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 123.00 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 8/11/2016 to 8/11/2019

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 4/12/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129751  End Date: 3/20/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128957  End Date: 9/10/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #H0G511

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.05(3)(m)</td>
<td>CLEAN BEDDING AND LINENS</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.06(2)(c)</td>
<td>CONDITIONS OF TRANSFER OR DISCHARGE</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>3/20/19</td>
</tr>
<tr>
<td>88.10(3)(g)</td>
<td>CLOTHING AND POSSESSIONS</td>
<td>3/20/19</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>3/20/19</td>
</tr>
</tbody>
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Survey ID: 0122939  End Date: 4/12/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed:</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>1/9/2019</td>
<td>H0G511</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

## Complaint History (BEST CHOICE COMMUNITY LIVING LLC--0016487)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>7/25/2018</td>
<td>9/10/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
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<tr>
<td>6/29/2018</td>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>H0G511</td>
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</tbody>
</table>

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### Facility Information

Facility Name: BEST CHOICE COMMUNITY LIVING (0017284)
Address: 8700 N 62ND ST, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 6/19/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<table>
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<th>Purpose</th>
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<tr>
<td>0130607</td>
<td>6/19/2019</td>
<td>INITIAL</td>
<td>SURVEY</td>
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</tbody>
</table>

Results: LICENSE/CERT/REGISTRATION ISSUED
## Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

### Facility Information

Facility Name: BRENDA'S CARE CENTER (0015347)

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

License Status: REGULAR

Licensed/Certified/Registered 3/3/2015 12:00:00AM

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

### Survey History

Survey ID: 0129298  End Date: 11/19/2018  Type: ABBREVIATED  Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQYJ11

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<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<tr>
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<td>INSPECTIONS-GAS FURNACE</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
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<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

<table>
<thead>
<tr>
<th>Code</th>
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<td>88.10(3)(f)</td>
<td>FINANCIAL AFFAIRS</td>
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Enforcement History (BRENDAS CARE CENTER--0015347)

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<th>Date: 2/18/2019</th>
<th>SOD #JQYJ11</th>
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<td>Sanctions</td>
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<tr>
<td>COMPLY WITH REQUIREMENT</td>
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</tr>
</tbody>
</table>

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>COMMUNITY SUPPORTIVE HOME CARE (0017573)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>6110 W DONGES LN, BROWN DEER, WI 53223</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>6/18/2019 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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Survey History

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<th>End Date:</th>
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<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
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<tr>
<td>Results:</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: CONNECTED FAMILY HOME CARE (0017209)
Address: 5302 W WABASH AVE, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 5/23/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130308  End Date: 5/23/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

<table>
<thead>
<tr>
<th>Facility Name: COUNTY LINE HOME (0014743)</th>
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</thead>
<tbody>
<tr>
<td>Address: 9589 N 67TH ST, BROWN DEER, WI 53223</td>
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<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 12/1/2013 12:00:00AM</td>
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<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: DEFINED HEALTH CARE SERVICES II LLC (0016773)
Address: 9190 N ALPINE LN, BROWN DEER, WI 53233
License Status: REGULAR
Licensed/Certified/Registered 9/12/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124300  End Date: 9/12/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: GLENBROOK HOUSE (0017373)
Address: 9350 NORTH 51 STREET, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 4/9/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129946 End Date: 4/9/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

**Facility Name:** GOING THE DISTANCE II INC (0015215)  
**Address:** 8055 N 65TH STREET, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 9/29/2014 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

<table>
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<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Compliance</th>
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<td>0130350</td>
<td>2/21/2019</td>
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<td>SURVEY/COMPLAINT</td>
<td>Verified</td>
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<tr>
<td>0124389</td>
<td>9/20/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>Corrected</td>
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</table>

**Statement of Deficiency:** 

- **#QWUD11**  
  **Subject Area:** AWAKE STAFF FOR CONTINUOUS CARE

- **#H3WC11**  
  Served 9/27/2017  
  **Subject Area:** ENTITY SANCTION

---

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This is Page 12 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.
**Provider Inspection Summary**

For the period 8/11/2016 to 8/11/2019

Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
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<td>8/1/2019</td>
<td>QWUD11</td>
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<td>COMPLY WITH REQUIREMENT</td>
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<tr>
<td>9/22/2017</td>
<td>H3WC11</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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**Enforcement History (GOING THE DISTANCE II INC--0015215)**

**Complaint History (GOING THE DISTANCE II INC--0015215)**

<table>
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<tr>
<th>Date Complaint Received: 2/7/2019</th>
<th>Date Investigation Completed: 2/21/2019</th>
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<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

This is Page 13 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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## 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 1/16/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

Survey ID: 0125685  
End Date: 1/12/2018  
Type: INITIAL  
Purpose: SURVEY  
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: HORIZON MANOR LLC (0015154)
Address: 4805 W PARKLAND AVENUE, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 2/25/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129279  End Date: 11/19/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #UPB511

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Verified</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Corrected</td>
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</table>

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0125417 End Date: 11/7/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPTIONS FOR COMMUNITY GROWTH INC-CLOVERLEAF--0013511)

Date Complaint Received: 10/24/2017 Date Investigation Completed: 11/7/2017
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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### Facility Information

Facility Name: PALLADIUM CARE (0016869)
Address: 9150 N SURF CT, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 12/14/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

Survey ID: 0125406     End Date: 12/14/2017    Type: INITIAL    Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: REM Brown Deer (0009312)
Address: 8334 N CEDARBURG RD, BROWN DEER, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 7/12/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125879  End Date: 12/27/2017  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123265  End Date: 3/2/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121900  End Date: 9/19/2016  Type: OTHER  Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #MXPY11 Served 12/6/2016

Compliance Verified Corrected
88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM 3/2/17 Yes

Enforcement History (REM Brown Deer--0009312)

Date: 12/5/2016  SOD #MXPY11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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<tr>
<th>Date Complaint Received: 10/18/2017</th>
<th>Date Investigation Completed: 12/27/2018</th>
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<tbody>
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<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<table>
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<tr>
<th>Date Complaint Received: 9/1/2016</th>
<th>Date Investigation Completed: 9/19/2016</th>
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<tr>
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<tr>
<td>ADMINISTRATION</td>
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</table>

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Facility Information

Facility Name: WOODLAND HOUSE (0012123)
Address: 5050 W WOODLAND DR, BROWN DEER, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 9/14/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125736 End Date: 12/20/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WOODLAND HOUSE--0012123)

Date Complaint Received: 10/23/2017 Date Investigation Completed: 12/20/2017
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED

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Facility Information

Facility Name: OAKWOOD HOUSE OF WAUKESHA COLLEGE (0015876)
Address: 3772 E COLLEGE AVE, CUDAHY, WI 53110
License Status: REGULAR
Licensed/Certified/Registered 1/15/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: AMBERIDGE (0012006)
Address: 4202 AMBERIDGE DR, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 7/1/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122601 End Date: 1/19/2017 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: GREEN ACRES (0012317)
Address: 7632 W PUETZ RD, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 5/28/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
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<th>Results</th>
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<tbody>
<tr>
<td>0127449</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0126900</td>
<td>5/22/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0125748</td>
<td>12/4/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124391</td>
<td>9/20/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #ZQEY11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified</td>
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</tbody>
</table>

This is Page 23 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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<table>
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<tr>
<th>Date</th>
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<th>Sanctions</th>
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<tr>
<td>9/22/2017</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: NORTH CAPE HOME (390018)
Address: 6856 S NORTH CAPE RD, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 5/1/1995 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123046  End Date: 2/15/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 4/11/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name:  GLENDALE HEIGHTS ADULT LIVING CENTER (0013228)
Address:  2506 W CUSTER AVE, GLENDALE, WI 53209
License Status:  REGULAR
Licensed/Certified/Registered 4/28/2010  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID:  0130200  End Date:  2/7/2019  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency:  #LF8N11

<table>
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<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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Enforcement History (GLENDALE HEIGHTS ADULT LIVING CENTER--0013228)

Date:  5/13/2019  SOD #LF8N11  Appealed:  No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Facility Information

Facility Name: GUARDIAN HOUSING LLC II (0015054)
Address: 1611 W MILL ROAD, GLENDALE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 6/30/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126649 End Date: 4/3/2018 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GUARDIAN HOUSING LLC II–0015054)

Date Complaint Received: 3/9/2018 Date Investigation Completed: 4/3/2018
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED

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## Facility Information

Facility Name: HEMLOCK RESIDENTIAL FACILITY (0011319)
Address: 2145 W HEMLOCK RD, GLENDALE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 2/6/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

<table>
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<td>0122094</td>
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<td>0121716</td>
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<td>SURVEY</td>
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Statement of Deficiency: #7IEI11 Served 11/18/2016

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<th>Compliance</th>
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<tr>
<td>88.07(1)(b)</td>
<td>AUTONOMY AND CHOICES</td>
<td>Verified</td>
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<td></td>
<td></td>
<td>Corrected</td>
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</table>
**Facility Information**

Facility Name: SKY RESIDENTIAL BERWYN (0011833)  
Address: 7425 N BERWYN AVE, GLENDALE, WI 53209  
License Status: REGULAR  
Licensed/Certified/Registered 3/7/2007 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

Survey ID: 0127389  
End Date: 6/19/2018  
Type: ABBREVIATED  
Purpose: SURVEY  
Results: STATEMENT OF DEFICIENCY ISSUED  
Statement of Deficiency: #TBFE11

<table>
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<tr>
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<th>Verified</th>
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<tbody>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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

Survey ID: 0122006 End Date: 12/15/2016 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: LAKESIDE HOUSE (0009109)
Address: 5219 LAKESIDE DR, GREENDALE, WI 53129
License Status: REGULAR
Licensed/Certified/Registered 1/30/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127204  End Date: 5/17/2018  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: OAK HAVEN OF GREENDALE (0017197)
Address: 5514 OXFORD DR, GREENDALE, WI 53129
License Status: REGULAR
Licensed/Certified/Registered 8/16/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History
Survey ID: 0127801  End Date: 8/16/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 4/12/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128715 End Date: 9/28/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9U8G11 Served 12/14/2018

<table>
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<th>Compliance</th>
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<tr>
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<td>HOME ENVIRONMENT</td>
<td>Verified</td>
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<tr>
<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
<td>Corrected</td>
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<td>88.05(3)(n)2</td>
<td>CLEAN BEDDING AND LINENS</td>
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<tr>
<td>88.05(3)(o)</td>
<td>HOME NOT BE USED FOR OTHER BUSINESS</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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<tr>
<td>88.10(3)(c)</td>
<td>CONFIDENTIALITY</td>
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Enforcement History (32ND STREET--0009592)

Date: 12/7/2018 SOD #9U8G11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

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 8/28/1997 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130042 End Date: 4/23/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129004 End Date: 10/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NOVW11

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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
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<td>88.05(3)(g)</td>
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<td>88.10(3)(e)</td>
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<td>88.10(3)(l)</td>
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<td>4/23/19</td>
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</tr>
</tbody>
</table>

This is Page 35 of 123 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 8/11/2016 to 8/11/2019
Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
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<th>Sanctions</th>
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</thead>
<tbody>
<tr>
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<td>NOVW11</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION, COMPLY WITH REQUIREMENT</td>
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Enforcement History (35TH STREET HOME--390171)

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 4/21/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129976 End Date: 2/13/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #BOND11

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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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Facility Name: ABBEY MANOR (0008984)
Address: 7840 W BARNARD AVE, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 2/7/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129335  End Date: 11/30/2018  Type: STANDARD  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124354  End Date: 7/10/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #21WI11  Served 10/5/2017

<table>
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<tr>
<td>88.05(4)(c)1</td>
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<td>Corrected</td>
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<td>Yes</td>
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Complaint History (ABBEE MANOR–0008984)

Date Complaint Received: 10/31/2018  Date Investigation Completed: 11/30/2018

Subject Area(s) Result
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

SOD #
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: HIL ARBOR (0014912)
Address: 4570 S 117TH STREET, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 1/9/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128712 End Date: 9/25/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: KINGDOM HOMES GREENFIELD HOUSE (0017071)
Address: 4452 S 66TH ST, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 5/10/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126744 End Date: 5/10/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

<table>
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<th>Facility Name:</th>
<th>MENSA ADULT FAMILY HOME (0015579)</th>
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<tbody>
<tr>
<td>Address:</td>
<td>9621 WEST LAYTON AVE, GREENFIELD, WI 53228</td>
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<tr>
<td>License Status:</td>
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</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>12/17/2015 12:00:00AM</td>
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<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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## Survey History

No survey activity during the period 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: NRS SERVICES COLDSPRING (0014417)
Address: 4465 S 48TH ST, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 1/10/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123041 End Date: 4/5/2017 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: NRS SERVICES KIMBERLY (0014533)
Address: 3035 KIMBERLY STREET, GREENFIELD, WI 53221
License Status: REGULAR
Licensed/Certified/Registered 3/8/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129674 End Date: 2/6/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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 6/25/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129427  End Date: 11/29/2018  Type: OTHER  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPTIONS FOR COMMUNITY GROWTH 38TH ST--0012714)

Date Complaint Received: 9/27/2018  Date Investigation Completed: 11/29/2018

<table>
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<tr>
<th>Subject Area(s)</th>
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<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

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## 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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0128350</td>
<td>9/12/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127848</td>
<td>7/25/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

### Deficiencies Cited

- **88.05(3)(b) FREE OF HAZARDS**

| ComplianceVerified | Corrected |
|--------------------|-----------|-----------|
| Verified           | Corrected |

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Facility Information

Facility Name: BROTOLOC OAK CREEK (0013118)
Address: 9051 S 26TH ST, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 4/1/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: ELIANA HOMES I (0016145)
Address: 8820 CAROL CT, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 6/2/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128292 End Date: 7/31/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126797 End Date: 3/22/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #8OZR11 Served 5/22/2018

Deficiencies Cited  Subject Area  Compliance
13.05(3)(a) ENTITY ALLEGATION REPORTING REQUIREMENTS 7/31/18 Yes
88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS 7/31/18 Yes
88.09(1)(a) RESIDENT RECORDS 7/31/18 Yes

Enforcement History (ELIANA HOMES I--0016145)

Date: 5/22/2018 SOD #8OZR11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Complaint History (ELIANA HOMES I--0016145)

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>8OZR11</td>
</tr>
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</table>

Date Complaint Received: 2/25/2018

Date Investigation Completed: 3/22/2018
### Facility Information

Facility Name: ELIANA HOMES II (0013357)
Address: 9445 S CHICAGO RD, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 7/7/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

Survey ID: 0128192    End Date: 8/21/2018    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ELIANA HOMES IV (0014938)
Address: 2531 E FOREST HILL AVENUE, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 1/30/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128193         End Date: 8/23/2018        Type: ABBREVIATED        Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122663         End Date: 1/23/2017        Type: OTHER           Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: ELIANA HOMES RIVERS EDGE AFH (0016652)
Address: 9039 SOUTH RIVER EDGE, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 6/22/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123516  End Date: 6/22/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: ELIANA HOMES V (0015444)
Address: 1060 E CONNIE LANE, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 2/11/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129654      End Date: 1/29/2019      Type: ABBREVIATED      Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: ELIANA HOMES VI AFH (0015707)
Address: 8829 S 6TH AVE, OAK CREEK, WI 531544260
License Status: REGULAR
Licensed/Certified/Registered 8/6/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128759 End Date: 11/16/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #DJ0111

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<th>Compliance</th>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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Survey ID: 0122109 End Date: 12/13/2016 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ELIANA HOMES VI AFH–0015707)

Date Complaint Received: 8/17/2016 Date Investigation Completed: 12/13/2016

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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 7/22/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19

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## Facility Information

Facility Name: BES HOUSE OF HOPE II (0015037)  
Address: 1415 W LARKSPUR LANE, RIVER HILLS, WI 53217  
License Status: REGULAR  
Licensed/Certified/Registered 8/14/2014 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

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<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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<tr>
<td>0127545</td>
<td>07/24/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0124930</td>
<td>08/30/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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**Statement of Deficiency:**  
#90WC11 Served 11/3/2017

### Deficiencies Cited

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<td>DIFFICULTY WALKING</td>
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*This is Page 55 of 123 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 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0123749   End Date: 5/2/2017   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LZTK11

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<th>Compliance</th>
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<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>7/24/18, Yes</td>
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Enforcement History (BES HOUSE OF HOPE II--0015037)

Date: 10/31/2017   SOD #90WC11   Appealed: No
Sanctions

Complaint History (BES HOUSE OF HOPE II--0015037)

Date Complaint Received: 1/19/2017   Date Investigation Completed: 4/28/2017
Subject Area(s)   Result   SOD #
RESIDENT RIGHTS   NOT SUBSTANTIATED   SOD #
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<tbody>
<tr>
<td>Facility Name: RIVERVIEW RESIDENTIAL FACILITY (0014781)</td>
</tr>
<tr>
<td>Address: 1420 W BROWN DEER RD, RIVER HILLS, WI 53217</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered 9/24/2013 12:00:00AM</td>
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<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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<td>Survey ID: 0121988 End Date: 10/26/2016 Type: OTHER Purpose: DESK REVIEW</td>
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<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>
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: 0124821 End Date: 9/25/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123253 End Date: 3/9/2017 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #983Z11 Served 5/26/2017

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>9/25/17</td>
<td>Yes</td>
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</table>

Enforcement History (15TH AVENUE ADULT FAMILY HOME–0014387)

Date: 5/15/2017 SOD #983Z11 Appealed: No
Sanctions

This is Page 58 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: ALEXANDRIAS ANGELS LLC (0017254)
Address: 1315 MARION AVE, SOUTH MILWAUKEE, WI 53172
License Status: REGULAR
Licensed/Certified/Registered 10/8/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128259 End Date: 10/8/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
<table>
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<tbody>
<tr>
<td>For the period 8/11/2016 to 8/11/2019</td>
</tr>
<tr>
<td>Adult Family Home</td>
</tr>
</tbody>
</table>

### Facility Information

- **Facility Name:** BROTOLOC SOUTH INC SOUTH MILWAUKEE AFH (0015550)
- **Address:** 1408 LAKEVIEW AVENUE, SOUTH MILWAUKEE, WI 53172
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 7/14/2015 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 8/11/16 to 8/11/19

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0128418  End Date: 10/24/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
**Facility Information**

Facility Name: GLADSTONE RESIDENCE (0014545)
Address: 310 HEMLOCK COURT, SOUTH MILWAUKEE, WI 53172
License Status: REGULAR
Licensed/Certified/Registered 4/1/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

<table>
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<th>Purpose</th>
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<tr>
<td>0127517</td>
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<td>OTHER</td>
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<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0124583</td>
<td>7/24/2017</td>
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<td>SELF REPORT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124056</td>
<td>5/9/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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**Statement of Deficiency:** #0MNV11 Served 10/5/2017

<table>
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<th>Subject Area</th>
<th>Compliance Verified</th>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>10/23/17</td>
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<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>10/23/17</td>
<td>Yes</td>
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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0121888   End Date: 9/8/2016   Type: OTHER   Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O3JE11 Served 12/16/2016

<table>
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<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>Verified 5/4/17 Corrected Yes</td>
</tr>
</tbody>
</table>

Enforcement History (GLADSTONE RESIDENCE--0014545)
Date: 12/2/2016   SOD #O3JE11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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## 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: 0121940  
End Date: 11/28/2016  
Type: INITIAL  
Purpose: SURVEY  
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

<table>
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<tr>
<th>Facility Name</th>
<th>OAKWOOD HOUSE OF WAUKESHA CORP MARION (0015715)</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>1408 MARION AVE, SOUTH MILWAUKEE, WI 53172</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered</td>
<td>7/22/2015 12:00:00AM</td>
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<tr>
<td>Regional Office</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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</tbody>
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## Survey History

No survey activity during the period 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: CARING HOMES OF WISCONSIN II (0016194)
Address: 3652 S RUTLAND AVE, ST FRANCIS, WI 53235
License Status: CLOSED
Licensed/Certified/Registered 9/9/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126212  End Date: 1/29/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #L42J11  Served 3/20/2018

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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>4/24/18</td>
<td>No</td>
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<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>4/24/18</td>
<td>No</td>
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<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>4/24/18</td>
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Survey ID: 0125508  End Date: 12/26/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0124290   End Date: 7/3/2017   Type: OTHER   Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #W0UB11 Served 10/5/2017

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<td>88.05(2)(a)</td>
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<td>88.05(3)(a)</td>
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<td>88.10(3)(m)</td>
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Survey ID: 0121263   End Date: 9/9/2016   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (CARING HOMES OF WISCONSIN II--0016194)
Date: 3/14/2018   SOD #L42J11   Appealed: No
Sanctions
COMPLY WITH REQUIREMENT

Complaint History (CARING HOMES OF WISCONSIN II--0016194)
Date Complaint Received: 4/5/2017   Date Investigation Completed: 7/3/2017

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<td>SUBSTANTIATED</td>
<td>W0UB11</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>W0UB11</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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<td></td>
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</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 7/20/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123740  End Date: 7/20/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: HIL VIENNA (0016910)
Address: 10136 W VIENNA AVE, WAUWATOSA, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 1/24/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129653    End Date: 1/14/2019    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128558    End Date: 8/30/2018    Type: OTHER    Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QY6511

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<tbody>
<tr>
<td>88.10(1)</td>
<td>RESIDENT RIGHTS</td>
<td>1/14/19</td>
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Survey ID: 0125756    End Date: 1/24/2018    Type: INITIAL    Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HIL VIENNA--0016910)
Date: 11/13/2018    SOD #QY6511    Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Complaint History (HIL VIENNA--0016910)**

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</table>

**Date Complaint Received:** 11/18/2018  
**Date Investigation Completed:** 1/14/2019
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Facility Information

Facility Name: HILLS OF LOVE II ADULT FAMILY HOME (0015725)
Address: 2574 NORTH 62TH STREET, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 3/10/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: JODIES PLACE LLC (0015114)
Address: 2314 N 114TH STREET, WAUWATOSA, WI 53226
License Status: REGULAR
Licensed/Certified/Registered 6/30/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130024 End Date: 2/19/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127886 End Date: 7/23/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #IOTR11

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<td>88.05(2)(a)</td>
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<td>88.10(3)(l)</td>
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Enforcement History (JODIES PLACE LLC--0015114)
Date: 8/24/2018 SOD #IOTR11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>LIBERTY HOUSE 6 LLC (0017570)</th>
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<tr>
<td>Address:</td>
<td>1634 N 122ND ST, WAUWATOSA, WI 53224</td>
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<tr>
<td>License Status:</td>
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<td>7/15/2019 12:00:00AM</td>
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### Survey History

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<td>Purpose:</td>
<td>SURVEY</td>
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Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: NEW OUTLOOK ADULT FAMILY HOME (0016832)
Address: 7445 MILWAUKEE AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 9/18/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124428 End Date: 9/18/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0121618   End Date: 10/26/2016   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: OXFORD HOUSE (390205)
Address: 347 N 120TH ST, WAUWATOSA, WI 53226
License Status: REGULAR
Licensed/Certified/Registered 4/28/1998 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125423    End Date: 11/2/2017    Type: STANDARD    Purpose: SURVEY/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: POSITIVE OUTLOOK (0015036)
Address: 7437 MILWAUKEE AVENUE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 6/24/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130003 End Date: 2/19/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

- **Facility Name:** TOSA RN ADULT FAMILY HOME (0014987)
- **Address:** 4424 N 105TH STREET, WAUWATOSA, WI 53225
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/17/2014 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

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<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126579</td>
<td>4/9/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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**Statement of Deficiency:** #49CE12 Served 5/14/2018

- **Deficiencies Cited:** 88.04(5)(b) TRAINING-8 HOURS ANNUALLY
- **Verified:** 5/21/18
- **Corrected:** Yes

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0124448   End Date: 9/19/2017   Type: OTHER   Purpose: DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DJ7T11 Served 9/26/2017

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<td>12.05(1)(a)</td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>4/9/18</td>
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<td>88.05(3)(c)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>4/9/18</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>4/9/18</td>
<td>Yes</td>
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<td>88.09(2)(a)9</td>
<td>HEALTH SCREENING</td>
<td>4/9/18</td>
<td>Yes</td>
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Enforcement History (TOSA RN ADULT FAMILY HOME--0014987)

Date: 12/22/2018   SOD #49CE11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Date Complaint Received: 8/23/2017   Date Investigation Completed: 9/21/2017

<table>
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<th>Subject Area(s)</th>
<th>Result</th>
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<tr>
<td>PROGRAM SERVICES</td>
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</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 9/24/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0125278  End Date: 9/13/2017  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WK1511 Served 12/7/2017

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<th>Compliance</th>
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<th>Corrected</th>
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<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
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<tr>
<td>88.04(5)(a)</td>
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<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<tr>
<td>88.05(3)(n)2</td>
<td>CLEAN BEDDING AND LINENS</td>
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<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
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<td>RERAINTS IN EMERGENCY</td>
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</table>

Survey ID: 0124194  End Date: 5/23/2017  Type: OTHER  Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Survey ID: 0122719   End Date: 1/26/2017   Type: ABBREVIATED   Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #230M11 Served 4/24/2017

<table>
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<th>Compliance Verified</th>
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<tbody>
<tr>
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<td>Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<td>88.10(3)(g)</td>
<td>CLOTHING AND POSSESSIONS</td>
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Enforcement History (107TH ST HOUSE--0009829)

Date: 12/7/2017   SOD #WK1511   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (107TH ST HOUSE--0009829)

Date Complaint Received: 8/22/2017   Date Investigation Completed: 9/13/2017

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<td>WK1511</td>
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</table>

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Facility Information

Facility Name: 117TH STREET AFH LLC (0012858)
Address: 1319 S 117TH ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 6/29/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
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<tr>
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Statement of Deficiency: #LPUJ12

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<td>88.05(3)(n)2</td>
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Survey ID: 0126891  End Date: 5/7/2018  Type: OTHER  Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LPUJ11  Served 5/31/2018

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<th>Compliance</th>
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Survey ID: 0121945  End Date: 9/29/2016  Type: ABBREVIATED  Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
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Enforcement History (117TH STREET AFH LLC--0012858)

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**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**

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</table>

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<tr>
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<tr>
<td>COMPLY WITH REQUIREMENT</td>
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</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: 92ND STREET HOUSE (0017096)
Address: 1304 S 92ND ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 3/29/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126470 End Date: 3/29/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0129184 End Date: 10/17/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128283 End Date: 8/23/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #X6PD12 Served 10/10/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(h)5</td>
<td>SPACE IN BEDROOMS</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>10/17/18</td>
</tr>
</tbody>
</table>

Survey ID: 0126800 End Date: 5/7/2018 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #X6PD11 Served 5/23/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING</td>
<td>Verified</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>Corrected</td>
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<td></td>
<td>8/23/18</td>
</tr>
</tbody>
</table>
**Enforcement History (96TH STREET HOUSE--0010230)**

| Date: 5/22/2018 | SOD #X6PD11 | Appealed: No |

**Sanctions**
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT
**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**

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>0127760</td>
<td>7/3/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
</tr>
<tr>
<td>0126903</td>
<td>5/7/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
</tbody>
</table>

**Results:**

- **Survey ID 0127760:** NO STATEMENT OF DEFICIENCY ISSUED
- **Survey ID 0126903:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6UQL11 Served 6/1/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING</td>
<td>Verified: 7/3/18</td>
</tr>
<tr>
<td></td>
<td>REQUIREMENTS</td>
<td>Corrected: Yes</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>Verified: 7/3/18</td>
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<tr>
<td></td>
<td></td>
<td>Corrected: Yes</td>
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</tbody>
</table>

**Enforcement History (98TH STREET SCHLINGER--0010231)**

- **Date:** 6/1/2018
- **SOD #6UQL11**
- **Appealed:** No

**Sanctions:**
- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 5/6/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124247 End Date: 7/28/2017 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #8IQ911 Served 9/13/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(g)</td>
<td>WINDOWS AND VENTILATION</td>
<td></td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
</tr>
</tbody>
</table>

Enforcement History (99TH ST HOUSE--0010077)

Date: 9/13/2017 SOD #8IQ911 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: ALL FOR YOU ADULT FAMILY HOME 2 (0017208)
Address: 2239 S 68TH ST, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 5/17/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130297    End Date: 5/17/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

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

Survey ID: 0123889    End Date: 5/11/2017    Type: OTHER    Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123066    End Date: 2/17/2017    Type: ABBREVIATED    Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TSXF11    Served 5/1/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified 5/11/17</td>
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</tbody>
</table>

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Facility Information

Facility Name: BROTOLOC MORGAN HEIGHTS (0013117)
Address: 3329 S 113TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 4/1/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127257 End Date: 5/17/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: CHCS ATLANTIC CROSSING ADULT FAMILY HOME (0015878)
Address: 7326 WEST BELOIT ROAD, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 4/21/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

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<tr>
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<th>End Date: 5/21/2019</th>
<th>Type: OTHER</th>
<th>Purpose: VERIFICATION VISIT</th>
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</thead>
<tbody>
<tr>
<td>Survey ID: 0129247</td>
<td>End Date: 10/29/2018</td>
<td>Type: STANDARD</td>
<td>Purpose: SURVEY/COMPLAINT</td>
<td>Results: ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>Statement of Deficiency: #C9PE11</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>5/21/19</td>
<td>Yes</td>
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</table>

### Enforcement History (CHCS ATLANTIC CROSSING ADULT FAMILY HOME--0015878)

Date: 2/12/2019  SOD #C9PE11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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### Facility Information

**Facility Name:** CHCS HARLEY CROSSING AFH (0011750)  
**Address:** 816 S 90TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 1/11/2007 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>0126209</td>
<td>1/19/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
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</tbody>
</table>

**Results:** ENFORCEMENT ACTION  
**Statement of Deficiency:** #KOLR11

<table>
<thead>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
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<tbody>
<tr>
<td>0124769</td>
<td>9/11/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
</tbody>
</table>

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>0122260</td>
<td>1/11/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
</tbody>
</table>

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Enforcement History (CHCS HARLEY CROSSING AFH--0011750)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/14/2018</td>
<td>KOLR11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
</tbody>
</table>

### Complaint History (CHCS HARLEY CROSSING AFH--0011750)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/2017</td>
<td>1/19/2018</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>8/30/2017</td>
<td>9/12/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
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</table>
### 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

<table>
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<th>End Date: 11/16/2018</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
<th>Results: NO STATEMENT OF DEFICIENCY ISSUED</th>
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<tbody>
<tr>
<td>Survey ID: 0121693</td>
<td>End Date: 9/14/2016</td>
<td>Type: STANDARD</td>
<td>Purpose: SURVEY</td>
<td>Results: STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
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</table>

Statement of Deficiency: #KO3K11 Served 11/8/2016

- **Deficiencies Cited**  
  - 88.07(3)(d) MEDICATION- WRITTEN ORDER

- **Verified**  
  - **Corrected**

---

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This is Page 97 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.
<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: HAVE A HEART ADULT FAMILY HOME LLC 2 (0017305)</td>
</tr>
<tr>
<td>Address: 1502 S 79TH ST, WEST ALLIS, WI 53214</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 8/27/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
</tr>
</tbody>
</table>
## 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:** 4/3/2018 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

- **Survey ID:** 0126424
- **End Date:** 4/3/2018
- **Type:** INITIAL
- **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 8/10/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
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<th>End Date</th>
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<th>Purpose</th>
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<tbody>
<tr>
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<td>11/28/2018</td>
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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0126447</td>
<td>2/23/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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</table>

Statement of Deficiency: #S3E211 Served 4/12/2018

<table>
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<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>11/28/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>11/28/18</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>11/28/18</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND</td>
<td>11/28/18</td>
<td>Yes</td>
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<tr>
<td></td>
<td>MAINTENANCE</td>
<td>11/28/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(6)(a)</td>
<td>HOUSEHOLD PETS</td>
<td>11/28/18</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<td>Yes</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>11/28/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Survey ID: 0125158  End Date: 10/26/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124393  End Date: 9/20/2017  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #68VP11  Served 9/28/2017

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>ENTITY SANCTION</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (HELPING HANDS COMMUNITY LLC--0015970)

Date: 4/12/2018  SOD #S3E211  Appealed: No
Sanctions

Date: 9/22/2017  SOD #68VP11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
Facility Information

Facility Name: HELPING HANDS COMMUNITY (0015890)
Address: 2602 S 94TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 5/9/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
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<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126628</td>
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<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<td>0125157</td>
<td>10/26/2017</td>
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<td>DESK REVIEW</td>
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Statement of Deficiency: #246Z12

<table>
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<tr>
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<tbody>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>11/28/18</td>
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</tbody>
</table>

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### Provider Inspection Summary

**For the period 8/11/2016 to 8/11/2019**

**Adult Family Home**

<table>
<thead>
<tr>
<th>Survey ID: 0124402</th>
<th>End Date: 9/20/2017</th>
<th>Type: OTHER</th>
<th>Purpose: DESK REVIEW</th>
</tr>
</thead>
</table>

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #16K911 Served 9/28/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>10/26/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID: 0124051</th>
<th>End Date: 6/7/2017</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY/COMPLAINT</th>
</tr>
</thead>
</table>

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #246Z11 Served 9/1/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>10/26/17</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>10/28/17</td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>10/28/17</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>10/28/17</td>
</tr>
<tr>
<td>88.07(1)(c)</td>
<td>ACTIVITIES AND SERVICES</td>
<td>10/28/17</td>
</tr>
<tr>
<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>10/28/17</td>
</tr>
</tbody>
</table>

**Enforcement History (HELPING HANDS COMMUNITY--0015890)**

- **Date:** 5/1/2018  **SOD #246Z12**  **Appealed:** No
  - Sanctions

- **Date:** 8/28/2017  **SOD #246Z11**  **Appealed:** No
  - Sanctions
    - COMPLY WITH DEPARTMENT PLAN OF CORRECTION
    - COMPLY WITH REQUIREMENT

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## Complaint History (HELPING HANDS COMMUNITY--0015890)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/22/2018</td>
<td>2/23/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>6/28/2017</td>
<td>6/7/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>246Z11</td>
</tr>
<tr>
<td>6/21/2017</td>
<td>6/7/2017</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>246Z11</td>
</tr>
<tr>
<td>5/26/2017</td>
<td>6/7/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>246Z11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROGRAM SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: HELPING HANDS ON DAKOTA (0017507)
Address: 9801 WEST DAKOTA ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 8/1/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 3/13/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
### Facility Information

- **Facility Name:** IDEAL COMMUNITY LIVING 2 (0017072)
- **Address:** 929 S 121ST ST, WEST ALLIS, WI 53214
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 4/18/2018 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

- **Survey ID:** 0126570
- **End Date:** 4/18/2018
- **Type:** INITIAL
- **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: INAS HELPING HANDS (0016480)
Address: 6617 W BELOIT RD, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 4/10/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122920  End Date: 4/5/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Facility Information

Facility Name: JACOBS CORNER (0016124)
Address: 1310 S 111TH ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 5/26/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005
**Facility Information**

Facility Name: LINCOLN AVENUE HOUSE (0013115)
Address: 9833 W LINCOLN AVE, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 4/1/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0129240</td>
<td>9/26/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0126796</td>
<td>5/8/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0121726</td>
<td>8/25/2016</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

**Survey History**

Statement of Deficiency: #MR7U11 Served 5/22/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGIATION REPORTING REQUIREMENTS</td>
<td>9/26/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>9/26/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Date: 5/22/2018</th>
<th>SOD #MR7U11</th>
<th>Appealed: No</th>
</tr>
</thead>
</table>

**Sanctions**

- COMPLY WITH DEPARTMENT PLAN OF CORRECTION
- COMPLY WITH REQUIREMENT

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### Facility Information

Facility Name: LORDAN CARE ADULT FAMILY HOME (0014862)
Address: 933 S 100TH STREET, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 12/16/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
<th>Statement of Deficiency</th>
<th>Subject Area</th>
<th>Deficiencies Cited</th>
<th>Compliance Verification</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0126087</td>
<td>1/25/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
<td>#MC3611 Served 3/7/2018</td>
<td>88.04(2)(a) RESPONSIBILITIES</td>
<td>Verified</td>
<td>Corrected</td>
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<td>0124375</td>
<td>9/19/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
<td>#3NB711</td>
<td>12.05(1)(a) ENTITY SANCTION</td>
<td>Verified</td>
<td>Corrected</td>
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<tr>
<td>0122850</td>
<td>3/14/2017</td>
<td>OTHER</td>
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</tr>
</tbody>
</table>

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## Enforcement History (LORDAN CARE ADULT FAMILY HOME--0014862)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Decision</th>
</tr>
</thead>
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<tr>
<td>3/1/2018</td>
<td>MC3611</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>REVOKE LICENSE</td>
</tr>
<tr>
<td>8/24/2016</td>
<td>52JZ11</td>
<td>No</td>
<td></td>
</tr>
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<td></td>
<td></td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO NEW ADMISSIONS</td>
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</table>

## Complaint History (LORDAN CARE ADULT FAMILY HOME--0014862)

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 10/7/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0129216</td>
<td>9/26/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0126965</td>
<td>5/1/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0123964</td>
<td>5/10/2017</td>
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<td>SURVEY/SELF REPORT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
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</table>

Statement of Deficiency: #BJMT11 Served 6/5/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>9/26/18</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>9/26/18</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/5/2018</td>
<td>BJMT11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
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<td>COMPLY WITH REQUIREMENT</td>
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</tbody>
</table>

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## 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 8/31/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
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<td>0129190</td>
<td>10/12/2018</td>
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<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0126896</td>
<td>5/7/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0126471</td>
<td>3/15/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Statement of Deficiency: #N5QS11 Served 5/31/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>10/12/18</td>
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<tr>
<td>88.06(2)(c)6</td>
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<td>10/12/18</td>
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<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>10/12/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Adult Family Home

Survey ID: 0124156   End Date: 7/24/2017   Type: ABBREVIATED   Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NIFK11 Served 9/7/2017

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>Deficiencies Cited</td>
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</tr>
<tr>
<td>50.065(3)(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject Area</td>
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<tr>
<td>COMPLETE BACKGROUND CHECK PROCESS</td>
<td>3/15/18</td>
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</table>

Enforcement History (NEXT STEP IN RES SERVICES BECHER STREET HOUSE--0013834)

Date: 5/31/2018   SOD #N5QS11   Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: NEXT STEP RESIDENTIAL SERVICES (0010921)
Address: 1448 S 96TH ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 4/4/2005  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126907  End Date: 5/8/2018  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #RPZK11  Served 6/1/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>7/5/18</td>
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</tr>
<tr>
<td>88.10(3)(m)</td>
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</tr>
</tbody>
</table>

Enforcement History (NEXT STEP RESIDENTIAL SERVICES--0010921)

Date: 6/1/2018  SOD #RPZK11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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## Facility Information

Facility Name: SERENITY GARDENS FAMILY HOME LLC (0017285)
Address: 11156 W WALKER ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 6/19/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

Survey ID: 0130605   End Date: 6/19/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Adult Family Home

Facility Information

Facility Name: ZOKINHOS SERVICES LLC (0016003)
Address: 2046 S 85TH, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 4/6/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: LYDELL RESIDENTIAL (0014077)
Address: 5850 N LYDELL AVE, WHITEFISH BAY, WI 53217
License Status: REGULAR
Licensed/Certified/Registered 4/1/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127256 End Date: 5/16/2018 Type: OTHER Purpose: COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126443 End Date: 2/2/2018 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #O4JR11 Served 4/26/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td></td>
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</tbody>
</table>

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**Provider Inspection Summary**

For the period 8/11/2016 to 8/11/2019

Adult Family Home

---

**Survey ID:** 0125745  **End Date:** 11/27/2017  **Type:** OTHER  **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E5R511  Served 1/29/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified</td>
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<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
</tbody>
</table>

---

**Survey ID:** 0123274  **End Date:** 5/8/2017  **Type:** OTHER  **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0123048  **End Date:** 4/5/2017  **Type:** ABBREVIATED  **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #111Y11  Served 5/1/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(1)(c)</td>
<td>ACTIVITIES AND SERVICES</td>
<td>Verified</td>
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**Enforcement History (LYDELL RESIDENTIAL--0014077)**

<table>
<thead>
<tr>
<th>Date: 4/12/2018</th>
<th>SOD #O4JR11</th>
<th>Appealed: No</th>
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</thead>
<tbody>
<tr>
<td>Sanctions</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date: 1/25/2018</th>
<th>SOD #E5R511</th>
<th>Appealed: No</th>
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</thead>
<tbody>
<tr>
<td>Sanctions</td>
<td></td>
<td></td>
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</tbody>
</table>

This is Page 122 of 123 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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### Complaint History (LYDELL RESIDENTIAL--0014077)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>4/16/2018</td>
<td>5/16/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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<td>4/13/2018</td>
<td>5/16/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>1/31/2018</td>
<td>2/2/2018</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>O4JR11</td>
</tr>
<tr>
<td>1/23/2018</td>
<td>2/2/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>O4JR11</td>
</tr>
<tr>
<td>1/23/2018</td>
<td>2/2/2018</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>O4JR11</td>
</tr>
<tr>
<td>1/4/2018</td>
<td>2/2/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>O4JR11</td>
</tr>
<tr>
<td>11/20/2017</td>
<td>11/27/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>E5R511</td>
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<td>1/8/2017</td>
<td>2/2/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>O4JR11</td>
</tr>
</tbody>
</table>

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