

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 is a PDF (Adobe Acrobat) document and includes a total of 101.00 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: Abe and Susus B (0020005)

Address: 110 W Krause Pl unit B, Bayside, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 04/08/2024 12:00:00AM

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

Survey History

Survey ID: 0146176 **End Date:** 04/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 101 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Abe and Susus (0019993)

Address: 110 W Krause Pl, Bayside, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 04/08/2024 12:00:00AM

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

Survey History

Survey ID: 0146177 **End Date:** 04/08/2024 **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: BEST CHOICE COMMUNITY LIVING LLC (0016487)
Address: 6278 W VILLA LN, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 04/12/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147059 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BEST CHOICE COMMUNITY LIVING LLC--0016487)

Date: 01/26/2022 **SOD #**1TXH11 **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: BEST CHOICE COMMUNITY LIVING (0017284)

Address: 8700 N 62ND ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/19/2019 12:00:00AM

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

Survey History

Survey ID: 0147041 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145309 **End Date:** 10/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LU5S11 Served 01/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.05(2)(a)	DIFFICULTY WALKING		
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

Enforcement History (BEST CHOICE COMMUNITY LIVING--0017284)

Date: 01/18/2024 **SOD #**LU5S11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/26/2022 **SOD #**ISF911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BEST CHOICE COMMUNITY LIVING--0017284)

Date Complaint Received: 08/01/2023

Date Investigation Completed: 10/26/2023

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: BRENDAS CARE CENTER (0015347)

Address: 6326 W CAROL ANN DRIVE, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 03/03/2015 12:00:00AM

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

Survey History

Survey ID: 0146659 **End Date:** 06/07/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145559 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J14713 Served 02/09/2024

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
5/20/24

Corrected
Yes

Survey ID: 0144087 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J14712 Served 09/01/2023

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
1/31/24

Corrected
No

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141882 **End Date:** 07/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQYJ13 Served 01/25/2023

<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		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

Enforcement History (BRENDAS CARE CENTER--0015347)

Date: 02/09/2024 **SOD #**J14713 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED

Date: 09/01/2023 **SOD #**J14712 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/18/2023 **SOD #**JQYJ13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/23/2022 **SOD #**J14711 **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: COMMUNITY SUPPORTIVE HOME CARE (0017573)
Address: 6110 W DONGES LN, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 06/18/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140552 **End Date:** 07/28/2022 **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: CONNECTED FAMILY HOME CARE (0017209)

Address: 5302 W WABASH AVE, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/23/2019 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: COUNTY LINE HOME (0014743)

Address: 9589 N 67TH ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 12/01/2013 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: Dotties Loving Care LLC (0020131)

Address: 4503 W Fountain Ave, Brown Deer, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 07/18/2024 12:00:00AM

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

Survey History

Survey ID: 0147081 **End Date:** 07/18/2024 **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: Eulardell Adult Family Home (0019934)

Address: 5141 W Willow Rd, Brown Deer, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/23/2024 12:00:00AM

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

Survey History

Survey ID: 0146513 **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: Extended Arms AFH (0017979)

Address: 5430 W Donges Ln, Brown Deer, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/19/2020 12:00:00AM

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

Survey History

Survey ID: 0140991 **End Date:** 10/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (Extended Arms AFH--0017979)

Date Complaint Received: 08/18/2022

Date Investigation Completed: 10/07/2022

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: HOME OF PEACE (0017019)

Address: 8147 N EDGE O WOODS DRIVE, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 01/16/2018 12:00:00AM

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

Survey History

Survey ID: 0141798 **End Date:** 01/05/2023 **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: LINDA LENDING HANDS II (0019824)

Address: 8049 N 67th ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 09/26/2023 12:00:00AM

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

Survey History

Survey ID: 0144412 **End Date:** 09/26/2023 **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: OPTIONS FOR COMMUNITY GROWTH INC-CLOVERLEAF (0013511)

Address: 6036 W CLOVERLEAF LN, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/25/2010 12:00:00AM

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

Survey History

Survey ID: 0139027 **End Date:** 03/14/2022 **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: WOODLAND HOUSE (0012123)

Address: 5050 W WOODLAND DR, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 09/14/2007 12:00:00AM

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

Survey History

Survey ID: 0140426 **End Date:** 03/28/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BDH111 Served 08/12/2022

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified

Corrected

Enforcement History (WOODLAND HOUSE--0012123)

Date: 08/12/2022 **SOD #**BDH111 **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: OAKWOOD HOUSE OF WAUKESHA COLLEGE (0015876)

Address: 3772 E COLLEGE AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 01/15/2016 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: PEACE OF MIND GROUP HOME INC (0019511)

Address: 6011 S ELAINE AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 04/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146146 **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: SAVANNAHS HAVEN LLC (0018326)

Address: 5872 S INDIANA AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 02/26/2021 12:00:00AM

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

Survey History

Survey ID: 0147301 **End Date:** 06/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CLBV11 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (SAVANNAHS HAVEN LLC--0018326)

Date: 08/13/2024 **SOD #**CLBV11 **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 (SAVANNAHS HAVEN LLC--0018326)

Date Complaint Received: 05/23/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/14/2024

Date Investigation Completed: 06/11/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 22 of 101 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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 ACRES (0012317)

Address: 7632 W PUETZ RD, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/28/2008 12:00:00AM

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

Survey History

Survey ID: 0141946 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9CET11 Served 01/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	3/31/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	3/31/23	Yes
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY	3/31/23	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: NORTH CAPE HOME (390018)

Address: 6856 S NORTH CAPE RD, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/01/1995 12:00:00AM

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

Survey History

Survey ID: 0139811 **End Date:** 06/01/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NORTH CAPE HOME--390018)

Date: 04/13/2022 **SOD #**YGU211 **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: Better Living AFH (0019889)

Address: 4610 N River Park Blvd, Glendale, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/04/2024 12:00:00AM

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

Survey History

Survey ID: 0146067 **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: COMFORT HOMES ADULT FAMILY LIVING (0016007)
Address: 7625 BERWYN AVENUE, GLENDALE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 04/11/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144506 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IMOV12 Served 10/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.08	TERMINATION OF PLACEMENT		

Survey ID: 0140496 **End Date:** 03/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IMOV11 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	6/7/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/7/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/7/23	Yes
88.06(3)(f)	REVIEW OF ISP	6/7/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/7/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/15/23	No

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (COMFORT HOMES ADULT FAMILY LIVING--0016007)

Date: 10/13/2023 **SOD #**IMOV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/18/2022 **SOD #**IMOV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (COMFORT HOMES ADULT FAMILY LIVING--0016007)

Date Complaint Received: 05/05/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)

Result

SOD #

LICENSE CAPACITY OR CLASS
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

IMOV12

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: GLENDALE GROUP HOME (0018268)

Address: 2145 WEST HEMLOCK ROAD, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/28/2020 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: SKY RESIDENTIAL BERWYN (0011833)

Address: 7425 N BERWYN AVE, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 03/07/2007 12:00:00AM

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

Survey History

Survey ID: 0146813 **End Date:** 06/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145682 **End Date:** 02/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OL4111 Served 02/21/2024

<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	5/21/24	Yes

Enforcement History (SKY RESIDENTIAL BERWYN--0011833)

Date: 02/21/2024 **SOD #**OL4111 **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 (SKY RESIDENTIAL BERWYN--0011833)

Date Complaint Received: 03/11/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/04/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/18/2024

Date Investigation Completed: 02/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/05/2023

Date Investigation Completed: 02/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/20/2023

Date Investigation Completed: 02/08/2024

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: SKY RESIDENTIAL EDGEWOOD (0016318)

Address: 2240 W HEMLOCK RD, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 12/15/2016 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: LAKESIDE HOUSE (0009109)

Address: 5219 LAKESIDE DR, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 01/30/2001 12:00:00AM

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

Survey History

Survey ID: 0146872 **End Date:** 07/02/2024 **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: Oak Haven of Greendale (0019218)

Address: 5514 Oxford Dr, Greendale, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 10/04/2023 12:00:00AM

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

Survey History

Survey ID: 0144441 **End Date:** 10/04/2023 **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: 32ND STREET (0009592)

Address: 3616 3618 S 32ND ST, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 04/12/2002 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: 35TH STREET HOME (390171)

Address: 3718 S 35TH ST, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 08/28/1997 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: 50TH STREET HOME (0013130)

Address: 4324 S 50TH ST, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 04/21/2010 12:00:00AM

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

Survey History

Survey ID: 0140840 **End Date:** 09/23/2022 **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

Facility Information

Facility Name: ABBEY MANOR (0008984)

Address: 7840 W BARNARD AVE, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 02/07/2001 12:00:00AM

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

Survey History

Survey ID: 0147734 **End Date:** 08/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0E8413 Served 10/02/2024

<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		
88.05(2)(a)	DIFFICULTY WALKING		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
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: 0145721 **End Date:** 01/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0E8412 Served 02/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/5/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/5/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/5/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/5/24	No

Enforcement History (ABBEY MANOR--0008984)

Date: 10/02/2024 **SOD #**0E8413 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/23/2024 **SOD #**0E8412 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (ABBEY MANOR--0008984)

Date Complaint Received: 07/19/2024 **Date Investigation Completed:** 08/20/2024

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

Date Complaint Received: 01/18/2024 **Date Investigation Completed:** 01/30/2024

<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: HIL ARBOR (0014912)

Address: 4570 S 117TH STREET, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/09/2014 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: LEADING MILWAUKEE ADULT FAMILY HOME (0018931)

Address: 4406 S 84TH STREET, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 07/26/2022 12:00:00AM

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

Survey History

Survey ID: 0145705 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CCTG11 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0140345 **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

Enforcement History (LEADING MILWAUKEE ADULT FAMILY HOME--0018931)

Date: 02/22/2024 SOD #CCTG11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (LEADING MILWAUKEE ADULT FAMILY HOME--0018931)

Date Complaint Received: 10/16/2023

Date Investigation Completed: 01/24/2024

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: MENSA ADULT FAMILY HOME II (0019571)

Address: 9530 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 09/03/2024 12:00:00AM

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

Survey History

Survey ID: 0147531 **End Date:** 08/30/2024 **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: MENSA ADULT FAMILY HOME (0015579)

Address: 9621 WEST LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 12/17/2015 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: NRS SERVICES KIMBERLY (0014533)

Address: 3035 KIMBERLY STREET, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 03/08/2013 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: OPTIONS FOR COMMUNITY GROWTH 38TH ST (0012714)

Address: 4608 4610 S 38TH ST, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 06/25/2009 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: SIXTY EIGHTH STREET HOME (0011135)

Address: 4150 S 68TH ST, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 11/17/2005 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: Oak Leaf Manor (0019278)

Address: 8720 S 13th St, Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 11/28/2022 12:00:00AM

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

Survey History

Survey ID: 0141442 **End Date:** 11/23/2022 **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: OAKWOOD HOUSE OF WAUKESHA CORP SHEPARD (0015713)

Address: 8860 S SHEPARD AVE, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/22/2015 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: Peoples Place (The) (0020376)

Address: 2330 E. Chestnut Dr., Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 09/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147674 **End Date:** 09/25/2024 **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: 15TH AVENUE ADULT FAMILY HOME (0014387)

Address: 2903 15TH AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 12/10/2012 12:00:00AM

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

Survey History

Survey ID: 0141329 **End Date:** 03/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KW0I11 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
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 (15TH AVENUE ADULT FAMILY HOME--0014387)

Date: 11/10/2022

SOD #KW0I11

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: ALEXANDRIAS ANGELS LLC (0017254)

Address: 1315 MARION AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 10/08/2018 12:00:00AM

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

Survey History

Survey ID: 0143798 **End Date:** 03/30/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZUOT11 Served 07/31/2023

Deficiencies Cited
88.04(2)(g)1

Subject Area
HEALTH SCREENING FOR STAFF

Compliance
Verified

Corrected

Enforcement History (ALEXANDRIAS ANGELS LLC--0017254)

Date: 07/31/2023 **SOD #ZUOT11** **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: COMMUNITY ADULT FAMILY HOME LLC (0017314)
Address: 1718 POLAR AVE, SOUTH MILWAUKEE, WI 53172
License Status: REGULAR
Licensed/Certified/Registered 10/24/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147036 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139496 **End Date:** 02/02/2022 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COMMUNITY ADULT FAMILY HOME LLC--0017314)

Date: 01/23/2022 **SOD #**PMKY11 **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: JEAN-OWEN ADULT FAMILY HOME LLC (0016231)

Address: 1423 RAWSON AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 11/28/2016 12:00:00AM

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

Survey History

Survey ID: 0139124 **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: OAKWOOD HOUSE OF WAUKESHA CORP MARION (0015715)

Address: 1408 MARION AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 07/22/2015 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: Serenity Homes LLC (0020640)

Address: 805 Michigan Ave, South Milwaukee, WI 53172

License Status: REGULAR

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

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

Survey History

Survey ID: 0148427 **End Date:** 12/30/2024 **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: DEFINED HEALTH CARE I LLC (0016772)

Address: 10410 W WOODWARD AVE, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 07/20/2017 12:00:00AM

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

Survey History

Survey ID: 0141626 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140294 **End Date:** 02/09/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RYTJ11 Served 07/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	12/13/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	12/13/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	12/13/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/13/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/13/22	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	12/13/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	12/13/22	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	12/13/22	Yes
88.06(3)(f)	REVIEW OF ISP	12/13/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/13/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/13/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	12/13/22	Yes

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

88.09(2)(a)8

TRAINING DOCUMENTATION

12/13/22

Yes

Enforcement History (DEFINED HEALTH CARE I LLC--0016772)

Date: 07/28/2022

SOD #RYTJ11

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: HIL REGENT (0018077)

Address: 2850 MENOMONEE RIVER PKWY, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 05/18/2020 12:00:00AM

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

Survey History

Survey ID: 0140944 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HIL REGENT--0018077)

Date: 06/02/2022 **SOD #**YTK512 **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 (HIL REGENT--0018077)

Date Complaint Received: 05/14/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/19/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/03/2022

Date Investigation Completed: 10/05/2022

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: HIL VIENNA (0016910)

Address: 10136 W VIENNA AVE, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 01/24/2018 12:00:00AM

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

Survey History

Survey ID: 0143081 **End Date:** 02/03/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q4UZ11 Served 05/17/2023

Deficiencies Cited

88.05(3)(g)

88.10(3)(l)

Subject Area

WINDOWS AND VENTILATION

SAFE PHYSICAL ENVIRONMENT

Compliance

Verified

Corrected

Enforcement History (HIL VIENNA--0016910)

Date: 05/17/2023

SOD #Q4UZ11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (HIL VIENNA--0016910)

Date Complaint Received: 01/23/2023

Date Investigation Completed: 02/03/2023

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: JODIES PLACE LLC (0015114)

Address: 2314 N 114TH STREET, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 06/30/2014 12:00:00AM

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

Survey History

Survey ID: 0144501 **End Date:** 06/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5UKH11 Served 10/12/2023

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified

Corrected

Enforcement History (JODIES PLACE LLC--0015114)

Date: 10/12/2023 **SOD #**5UKH11 **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: LIBERTY HOUSE 6 LLC (0017570)

Address: 1634 N 122ND ST, WAUWATOSA, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 07/15/2019 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: NEW OUTLOOK ADULT FAMILY HOME (0016832)

Address: 7445 MILWAUKEE AVE, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 09/18/2017 12:00:00AM

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

Survey History

Survey ID: 0147179 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEW OUTLOOK ADULT FAMILY HOME--0016832)

Date: 02/02/2022 **SOD #**RJEZ11 **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: NEW OUTLOOK II ADULT FAMILY HOME (0016233)
Address: 7443 MILWAUKEE AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 10/26/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147177 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138585 **End Date:** 02/01/2022 **Type:** OTHER **Purpose:** DESK REVIEW
Results: ENFORCEMENT ACTION

Statement of Deficiency: #1SEM11 Served 02/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/23/24	Yes

Enforcement History (NEW OUTLOOK II ADULT FAMILY HOME--0016233)

Date: 02/02/2022 **SOD #**1SEM11 **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: OXFORD HOUSE (390205)

Address: 347 N 120TH ST, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 04/28/1998 12:00:00AM

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

Survey History

Survey ID: 0142942 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O1L912 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		
88.07(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

Survey ID: 0140525 **End Date:** 02/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O1L911 Served 08/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(2)(a)	DIFFICULTY WALKING	1/25/23	Yes
88.05(2)(b)	GRAB BARS IN TOILET AREA	1/25/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/25/23	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/25/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/25/23	No

Enforcement History (OXFORD HOUSE--390205)

Date: 05/04/2023 **SOD #**O1L912 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/22/2022 **SOD #**O1L911 **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: Positive Outlook (0019255)

Address: 7437 Milwaukee Ave, Wauwatosa, WI 532132203

License Status: REGULAR

Licensed/Certified/Registered 01/06/2023 12:00:00AM

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

Survey History

Survey ID: 0141778 **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: Safe Haven Residential (0019379)

Address: 10435 W Fairmount Avenue, Wauwatosa, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/08/2023 12:00:00AM

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

Survey History

Survey ID: 0142411 **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: TOSA RN ADULT FAMILY HOME (0014987)

Address: 4424 N 105TH STREET, WAUWATOSA, 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: 0148364 **End Date:** 10/15/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62TC12 Served 12/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (TOSA RN ADULT FAMILY HOME--0014987)

Date: 12/19/2024 **SOD #**62TC12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/30/2022 **SOD #**62TC11 **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 (TOSA RN ADULT FAMILY HOME--0014987)

Date Complaint Received: 06/09/2024

Date Investigation Completed: 10/15/2024

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: Tranquility Adult Homes LLC (0020322)

Address: 2339 N 60th St, Wauwatosa, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 09/19/2024 12:00:00AM

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

Survey History

Survey ID: 0147643 **End Date:** 09/19/2024 **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: 107TH ST HOUSE (0009829)

Address: 2149 S 107TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 09/24/2002 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: 117TH STREET AFH LLC (0012858)

Address: 1319 S 117TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 06/29/2009 12:00:00AM

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

Survey History

Survey ID: 0139477 **End Date:** 01/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

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: 118TH STREET HOUSE (0010229)

Address: 1125 S 118TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 10/23/2003 12:00:00AM

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

Survey History

Survey ID: 0148144 **End Date:** 11/13/2024 **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: 96TH STREET HOUSE (0010230)

Address: 2371 S 96TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 10/23/2003 12:00:00AM

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

Survey History

Survey ID: 0148016 **End Date:** 10/30/2024 **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: 98TH STREET SCHLINGER (0010231)

Address: 821 S 98TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 10/23/2003 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: 99TH ST HOUSE (0010077)

Address: 9921 W DAKOTA ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 05/06/2003 12:00:00AM

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

Survey History

Survey ID: 0141150 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140489 **End Date:** 03/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IQ913 Served 08/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/12/22	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/12/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/12/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (99TH ST HOUSE--0010077)

Date: 08/18/2022 **SOD #**8IQ913 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/24/2022 **SOD #**8IQ912 **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: BENNETT OPTIONS FOR COMM GROWTH (0013584)

Address: 7333 W BENNETT, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 12/21/2010 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: CHCS HARLEY CROSSING ADULT FAMILY HOME (0011750)

Address: 816 S 90TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 01/11/2007 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: CRESCENT ASSISTED LIVING (0017485)

Address: 2904 S 114TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 10/02/2019 12:00:00AM

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

Survey History

Survey ID: 0147033 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146389 **End Date:** 04/15/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9T6W11 Served 05/13/2024

<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)	ACCESS TO HOME AND WITHIN THE HOME		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
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 (CRESCENT ASSISTED LIVING--0017485)

Date: 05/13/2024 **SOD #**9T6W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/23/2022 **SOD #**60SP11 **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: CRESCENT ASSISTED LIVING (0018124)

Address: 2904 SOUTH 114TH STREET UNIT S, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 05/26/2020 12:00:00AM

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

Survey History

Survey ID: 0146628 **End Date:** 04/15/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JU4O11 Served 06/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Enforcement History (CRESCENT ASSISTED LIVING--0018124)

Date: 06/05/2024 **SOD #**JU4O11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CRESCENT ASSISTED LIVING--0018124)

Date Complaint Received: 12/18/2023 **Date Investigation Completed:** 04/15/2024

<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: DAKOTA HOUSE (0009963)

Address: 7411 W DAKOTA ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 12/19/2002 12:00:00AM

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

Survey History

Survey ID: 0148138 **End Date:** 11/13/2024 **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: HAVE A HEART ADULT FAMILY HOME LLC 2 (0017305)

Address: 1502 S 79TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 08/27/2019 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: HAVE A HEART ADULT FAMILY HOME LLC (0017067)

Address: 1500 S 79TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 04/03/2018 12:00:00AM

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

Survey History

Survey ID: 0142560 **End Date:** 03/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139736 **End Date:** 01/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U94S11 Served 06/02/2022

<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	3/2/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/2/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/2/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/2/23	Yes
88.09(2)(b)	LICENSEE RECORD	3/2/23	Yes

Enforcement History (HAVE A HEART ADULT FAMILY HOME LLC--0017067)

Date: 06/04/2022 **SOD #**U94S11 **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: HELPING HANDS COMMUNITY LLC (0015970)

Address: 1339 S 112TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 08/10/2016 12:00:00AM

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

Survey History

Survey ID: 0147664 **End Date:** 07/24/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144244 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V05D11 Served 09/15/2023

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
7/24/24

Corrected
Yes

Survey ID: 0143121 **End Date:** 02/15/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JJYK11 Served 05/22/2023

Deficiencies Cited
50.065(2)(bm)
88.03(5)(e)1
88.07(2)(a)

Subject Area
OUT OF STATE BACKGROUND CHECKS
SIGNIFICANT CHANGE TO THE RESIDENT
SERVICES

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (HELPING HANDS COMMUNITY LLC--0015970)

Date: 09/15/2023 **SOD #**V05D11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/20/2023 **SOD #**JJYK11 **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: HELPING HANDS ON DAKOTA (0017507)

Address: 9801 WEST DAKOTA ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

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

Survey History

Survey ID: 0144370 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141835 **End Date:** 09/22/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4P1O11 Served 01/18/2023

<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	9/7/23	Yes
88.07(2)(b)5	MONITORING HEALTH	9/7/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/7/23	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	9/7/23	Yes

Enforcement History (HELPING HANDS ON DAKOTA--0017507)

Date: 01/13/2023 **SOD #**4P1O11 **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: HIL ROOT RIVER (0014952)

Address: 2300 S ROOT RIVER PKWY, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 03/13/2014 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: IDEAL COMMUNITY LIVING 2 (0017072)

Address: 929 S 121ST ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 04/18/2018 12:00:00AM

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

Survey History

Survey ID: 0144825 **End Date:** 11/08/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144284 **End Date:** 04/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0MI311 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	11/8/23	Yes
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/8/23	Yes
88.04(2)(a)	RESPONSIBILITIES	11/8/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/8/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	11/8/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/8/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	11/8/23	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	11/8/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (IDEAL COMMUNITY LIVING 2--0017072)

Date: 09/20/2023 **SOD #**0MI311 **Appealed:** No

Sanctions

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

Complaint History (IDEAL COMMUNITY LIVING 2--0017072)

Date Complaint Received: 07/24/2023 **Date Investigation Completed:** 11/08/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/23/2023

Date Investigation Completed: 04/27/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

0MI311

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: INAS HELPING HANDS (0016480)

Address: 6617 W BELOIT RD, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 04/10/2017 12:00:00AM

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

Survey History

Survey ID: 0141943 **End Date:** 10/31/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1D1H11 Served 01/25/2023

Deficiencies Cited
88.07(3)(d)

Subject Area
MEDICATION- WRITTEN ORDER

Compliance
Verified
3/30/23

Corrected
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: MANITOBA HOUSE (0010233)

Address: 10303 W MANITOBA ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 10/07/2003 12:00:00AM

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

Survey History

Survey ID: 0140126 **End Date:** 07/01/2022 **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: NEXT STEP IN RES SERVICES BECHER STREET HOUSE (0013834)

Address: 10626 W BECHER ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 08/31/2011 12:00:00AM

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

Survey History

Survey ID: 0140112 **End Date:** 06/30/2022 **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: NEXT STEP RESIDENTIAL SERVICES (0010921)

Address: 1448 S 96TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 04/04/2005 12:00:00AM

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

Survey History

Survey ID: 0144156 **End Date:** 09/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NEXT STEP RESIDENTIAL SERVICES--0010921)

Date Complaint Received: 08/28/2024

Date Investigation Completed: 02/04/2025

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: Serenity Garden Adult Family Home (0020003)

Address: 2916 South 72nd St, West Allis, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 05/08/2024 12:00:00AM

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

Survey History

Survey ID: 0148452 **End Date:** 12/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1FC311 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		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(2)(a)	SERVICES		
88.10(3)(b)	PRIVACY		
88.10(3)(m)	FREEDOM FROM ABUSE		

Survey ID: 0146512 **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

Enforcement History (Serenity Garden Adult Family Home--0020003)

Date: 01/07/2025 **SOD #**1FC311 **Appealed:** Yes **Decision:** PENDING

Sanctions

REVOKE LICENSE

NO NEW ADMISSIONS

Complaint History (Serenity Garden Adult Family Home--0020003)

Date Complaint Received: 10/10/2024 **Date Investigation Completed:** 12/11/2024

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

1FC311

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WEST ALLIS ADULT FAMILY HOME LLC (0017513)

Address: 1139 S 56TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 02/03/2020 12:00:00AM

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

Survey History

Survey ID: 0146111 **End Date:** 04/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144491 **End Date:** 06/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #87SK11 Served 10/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/4/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/4/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/4/24	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/4/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/4/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	4/4/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/4/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/4/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (WEST ALLIS ADULT FAMILY HOME LLC--0017513)

Date: 10/12/2023 **SOD #**87SK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (WEST ALLIS ADULT FAMILY HOME LLC--0017513)

Date Complaint Received: 01/22/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/19/2023

Date Investigation Completed: 06/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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