:** 02/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Personal Choice AFH LLC (0020358)

Address: 2922 North 45th St, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 09/05/2024 12:00:00AM

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

Survey History

Survey ID: 0147533 **End Date:** 09/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PINE VIEW I (0012417)

Address: 4525 N 76TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008 12:00:00AM

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

Survey History

Survey ID: 0146161 **End Date:** 03/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZGS11 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0140420 **End Date:** 02/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6XDK11 Served 08/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/25/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	9/25/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	9/25/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (PINE VIEW I--0012417)

Date: 04/17/2024 **SOD #**WZGS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (PINE VIEW I--0012417)

Date Complaint Received: 11/28/2023

Date Investigation Completed: 03/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PK FAMILY GROUP HOME LLC (0017424)

Address: 4428 WEST LLOYD STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 11/16/2018 12:00:00AM

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

Survey History

Survey ID: 0144378 **End Date:** 06/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZWQL11 Served 09/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY		

Survey ID: 0142948 **End Date:** 04/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141966 **End Date:** 10/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5I7411 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/14/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/14/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/14/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (PK FAMILY GROUP HOME LLC--0017424)

Date: 09/28/2023 **SOD #**ZWQL11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/30/2023 **SOD #**5I7411 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (PK FAMILY GROUP HOME LLC--0017424)

Date Complaint Received: 05/09/2023 **Date Investigation Completed:** 06/30/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	ZWQL11

Date Complaint Received: 03/08/2023 **Date Investigation Completed:** 04/14/2023

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

Date Complaint Received: 09/14/2022 **Date Investigation Completed:** 10/04/2022

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

Date Complaint Received: 09/08/2022 **Date Investigation Completed:** 10/04/2022

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: POSITIVE PATHWAYS LLC (0013569)

Address: 5025 N 83RD ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/28/2011 12:00:00AM

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

Survey History

Survey ID: 0146031 **End Date:** 03/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWOW12 Served 03/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0145576 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J8EG13 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/20/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144122 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J8EG12 Served 09/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/31/24	No

Enforcement History (POSITIVE PATHWAYS LLC--0013569)

Date: 03/29/2024 **SOD #**GWOW12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/12/2024 **SOD #**J8EG13 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED

Date: 09/06/2023 **SOD #**J8EG12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 03/30/2022 **SOD #**GWOW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (POSITIVE PATHWAYS LLC--0013569)

Date Complaint Received: 10/06/2023

Date Investigation Completed: 03/04/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PRECIOUS ADULT FAMILY HOME (0015516)

Address: 7212 W Medford, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/31/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Precise Adult Family Home by Cross (0020974)

Address: 4931 North 61st St, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/04/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Precise Care LLC (0020113)

Address: 1320 N 24th St, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 06/24/2024 12:00:00AM

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

Survey History

Survey ID: 0146810 **End Date:** 06/24/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PRESTIGIOUS ACADEMY INC III (0016837)

Address: 8879 N 70TH STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/02/2017 12:00:00AM

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

Survey History

Survey ID: 0147355 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140228 **End Date:** 07/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PRIMROSE 80TH (0014303)

Address: 4656 N 80TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/17/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PRIMROSE ON DEXTER (0018890)

Address: 5328 N DEXTER AVE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/09/2022 12:00:00AM

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

Survey History

Survey ID: 0139501 **End Date:** 05/09/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PROGRESSIVE CARING 2 (0015076)

Address: 5265 N 83RD STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/28/2014 12:00:00AM

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

Survey History

Survey ID: 0147683 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139751 **End Date:** 01/21/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #929Z11 Served 06/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	9/25/24	Yes

Enforcement History (PROGRESSIVE CARING 2--0015076)

Date: 06/03/2022 **SOD #**929Z11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Progressive Caring 64th Street (0019180)

Address: 5745 N 64th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/03/2023 12:00:00AM

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

Survey History

Survey ID: 0142117 **End Date:** 02/03/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PROGRESSIVE CARING FLORIST AVE (0015874)
Address: 5962 N 79TH STREET, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 03/28/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139810 **End Date:** 06/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139213 **End Date:** 03/01/2022 **Type:** STANDARD **Purpose:** SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #ISFE11 Served 04/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	6/3/22	Yes

Enforcement History (PROGRESSIVE CARING FLORIST AVE--0015874)

Date: 04/12/2022 **SOD #**ISFE11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PROGRESSIVE CARING LLC (0017162)

Address: 7415 W CONGRESS ST LOWER, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/26/2018 12:00:00AM

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

Survey History

Survey ID: 0138890 **End Date:** 03/01/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Progressive Caring (0019673)

Address: 7201 W Florist Ave., MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 02/15/2024 12:00:00AM

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

Survey History

Survey ID: 0145653 **End Date:** 02/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Promise SIL 3 LLC (0020130)

Address: 5017 N 84th St Apt 1, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/06/2024 12:00:00AM

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

Survey History

Survey ID: 0147283 **End Date:** 08/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PROSPER FAMILY GROUP HOME 2 LLC (0018476)

Address: 6456 NORTH 56TH STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/27/2021 12:00:00AM

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

Survey History

Survey ID: 0136429 **End Date:** 05/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PROSPER FAMILY GROUP HOME LLC (0017537)
Address: 8200 W CLOVERNOOK ST, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 06/04/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (PROSPER FAMILY GROUP HOME LLC--0017537)

Date: 05/04/2022 **SOD #**GII511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/28/2022 **SOD #**QN2R11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Quality Adult Family Home LLC (0019707)

Address: 6730 N 84th St, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/04/2024 12:00:00AM

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

Survey History

Survey ID: 0145310 **End Date:** 01/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: QUALITY PERSONAL CARE AFH (0017466)

Address: 1535 W GOLDCREST ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 09/06/2019 12:00:00AM

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

Survey History

Survey ID: 0148070 **End Date:** 10/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQ6011 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0139317 **End Date:** 03/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (QUALITY PERSONAL CARE AFH--0017466)

Date: 11/11/2024 **SOD #DQ6011** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (QUALITY PERSONAL CARE AFH--0017466)

Date Complaint Received: 05/09/2024

Date Investigation Completed: 10/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/14/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RANDLE GROUP LLC (0018775)

Address: 3947 N 24TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 08/31/2022 12:00:00AM

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

Survey History

Survey ID: 0147686 **End Date:** 08/13/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #URR811 Served 09/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT, FREEDOM		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140694 **End Date:** 08/31/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (RANDLE GROUP LLC--0018775)

Date: 09/27/2024 **SOD #**URR811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ranitas Assisted Living LLC (0020029)

Address: 4648 North 76th St Apt 1, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146644 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ranitas Assisted Living LLC (0020030)

Address: 4648 North 76th St Apt 2, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146645 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ranitas Assisted Living LLC (0020031)

Address: 4648 North 76th St Apt 3, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146647 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ranitas Assisted Living LLC (0020032)

Address: 4648 North 76th St Apt 4, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146646 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RAPHA HOUSE II (0019083)

Address: 4501 N 87TH STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/04/2022 12:00:00AM

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

Survey History

Survey ID: 0144392 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140933 **End Date:** 10/04/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (RAPHA HOUSE II--0019083)

Date Complaint Received: 07/13/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RAPHA HOUSE (0017655)

Address: 7835 W FIEBRANTZ AVE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 08/12/2020 12:00:00AM

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

Survey History

Survey ID: 0143799 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141730 **End Date:** 06/03/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KWI711 Served 01/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	7/27/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	7/27/23	Yes
88.07(2)(a)	SERVICES	7/27/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	7/27/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/27/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (RAPHA HOUSE--0017655)

Date: 01/05/2023 **SOD #** KW1711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (RAPHA HOUSE--0017655)

Date Complaint Received: 07/13/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/28/2022

Date Investigation Completed: 06/03/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KW1711

Date Complaint Received: 03/14/2022

Date Investigation Completed: 06/03/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KW1711

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: READY CARE ADULT FAMILY HOME (0014064)

Address: 3614 W CAPITOL DR, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/27/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: READY CARE AFH II (0016389)

Address: 4124 N 12TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/11/2017 12:00:00AM

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

Survey History

Survey ID: 0141524 **End Date:** 07/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #294411 Served 12/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Enforcement History (READY CARE AFH II--0016389)

Date: 12/07/2022 **SOD #**294411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RECOVERY NETWORK INC I (0015695)

Address: 825 S 14TH ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 11/09/2015 12:00:00AM

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

Survey History

Survey ID: 0143822 **End Date:** 07/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141872 **End Date:** 07/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3LFS11 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/13/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/13/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/13/23	Yes
88.06(3)(f)	REVIEW OF ISP	7/13/23	Yes
88.07(2)(a)	SERVICES	7/13/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/13/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	7/13/23	Yes
88.09(2)(a)8	TRAINING DOCUMENTATION	7/13/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (RECOVERY NETWORK INC I--0015695)

Date: 01/17/2023 **SOD #**3LFS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RECOVERY NETWORK INC II (0015698)

Address: 827 S 14 ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 11/12/2015 12:00:00AM

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

Survey History

Survey ID: 0141867 **End Date:** 07/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFBQ12 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Enforcement History (RECOVERY NETWORK INC II--0015698)

Date: 01/17/2023 **SOD #**OFBQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/14/2022 **SOD #**OFBQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RELENTLESS CARE LLC (0017931)

Address: 4303 NORTH 66TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/23/2020 12:00:00AM

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

Survey History

Survey ID: 0139151 **End Date:** 03/11/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Relentless Resilient Homes (0018934)

Address: 4262 North 52nd Street, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/01/2022 12:00:00AM

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

Survey History

Survey ID: 0141295 **End Date:** 11/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN II INC WILLOW (0017079)

Address: 5568 S 25TH ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 02/26/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN NORTH 89TH (0015163)

Address: 7453 N 89TH STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/05/2014 12:00:00AM

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

Survey History

Survey ID: 0147221 **End Date:** 06/27/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RO9M12 Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

Survey ID: 0145347 **End Date:** 11/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RO9M11 Served 01/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/20/24	Yes
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	6/20/24	Yes

Survey ID: 0139982 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM WISCONSIN NORTH 89TH--0015163)

Date: 08/06/2024 **SOD #**RO9M12 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/23/2024 **SOD #**RO9M11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/31/2022 **SOD #**QG1P11 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM WISCONSIN NORTH 89TH--0015163)

Date Complaint Received: 05/29/2024 **Date Investigation Completed:** 06/27/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	RO9M12

Date Complaint Received: 10/17/2023 **Date Investigation Completed:** 11/07/2023

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

Date Complaint Received: 10/02/2023 **Date Investigation Completed:** 11/07/2023

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN ORINDA COURT (0015165)

Address: 9431 W ORINDA COURT, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/05/2014 12:00:00AM

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

Survey History

Survey ID: 0143465 **End Date:** 03/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LRE311 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0141206 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM WISCONSIN ORINDA COURT--0015165)

Date: 06/28/2023 **SOD #**LRE311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (REM WISCONSIN ORINDA COURT--0015165)

Date Complaint Received: 03/01/2023

Date Investigation Completed: 03/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/27/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Renee's Assisting Living Center (0019256)

Address: 6615 N 85th street, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 03/14/2023 12:00:00AM

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

Survey History

Survey ID: 0142508 **End Date:** 03/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIGHT AT HOME ADULT FAMILY HOME LLC 1 (0018911)

Address: 5622 N 65TH STREET UNIT 1, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/26/2022 12:00:00AM

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

Survey History

Survey ID: 0140335 **End Date:** 07/26/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIGHT AT HOME ADULT FAMILY HOME LLC 2 (0018912)

Address: 5622 N 65TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/26/2022 12:00:00AM

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

Survey History

Survey ID: 0140338 **End Date:** 07/26/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIGHT WAY FAMILY HOME (THE) (0014500)

Address: 5157 N 45TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/30/2013 12:00:00AM

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

Survey History

Survey ID: 0148032 **End Date:** 09/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MH8W11 Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139813 End Date: 05/31/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RIGHT WAY FAMILY HOME (THE)--0014500)

Date: 11/06/2024 SOD #MH8W11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (RIGHT WAY FAMILY HOME (THE)--0014500)

Date Complaint Received: 08/02/2024 Date Investigation Completed: 09/03/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIGHT WAY FAMILY HOME INC #3 (THE) (0013016)
Address: 5151 N 45TH ST, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 06/01/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147010 **End Date:** 06/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WN5Z11 Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/3/24	Yes

Complaint History (RIGHT WAY FAMILY HOME INC #3 (THE)--0013016)

Date Complaint Received: 12/22/2023 **Date Investigation Completed:** 06/03/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Rising Youth LLC (0019703)

Address: 4731 N 80th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/10/2023 12:00:00AM

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

Survey History

Survey ID: 0144879 **End Date:** 11/10/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ROBERTS RESIDENCE LLC (0017761)

Address: 2111 N 38TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 08/20/2019 12:00:00AM

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

Survey History

Survey ID: 0142065 **End Date:** 09/22/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3TNU11 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/24/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/24/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/24/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ROOMS R US ADULT FAMILY HOME IV LLC (0017109)

Address: 4737 N 52ND ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/27/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ROOMS R US ADULT FAMILY HOME LLC (0015115)

Address: 3850 N 27TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/15/2014 12:00:00AM

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

Survey History

Survey ID: 0144508 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #41VW11 Served 10/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.07(2)(a)	SERVICES		

Survey ID: 0144350 **End Date:** 06/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYKS12 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141143 **End Date:** 05/05/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYKS11 Served 10/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/8/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/8/23	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	6/8/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/8/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	6/8/23	Yes
88.09(1)(d)9	RESIDENT RECORD-RESIDENT RIGHTS	6/8/23	Yes
88.10(3)(b)	PRIVACY	6/8/23	Yes

Enforcement History (ROOMS R US ADULT FAMILY HOME LLC--0015115)

Date: 10/13/2023 **SOD #**41VW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 09/26/2023 **SOD #**KYKS12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/26/2022 **SOD #**KYKS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (ROOMS R US ADULT FAMILY HOME LLC--0015115)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 09/07/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/28/2023

Date Investigation Completed: 09/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

41VW11

Date Complaint Received: 02/28/2022

Date Investigation Completed: 05/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 02/12/2022

Date Investigation Completed: 05/05/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ROYAL CARE ADULT FAMILY HOME (0014403)

Address: 5829 N 60TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/22/2013 12:00:00AM

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

Survey History

Survey ID: 0147411 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146798 **End Date:** 05/16/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8JK111 Served 06/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	8/22/24	Yes

Survey ID: 0141257 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141102 End Date: 07/21/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY0311 Served 10/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	11/4/22	Yes

Survey ID: 0140460 End Date: 02/08/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3R5C11 Served 08/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (ROYAL CARE ADULT FAMILY HOME--0014403)

Date: 06/26/2024 **SOD #**8JK111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 10/24/2022 **SOD #**ZY0311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 08/16/2022 **SOD #**3R5C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Royalty Family Home Care LLC (0020027)

Address: 8128 W Herbert Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/09/2024 12:00:00AM

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

Survey History

Survey ID: 0147801 **End Date:** 10/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RUBYS ADULT FAMILY HOME II (0016017)

Address: 8170 W KATHRYN AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/11/2016 12:00:00AM

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

Survey History

Survey ID: 0141421 **End Date:** 11/09/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RUBYS ADULT FAMILY HOME II--0016017)

Date Complaint Received: 05/13/2022

Date Investigation Completed: 11/09/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RUBYS ADULT FAMILY HOME LLC (0015536)

Address: 2317 W LAWN AVENUE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/26/2015 12:00:00AM

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

Survey History

Survey ID: 0148543 **End Date:** 11/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TT9913 Served 01/21/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0145969 **End Date:** 03/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145920 **End Date:** 03/05/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TTT711 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	3/25/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143434 End Date: 02/23/2023 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TT9912 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/4/24	Yes
88.05(2)(a)	DIFFICULTY WALKING	11/4/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/4/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/4/24	Yes
88.06(3)(f)	REVIEW OF ISP	11/4/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/4/24	No

Enforcement History (RUBYS ADULT FAMILY HOME LLC--0015536)

Date: 03/19/2024 SOD #TTT711 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY

Date: 06/22/2023 SOD #TT9912 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY

Complaint History (RUBYS ADULT FAMILY HOME LLC--0015536)

Date Complaint Received: 02/09/2024 Date Investigation Completed: 11/04/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: S and A Home Care LLC (0019509)

Address: 2414 W Keefe Ave, Milwaukee, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 06/11/2024 12:00:00AM

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

Survey History

Survey ID: 0146749 **End Date:** 06/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SABERTAS ADULT FAMILY HOME (0013252)

Address: 3332 N 27TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/26/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SABERTAS II ADULT FAMILY HOME LLC (0014522)

Address: 935 N 35TH STREET, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/23/2013 12:00:00AM

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

Survey History

Survey ID: 0140274 **End Date:** 07/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Safe and Sound Comfort Care (0020059)

Address: 4022 N 49th Street, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 01/02/2025 12:00:00AM

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

Survey History

Survey ID: 0148477 **End Date:** 01/02/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SAFE HANDS AFH LLC (0018961)

Address: 7723 WEST LUSCHER AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/02/2022 12:00:00AM

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

Survey History

Survey ID: 0140357 **End Date:** 08/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SALIM HOME CARE (0018183)

Address: 3350 SOUTH 84TH STREET, MILWAUKEE, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 03/19/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sallis Adult Family Home (0020209)

Address: 6227 W Thurston CT, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/01/2024 12:00:00AM

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

Survey History

Survey ID: 0146885 **End Date:** 07/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SAVED BY GRACE ADULT FAMILY HOME LLC (0018735)

Address: 3136 N 29TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/29/2022 12:00:00AM

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

Survey History

Survey ID: 0140399 **End Date:** 07/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SAVED BY GRACE FAITH ADULT FAMILY HOME LLC (0018744)

Address: 3845 NORTH 10TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 12/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147042 **End Date:** 06/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S3CO12 Served 07/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0144450 **End Date:** 03/29/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S3CO11 Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	6/25/24	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	6/25/24	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	6/25/24	Yes
88.11(2)	NOTIFY APPROPRIATE PERSONS OF INCIDENT	6/25/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SAVED BY GRACE FAITH ADULT FAMILY HOME LLC--0018744)

Date: 07/24/2024 **SOD #**S3CO12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/05/2023 **SOD #**S3CO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (SAVED BY GRACE FAITH ADULT FAMILY HOME LLC--0018744)

Date Complaint Received: 01/05/2024 **Date Investigation Completed:** 06/25/2024

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

Date Complaint Received: 03/06/2023 **Date Investigation Completed:** 03/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	S3CO11
RESIDENT RIGHTS	SUBSTANTIATED	S3CO11
RESIDENT RIGHTS	SUBSTANTIATED	S3CO11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SELLERS SERENITY ADULT FAMILY HOME (0017315)

Address: 8319 N CELINA ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/18/2019 12:00:00AM

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

Survey History

Survey ID: 0144344 **End Date:** 03/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YZVQ11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (SELLERS SERENITY ADULT FAMILY HOME--0017315)

Date: 09/26/2023 **SOD #**YZVQ11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (SELLERS SERENITY ADULT FAMILY HOME--0017315)

Date Complaint Received: 01/30/2023

Date Investigation Completed: 03/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SERENE LIVING LLC ADULT FAMILY HOME (0016557)
Address: 4608 N 71ST STREET, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 05/15/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145501 **End Date:** 02/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144299 **End Date:** 05/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139694 **End Date:** 05/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SERENE LIVING LLC ADULT FAMILY HOME--0016557)

Date: 03/11/2022 **SOD #**MNWF11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (SERENE LIVING LLC ADULT FAMILY HOME--0016557)

Date Complaint Received: 08/07/2023

Date Investigation Completed: 02/05/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/08/2023

Date Investigation Completed: 05/11/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SERENITY GARDEN ADULT FAMILY HOME (0017025)

Address: 4825 N 87TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0148446 **End Date:** 12/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I2RJ11 Served 01/07/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(c)	CHARGED OR CONVICTED OF CRIME		
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY		

Survey ID: 0140199 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SERENITY GARDEN ADULT FAMILY HOME--0017025)

Date: 01/07/2025 **SOD #**I2RJ11 **Appealed:** Yes **Decision:** PENDING

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS

Complaint History (SERENITY GARDEN ADULT FAMILY HOME--0017025)

Date Complaint Received: 01/23/2023 **Date Investigation Completed:** 12/11/2024

Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 06/09/2022 **Date Investigation Completed:** 06/14/2022

Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Serenity Garden Adult Family Home (0019385)

Address: 2423 W Custer Ave, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/19/2023 12:00:00AM

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

Survey History

Survey ID: 0148450 **End Date:** 12/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QW9V12 Served 01/07/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(c)	CHARGED OR CONVICTED OF CRIME		
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER		
88.05(2)(a)	DIFFICULTY WALKING		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0146823 **End Date:** 06/24/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0146717 **End Date:** 05/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QW9V11 Served 06/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	12/11/24	No
88.10(3)(b)	PRIVACY	12/11/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/11/24	No

Survey ID: 0142331 **End Date:** 01/19/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Serenity Garden Adult Family Home--0019385)

Date: 01/07/2025 **SOD #**QW9V12 **Appealed:** No

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS

Date: 06/17/2024 **SOD #**QW9V11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Serenity Garden Adult Family Home--0019385)

Date Complaint Received: 06/06/2024

Date Investigation Completed: 06/24/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/05/2024

Date Investigation Completed: 05/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SERENITY RESIDENTIAL FACILITY 2 (0014232)

Address: 4747 N 44TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/01/2012 12:00:00AM

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

Survey History

Survey ID: 0146876 **End Date:** 05/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IT5E11 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (SERENITY RESIDENTIAL FACILITY 2--0014232)

Date: 07/09/2024 **SOD #**IT5E11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SERENITY RESIDENTIAL FACILITY 2--0014232)

Date Complaint Received: 05/01/2024 **Date Investigation Completed:** 05/30/2024

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Shays Safe Haven 2 (0020023)

Address: 8801 W Custer Ave, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/26/2024 12:00:00AM

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

Survey History

Survey ID: 0146829 **End Date:** 06/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHEILA'S HANDS (0016761)

Address: 3208 N 34TH STREET, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 12/06/2017 12:00:00AM

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

Survey History

Survey ID: 0140275 **End Date:** 07/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Shelby House Adult Family Home (0016725)

Address: 6566 North 66th St, Milwaukee, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 09/14/2017 12:00:00AM

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

Survey History

Survey ID: 0142954 **End Date:** 02/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EUBQ12 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (Shelby House Adult Family Home--0016725)

Date: 05/08/2023 **SOD #EUBQ12** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/21/2022 **SOD #EUBQ11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Shelby House West (0019732)

Address: 6555 N Bourbon St, Milwaukee, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 12/20/2023 12:00:00AM

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

Survey History

Survey ID: 0145133 **End Date:** 12/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHELTERING ARMS OF CARE (0019348)

Address: 2423 N 41ST STREET, MILWAUKEE, WI 532102933

License Status: REGULAR

Licensed/Certified/Registered 03/09/2023 12:00:00AM

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

Survey History

Survey ID: 0142436 **End Date:** 03/09/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHELTERING ARMS (0018224)

Address: 2854 NORTH 29TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

Survey History

Survey ID: 0142617 **End Date:** 03/14/2023 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SHELTERING ARMS--0018224)

Date Complaint Received: 11/21/2022

Date Investigation Completed: 03/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHERRYS GENTLE TOUCH ADULT FAMILY HOME (0018905)

Address: 4942 N SHERMAN BOULEVARD, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/24/2023 12:00:00AM

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

Survey History

Survey ID: 0141996 **End Date:** 01/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Silence No More Home LLC (0019557)

Address: 6125 N 39th Street, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/25/2023 12:00:00AM

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

Survey History

Survey ID: 0144794 **End Date:** 10/23/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SIMS ADULT FAMILY HOME LLC (0020280)

Address: 3722 N 23rd St, Milwaukee, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 11/12/2024 12:00:00AM

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

Survey History

Survey ID: 0148111 **End Date:** 11/12/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SISTER TO SISTER ADULT LIVING FACILITY LLC (0019022)

Address: 3341 N 24TH PLACE, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 06/03/2022 12:00:00AM

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

Survey History

Survey ID: 0139756 **End Date:** 06/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sisters Loving Arms LLC Loc 2 (0019928)

Address: 1329 N Hawley Rd, Milwaukee, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 07/11/2024 12:00:00AM

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

Survey History

Survey ID: 0147286 **End Date:** 07/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SISTERS LOVING ARMS (0017334)

Address: 4500 N 71ST ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/14/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SKY HOME (THE) (0018461)

Address: 3133 SOUTH 80TH STREET, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 03/31/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SMITHS LOVING HANDS LLC (0014854)

Address: 5538 N 40TH STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/13/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sohan AFH1 (0020119)

Address: 4855 S 26th St, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 04/23/2024 12:00:00AM

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

Survey History

Survey ID: 0146259 **End Date:** 04/23/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOLACE CARE ADULT FAMILY HOME II (0017788)

Address: 204 N 32ND ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 09/18/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOLACE CARE ADULT FAMILY HOME (0017789)
Address: 212 N 32ND ST, MILWAUKEE, WI 53208
License Status: REGULAR
Licensed/Certified/Registered 09/18/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144811 **End Date:** 07/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #63KT11 Served 11/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(q)	MEDICATIONS		

Enforcement History (SOLACE CARE ADULT FAMILY HOME--0017789)

Date: 11/14/2023 **SOD #**63KT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (SOLACE CARE ADULT FAMILY HOME--0017789)

Date Complaint Received: 06/29/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

63KT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

63KT11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOS SAFE HOUSE (0018088)

Address: 2550 NORTH 10TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 09/30/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOUL NURTURING CARE CENTER LLC (0014240)

Address: 4601 N 45TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/22/2012 12:00:00AM

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

Survey History

Survey ID: 0147350 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140343 **End Date:** 03/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RQ4D11 Served 08/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0138603 **End Date:** 02/01/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PD0Q11 Served 02/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/23/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SOUL NURTURING CARE CENTER LLC--0014240)

Date: 08/02/2022 **SOD #**RQ4D11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/03/2022 **SOD #**PD0Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOUTH 77TH STREET HOUSE (0011770)

Address: 3193 S 77TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007 12:00:00AM

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

Survey History

Survey ID: 0146075 **End Date:** 03/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4GBI11 Served 04/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION SERVICES		
88.07(2)(a)			

Enforcement History (SOUTH 77TH STREET HOUSE--0011770)

Date: 04/08/2024 **SOD #**4GBI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SOUTH 77TH STREET HOUSE--0011770)

Date Complaint Received: 12/18/2023 **Date Investigation Completed:** 03/13/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	4GBI11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SOUTH 93RD STREET HOUSE (0011991)

Address: 500 S 93RD ST, MILWAUKEE, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 06/18/2007 12:00:00AM

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

Survey History

Survey ID: 0140767 **End Date:** 08/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STACIE LYNN JOHNSON GOLD HOME (0018608)
Address: 5086 NORTH 54TH STREET, MILWAUKEE, WI 53218
License Status: REGULAR
Licensed/Certified/Registered 10/11/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145924 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3NXR11 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS		

Enforcement History (STACIE LYNN JOHNSON GOLD HOME--0018608)

Date: 03/19/2024 **SOD #**3NXR11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME - LOWER BECKETT (0015304)

Address: 7465 W Beckett Avenue, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/04/2014 12:00:00AM

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

Survey History

Survey ID: 0145706 **End Date:** 02/21/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STAPLES ADULT FAMILY HOME - LOWER BECKETT--0015304)

Date Complaint Received: 07/27/2023

Date Investigation Completed: 02/21/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME CONGRESS (0015949)

Address: 7317 W CONGRESS ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/21/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME LLC (0014811)

Address: 5134 N 76TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/15/2013 12:00:00AM

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

Survey History

Survey ID: 0148036 **End Date:** 10/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STAPLES ADULT FAMILY HOME LLC--0014811)

Date Complaint Received: 07/18/2024

Date Investigation Completed: 10/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Star Haven Adult Family Home (0019984)

Address: 4828 N. 66th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145802 **End Date:** 03/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Star Haven Adult Family Home--0019984)

Date Complaint Received: 09/05/2024

Date Investigation Completed: 01/24/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Stovall Family Services LLC (0019213)

Address: 5025 N HOPKINS STREET, Milwaukee, WI 532095254

License Status: REGULAR

Licensed/Certified/Registered 09/13/2022 12:00:00AM

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

Survey History

Survey ID: 0141038 **End Date:** 09/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUITE LIFE ADULT HOME INC (0015749)

Address: 4333 N 13TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/19/2015 12:00:00AM

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

Survey History

Survey ID: 0144242 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LNTW12 Served 09/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(e)	SELF-DIRECTION		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SUITE LIFE ADULT HOME INC--0015749)

Date: 09/15/2023 **SOD #**LNTW12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/28/2022 **SOD #**LNTW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNVALE 57 (0015427)

Address: 4832 N 57TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/20/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNVALE 90 (0014111)

Address: 4821 N 90TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 09/10/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNVALE AFH 3 (0013058)

Address: 6752 N 52ND ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/28/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNVALE HOME 1 (0010101)

Address: 3214 N 39TH ST, MILWAUKEE, WI 532163609

License Status: REGULAR

Licensed/Certified/Registered 12/03/2003 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNVALE HOME 4 (0013808)

Address: 4714 N 58TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/30/2011 12:00:00AM

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

Survey History

Survey ID: 0148152 **End Date:** 10/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PVLN11 Served 11/22/2024

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Survey ID: 0145841 **End Date:** 03/08/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SUNVALE HOME 4--0013808)

Date: 11/21/2024 **SOD #**PVLN11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (SUNVALE HOME 4--0013808)

Date Complaint Received: 07/31/2024

Date Investigation Completed: 10/31/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
PVLN11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUPPORTIVE CARE LLC (0015006)

Address: 4630 N HOPKINS STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/01/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUPPORTIVE LIVING LLC (0018353)

Address: 2773 NORTH 20TH STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 05/27/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SURVIVAL OF BERNICE LLC (0017514)

Address: 6112 N 37TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/09/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: T AND D ADULT FAMILY HOME (0018031)

Address: 5834 NORTH 79TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 09/29/2020 12:00:00AM

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

Survey History

Survey ID: 0148150 **End Date:** 09/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HGX412 Served 11/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(h)5	SPACE IN BEDROOMS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144922 **End Date:** 08/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HGX411 Served 11/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/18/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/18/24	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/18/24	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	9/18/24	Yes
88.05(3)(h)5	SPACE IN BEDROOMS	9/18/24	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/18/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	9/18/24	Yes

Enforcement History (T AND D ADULT FAMILY HOME--0018031)

Date: 11/21/2024 **SOD #HGX412** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/30/2023 **SOD #HGX411** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (T AND D ADULT FAMILY HOME--0018031)

Date Complaint Received: 07/15/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/17/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: T AND S ADULT LIVING HOME (0019744)

Address: 3275 N 48TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 10/14/2024 12:00:00AM

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

Survey History

Survey ID: 0147829 **End Date:** 10/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: T S RESIDENTIAL DEVELOPMENT HOME LLC (0013142)

Address: 6440 N LANDERS ST, MILWAUKEE, WI 532236128

License Status: REGULAR

Licensed/Certified/Registered 02/25/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Taylord Care (0019909)

Address: 7908 W Bender Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146974 **End Date:** 07/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Taylord Care (0019925)

Address: 7908 W Bender Ave Apt 2, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146978 **End Date:** 07/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Taylord Care (0019933)

Address: 7908 W. Bender Ave. Apt 3, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146981 **End Date:** 07/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Taylord Care (0019935)

Address: 7908 W Bender Ave Apt 4, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/15/2024 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TC LIFELONG CARE LLC (0018045)

Address: 7408 WEST HOPE AVENUE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 04/27/2020 12:00:00AM

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

Survey History

Survey ID: 0141984 **End Date:** 11/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2Z1K11 Served 01/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/6/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/6/23	Yes

Complaint History (TC LIFELONG CARE LLC--0018045)

Date Complaint Received: 10/14/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TEAM DISCOVERY II (0013980)

Address: 9537 W ROCHELLE AVE, MILWAUKEE, WI 532244645

License Status: REGULAR

Licensed/Certified/Registered 01/24/2012 12:00:00AM

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

Survey History

Survey ID: 0145073 **End Date:** 12/14/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0140117 **End Date:** 02/16/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UIVC11 Served 07/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	12/14/23	

Enforcement History (TEAM DISCOVERY II--0013980)

Date: 07/12/2022 **SOD #**UIVC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TEAMS ADULT FAMILY HOME IV LLC (0015753)

Address: 8208 WEST LUSCHER AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 03/31/2016 12:00:00AM

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

Survey History

Survey ID: 0139626 **End Date:** 05/05/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TEAMS ADULT FAMILY HOME LLC III (0015072)

Address: 8519 W LANCASTER AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/17/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TEAMS AFH II (0014393)

Address: 6562 N 107TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/14/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TEES DIRECT CARE (0018379)

Address: 6755 NORTH 55TH STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 03/04/2021 12:00:00AM

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

Survey History

Survey ID: 0148455 **End Date:** 10/08/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #29PB12 Served 01/07/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.09(2)(a)9	HEALTH SCREENING		

Survey ID: 0143195 **End Date:** 03/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #29PB11 Served 05/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	10/8/24	No
88.06(3)(d)1	DESCRIPTION OF SERVICES	10/8/24	No
88.09(2)(a)9	HEALTH SCREENING	10/8/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139318 End Date: 03/31/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (TEES DIRECT CARE--0018379)

Date: 01/07/2025 SOD #29PB12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/26/2023 SOD #29PB11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (TEES DIRECT CARE--0018379)

Date Complaint Received: 09/19/2024

Date Investigation Completed: 10/08/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/21/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TENDER CARE HOME AWAY FROM HOME (0018046)

Address: 8925 WEST STARK STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 05/19/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Their Legacy Adult Family Home (0019725)

Address: 4680 N 19th Pl, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 01/04/2024 12:00:00AM

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

Survey History

Survey ID: 0145542 **End Date:** 01/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: THELMAS HOUSE (0015839)

Address: 8030 W SHERIDAN AVE 1W, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/09/2015 12:00:00AM

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

Survey History

Survey ID: 0142437 **End Date:** 10/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W82111 Served 03/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	5/16/22	Yes

Enforcement History (THELMAS HOUSE--0015839)

Date: 03/13/2023 **SOD #**W82111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (THELMAS HOUSE--0015839)

Date Complaint Received: 07/19/2022 **Date Investigation Completed:** 10/21/2022

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: THIS HOUSE IS A HOME III AFH (0018388)

Address: 6130 W APPLETON AVENUE 3, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 02/01/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: THREE ROSES FAMILY HOUSE (0011634)

Address: 5629 W CAPITOL DR, MILWAUKEE, WI 532162244

License Status: REGULAR

Licensed/Certified/Registered 01/04/2007 12:00:00AM

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

Survey History

Survey ID: 0140685 **End Date:** 05/04/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQEU11 Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Enforcement History (THREE ROSES FAMILY HOUSE--0011634)

Date: 09/07/2022 **SOD #**MQEU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Thriving Connections Assisted Living Home (0020105)

Address: 3568 South 58th St, Milwaukee, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 06/26/2024 12:00:00AM

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

Survey History

Survey ID: 0146799 **End Date:** 06/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TIMELESS CARE ADULT HOME LLC (0018441)

Address: 6461 NORTH 54TH STREET, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 11/02/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TINYS HOUSE (0015274)

Address: 7054 W HERBERT AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/17/2014 12:00:00AM

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

Survey History

Survey ID: 0147298 **End Date:** 06/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0RSO14 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (TINYS HOUSE--0015274)

Date: 08/13/2024 **SOD #**0RSO14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/28/2022 **SOD #**0RSO13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (TINYS HOUSE--0015274)

Date Complaint Received: 01/26/2024

Date Investigation Completed: 06/25/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Tonyas Trusted Touch AFH LLC (0019793)

Address: 3871 N 68th St, Milwaukee, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/20/2023 12:00:00AM

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

Survey History

Survey ID: 0144876 **End Date:** 11/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Total Care Adult Family Home Inc (0019257)

Address: 2732 W ROOSEVELT DRIVE, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 02/06/2023 12:00:00AM

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

Survey History

Survey ID: 0142404 **End Date:** 02/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Trading Places Adult Family Home (0020320)

Address: 2529 N 21ST STREET, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 12/06/2024 12:00:00AM

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

Survey History

Survey ID: 0148245 **End Date:** 12/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TRIPOLI HOUSE (390038)

Address: 4523 W TRIPOLI AVE, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998 12:00:00AM

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

Survey History

Survey ID: 0142007 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140128 **End Date:** 03/25/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F18011 Served 07/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	1/18/23	Yes

Enforcement History (TRIPOLI HOUSE--390038)

Date: 07/18/2022 **SOD #**F18011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TRU GUIDANCE LIVING ADULT FAMILY HOME LLC (0018944)

Address: 7906 W CONGRESS ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/05/2022 12:00:00AM

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

Survey History

Survey ID: 0140396 **End Date:** 08/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Trusted Care (0019553)

Address: 5048 N 67th ST., Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/06/2023 12:00:00AM

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

Survey History

Survey ID: 0144795 **End Date:** 11/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: UNBREAKABLE COMMITMENTS HOME AND HEALTH II LLC (0018458)

Address: 5284 NORTH 82ND COURT, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/31/2021 12:00:00AM

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

Survey History

Survey ID: 0141153 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (UNBREAKABLE COMMITMENTS HOME AND HEALTH II LLC--0018458)

Date Complaint Received: 09/29/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Unbreakable Commitments Home and Health III LLC (0019680)

Address: 6860 W Grantosa Dr, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/17/2023 12:00:00AM

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

Survey History

Survey ID: 0148294 **End Date:** 06/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144188 **End Date:** 08/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Unbreakable Commitments Home and Health III LLC--0019680)

Date Complaint Received: 06/13/2024

Date Investigation Completed: 06/24/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: UNBREAKABLE COMMITMENTS HOME AND HEALTH (0016992)

Address: 4031 N 86TH ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 03/14/2018 12:00:00AM

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

Survey History

Survey ID: 0144226 **End Date:** 09/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144240 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Survey ID: 0141148 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142011 **End Date:** 09/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #24QI11 Served 02/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	9/1/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/1/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (UNBREAKABLE COMMITMENTS HOME AND HEALTH--0016992)

Date: 02/02/2023 **SOD #**24Q11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (UNBREAKABLE COMMITMENTS HOME AND HEALTH--0016992)

Date Complaint Received: 09/29/2022

Date Investigation Completed: 10/19/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Unique Unity Hampton House Lower (0019072)

Address: 7928 West Hampton Ave, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/30/2022 12:00:00AM

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

Survey History

Survey ID: 0147289 **End Date:** 05/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IGI911 Served 08/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0140648 **End Date:** 08/30/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Unique Unity Hampton House Lower--0019072)

Date: 08/12/2024 **SOD #**IGI911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Unique Unity Hampton House Lower--0019072)

Date Complaint Received: 04/15/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IGI911

Date Complaint Received: 02/19/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IGI911

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: UNIQUE UNITY RESIDENTIAL HOME LLC (0018639)

Address: 7229 W BRENTWOOD AVE, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 08/12/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Uniquely Yours Living LLC (0019535)

Address: 6846 W Grantosa DR, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/20/2023 12:00:00AM

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

Survey History

Survey ID: 0143436 **End Date:** 06/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: URBAN LIVING II (0015331)

Address: 1919 N 19TH STREET, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 06/25/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: URBAN LIVING (0013564)

Address: 2765 N 15TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 12/12/2011 12:00:00AM

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

Survey History

Survey ID: 0148256 **End Date:** 12/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (URBAN LIVING--0013564)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 12/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Valentines Assisted Living LLC (0020085)

Address: 5176 N Sherman Blvd, Milwaukee, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/21/2024 12:00:00AM

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

Survey History

Survey ID: 0146495 **End Date:** 05/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Valentines Assisted Living LLC--0020085)

Date Complaint Received: 01/16/2025

Date Investigation Completed: 01/28/2025

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: VALLIXX LLC (0018073)

Address: 8208 WEST SHERIDAN AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/25/2021 12:00:00AM

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

Survey History

Survey ID: 0135600 **End Date:** 01/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: VICTORY RESOURCES LLC (0016461)

Address: 5014 N 19TH PLACE, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 11/22/2017 12:00:00AM

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

Survey History

Survey ID: 0139627 **End Date:** 05/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VICTORY RESOURCES LLC--0016461)

Date: 03/14/2022 **SOD #:** IZJ011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: VICTORY VISION BUSINESS VENTURES (0015232)
Address: 6220 N 89TH STREET, MILWAUKEE, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 10/27/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147323 **End Date:** 06/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #769G13 Served 08/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Enforcement History (VICTORY VISION BUSINESS VENTURES--0015232)

Date: 08/14/2024 **SOD #**769G13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/08/2022 **SOD #**769G12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (VICTORY VISION BUSINESS VENTURES--0015232)

Date Complaint Received: 01/29/2024

Date Investigation Completed: 06/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

769G13

RESIDENT RIGHTS

SUBSTANTIATED

769G13

Date Complaint Received: 01/25/2024

Date Investigation Completed: 06/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

769G13

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WALCARE ADULT FAMILY HOME LLC (0015921)

Address: 3912 N 67TH ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 06/30/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

Enforcement History (WALCARE ADULT FAMILY HOME LLC--0015921)

Date: 03/29/2022 **SOD #**2M6I11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Walk By Faith AFH Jeromes Home (0019432)

Address: 8102 W Townsend Street, Milwaukee, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 08/09/2023 12:00:00AM

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

Survey History

Survey ID: 0143896 **End Date:** 08/09/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WALK BY FAITH AFH (0017161)

Address: 3603 N 13TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 09/13/2018 12:00:00AM

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

Survey History

Survey ID: 0147982 **End Date:** 08/27/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8RO11 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143370 **End Date: 06/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142936 **End Date: 04/18/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140237 **End Date: 06/30/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138822 **End Date: 02/16/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WALK BY FAITH AFH--0017161)

Date: 10/31/2024 **SOD #R8RO11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (WALK BY FAITH AFH--0017161)

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/01/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/23/2023

Date Investigation Completed: 04/18/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/18/2022

Date Investigation Completed: 06/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WALTERS SECOND CHANCE OF MILWAUKEE LLC (0017091)

Address: 3043 N 29TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 07/23/2018 12:00:00AM

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

Survey History

Survey ID: 0141797 **End Date:** 08/04/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WALTERS SECOND CHANCE OF MILWAUKEE LLC--0017091)

Date Complaint Received: 07/13/2022

Date Investigation Completed: 08/04/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WE CARE ADULT FAMILY COMPANY II (0016146)

Address: 5120 N 64TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/08/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WE CARE ADULT FAMILY COMPANY (0015065)

Address: 10434 W SHERIDAN AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/12/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WE CARE RESIDENTIAL FACILITY (0014795)

Address: 4573 N 29TH ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 11/08/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WEATHERS FAMILY HOME II (0017898)

Address: 3277 N 22ND ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 06/15/2020 12:00:00AM

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

Survey History

Survey ID: 0148360 **End Date:** 12/18/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147903 **End Date:** 10/10/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UTBX11 Served 10/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	12/18/24	Yes

Enforcement History (WEATHERS FAMILY HOME II--0017898)

Date: 10/21/2024 **SOD #**UTBX11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WEATHERS FAMILY HOME (0016251)

Address: 2651 N 34TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 02/24/2017 12:00:00AM

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

Survey History

Survey ID: 0140653 **End Date:** 03/03/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MISW11 Served 09/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (WEATHERS FAMILY HOME--0016251)

Date: 09/02/2022 **SOD #**MISW11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WEAVERS LANDING (0016235)

Address: 3831 N 87TH ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 05/11/2017 12:00:00AM

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

Survey History

Survey ID: 0141267 **End Date:** 04/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9K6J11 Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.09(2)(a)8	TRAINING DOCUMENTATION		

Enforcement History (WEAVERS LANDING--0016235)

Date: 11/07/2022 **SOD #**9K6J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WEE CARE ADULT FAMILY HOME LLC (0018947)

Address: 5836 NORTH 75TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/29/2022 12:00:00AM

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

Survey History

Survey ID: 0147243 **End Date:** 08/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146714 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T99B12 Served 06/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/5/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	8/5/24	Yes
88.06(3)(f)	REVIEW OF ISP	8/5/24	Yes
88.07(2)(a)	SERVICES	8/5/24	Yes
88.10(3)(b)	PRIVACY	8/5/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142453 **End Date: 12/02/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T99B11 Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/18/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/18/24	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	1/18/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	4/16/24	No
88.10(3)(b)	PRIVACY	4/16/24	No
88.10(3)(m)	FREEDOM FROM ABUSE	1/18/24	Yes

Survey ID: 0140359 **End Date: 07/29/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (WEE CARE ADULT FAMILY HOME LLC--0018947)

Date: 06/17/2024 **SOD #T99B12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 03/14/2023 **SOD #T99B11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (WEE CARE ADULT FAMILY HOME LLC--0018947)

Date Complaint Received: 12/26/2023

Date Investigation Completed: 04/16/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
T99B12

Date Complaint Received: 11/15/2022

Date Investigation Completed: 12/02/2022

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
T99B11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WELL CARE (0011162)

Address: 2506 N 56TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 01/26/2006 12:00:00AM

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

Survey History

Survey ID: 0144477 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T98B11 Served 10/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (WELL CARE--0011162)

Date: 10/10/2023

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (WELL CARE--0011162)

Date Complaint Received: 02/21/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Wellness Family Collective (0020198)

Address: 5404 W Spring Ln, Milwaukee, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/31/2024 12:00:00AM

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

Survey History

Survey ID: 0147993 **End Date:** 10/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WELSHS THERAPEUTIC FACILITY SITE 2 (0015323)

Address: 5315 N 50TH STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/10/2014 12:00:00AM

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

Survey History

Survey ID: 0147071 **End Date:** 07/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WELSHS THERAPEUTIC FACILITY SITE 2--0015323)

Date Complaint Received: 02/05/2024

Date Investigation Completed: 07/01/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WELSHS THERAPEUTIC FACILITY SITE 3 (0015857)

Address: 5458 N LONG ISLAND DRIVE 1, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 02/08/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Wilson Park Adult Family Home (0019714)

Address: 1564 W Howard Ave, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 05/08/2024 12:00:00AM

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

Survey History

Survey ID: 0146514 **End Date:** 05/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WINNING WAYS INC (0016223)

Address: 6931 N 100TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 07/10/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WISCONSIN CARE SYSTEMS INC - PALMER MANOR (0012904)

Address: 2416 N PALMER ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 07/07/2009 12:00:00AM

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

Survey History

Survey ID: 0139381 **End Date:** 04/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WOODROW ADULT FAMILY HOME (0018364)

Address: 3206 N 3RD ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 06/11/2021 12:00:00AM

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

Survey History

Survey ID: 0145369 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WRIGHT HOUSE ADULT FAMILY HOME INC (THE) (0016264)

Address: 1836 N 14TH STREET, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 11/21/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Wright Stride LLC II (0018969)

Address: 530 North 26th Street, Milwaukee, WI 53233

License Status: REGULAR

Licensed/Certified/Registered 06/10/2022 12:00:00AM

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

Survey History

Survey ID: 0148123 **End Date:** 11/15/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147975 **End Date:** 09/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9DXM11 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	11/15/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0146074 **End Date:** 03/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6ZRX11 Served 04/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0139871 **End Date:** 06/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Wright Stride LLC II--0018969)

Date: 10/31/2024 **SOD #**9DXM11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 04/08/2024 **SOD #**6ZRX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Wright Stride LLC II--0018969)

Date Complaint Received: 12/13/2023

Date Investigation Completed: 03/12/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
6ZRX11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: YOUNG VISIONS LLC (0018354)

Address: 6225 WEST LAWN AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 05/20/2022 12:00:00AM

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

Survey History

Survey ID: 0139992 **End Date:** 05/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: YOUR HOME ADULT FAMILY HOME LLC (0015251)

Address: 10526 W STARK STREET, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 09/22/2014 12:00:00AM

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

Survey History

Survey ID: 0141084 **End Date:** 10/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ZENOBIA FAMILY HOME INC (0013320)

Address: 4203 W NEWTON PL, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 09/02/2010 12:00:00AM

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

Survey History

Survey ID: 0140900 **End Date:** 05/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUCD11 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

Enforcement History (ZENOBIA FAMILY HOME INC--0013320)

Date: 09/30/2022 **SOD #OUCD11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Zions Adult Family Home LLC (0020317)

Address: 5324 N 49th Street, Milwaukee, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 08/21/2024 12:00:00AM

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

Survey History

Survey ID: 0147441 **End Date:** 08/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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