Notes

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

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

The report is a PDF (Adobe Acrobat) document and includes a total of 26.00 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.
Facility Information

Facility Name: AUTUMN LEAVES OF FRANKLIN (0017045)
Address: 9201 W DREXEL AVE, FRANKLIN, WI 53132
License Status: PROBATIONARY
Licensed/Certified/Registered 2/22/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128341 End Date: 9/13/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0126048 End Date: 2/22/2018 Type: INITIAL Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED

Complaint History (AUTUMN LEAVES OF FRANKLIN--0017045)

Date Complaint Received: 8/20/2018 Date Investigation Completed: 9/13/2018
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED

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Facility Information

Facility Name: BRENWOOD PARK ASSISTED LIVING (0015615)
Address: 9535 W LOOMIS RD, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 8/1/2016  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130661  End Date: 3/18/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #39YL12  Served 6/27/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.35(3)(a)</td>
<td>COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN</td>
<td>Verified</td>
</tr>
<tr>
<td>83.35(5)(b)</td>
<td>ANNUAL EVALUATION OF EVACUATION LIMITS</td>
<td>Corrected</td>
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</table>
Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0125860  End Date: 12/11/2017  Type: OTHER  Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #39YL11  Served 2/20/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>83.35(1)(a)</td>
<td>PRE-ADMISSION AND ONGOING ASSESSMENTS</td>
<td>Verified 2/20/18 Corrected Yes</td>
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<tr>
<td>83.35(3)(a)</td>
<td>COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN</td>
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</table>

Survey ID: 0123270  End Date: 4/24/2017  Type: OTHER  Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BRENWOOD PARK ASSISTED LIVING--0015615)

Date: 6/27/2019  SOD #39YL12  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 2/7/2018  SOD #39YL11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (BRENWOOD PARK ASSISTED LIVING--0015615)

Date Complaint Received: 11/13/2017  Date Investigation Completed: 12/11/2017

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

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Facility Information

Facility Name: BROTOLOC FRANKLIN (0013104)
Address: 9460 S 46TH ST, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 2/5/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127222 End Date: 5/23/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126312 End Date: 2/5/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #17EX11 Served 3/28/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
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<tr>
<td>83.44(2)(b)</td>
<td>TOILET AND BATHING AREA</td>
<td></td>
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<tr>
<td>83.44(2)(c)</td>
<td>INTERIOR FLOORS, WALLS AND CEILINGS</td>
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<td>83.45(1)(f)</td>
<td>FURNISHINGS CLEAN, SAFE, AND MAINTAINED</td>
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Enforcement History (BROTOLOC FRANKLIN--0013104)

Date: 3/28/2018 SOD #17EX11 Appealed: Decision: PENDING
Sanctions
FORFEITURE---83.44(2)(b)
FORFEITURE---83.45(1)(f)

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### Provider Inspection Summary

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

Community-Based Residential Facility--CLASS ANA (NONAMBULATORY)

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**Complaint History (BROTOLOC FRANKLIN--0013104)**

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<th>Date Complaint Received:</th>
<th>11/30/2017</th>
<th>Date Investigation Completed:</th>
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<td>Subject Area(s)</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
<td>Result</td>
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<tr>
<td>SOD #</td>
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Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLIFDEN COURT EAST (0016973)
Address: 6751 S 68TH ST, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 4/19/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129236 End Date: 12/20/2018 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #V35Z11 Served 3/18/2019

<table>
<thead>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>83.22(3)</td>
<td>TRAINING IN DAILY LIVING ACTIVITIES REQUIRED</td>
<td>Verified</td>
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<tr>
<td>83.22(4)</td>
<td>TRAINING IN DIETARY DUTIES REQUIRED</td>
<td>Corrected</td>
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</table>

Survey ID: 0126515 End Date: 4/19/2018 Type: INITIAL Purpose: CHOW--DESK REVIEW
Results: PROBATIONARY LICENSE ISSUED

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Facility Information

Facility Name: CLIFDEN COURT WEST (0016974)
Address: 6771 S 68TH ST, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 5/1/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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<th>Purpose: SURVEY</th>
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<td>Statement of Deficiency: #YICR11</td>
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<td>TRAINING IN DAILY LIVING ACTIVITIES REQUIRED</td>
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<tr>
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Facility Information

Facility Name: ELIZABETH RESIDENCE NORTH (0009330)
Address: 9329 S 48TH ST, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 2/1/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129394   End Date: 12/27/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #GVBZ11

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>83.48(6)(d)</td>
<td>INTEGRATED HEAT DETECTOR IN FURNACE ROOM</td>
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</table>

Survey ID: 0122180   End Date: 12/20/2016   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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0121846   End Date: 8/31/2016   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GIWG11 Served 12/5/2016

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.37(3)(a)</td>
<td>MEDICATION STORAGE: ORIGINAL CONTAINERS</td>
<td>Yes</td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (ELIZABETH RESIDENCE NORTH--0009330)

Date: 2/26/2019   SOD #GVBZ11   Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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## Facility Information

- **Facility Name:** ELIZABETH RESIDENCE SOUTH (0010429)
- **Address:** 9355 S 48TH ST, FRANKLIN, WI 53132
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/1/2004 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

- **Survey ID:** 0128312
- **End Date:** 8/27/2018
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #78YU11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>Verified</td>
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</table>

**Corrected**

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOXCROFT CROSSING (0013959)
Address: 7220 FOXCROFT CT, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 10/11/2012  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0122990          End Date: 3/7/2017          Type: ABBREVIATED          Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FOXCROFT CROSSING--0013959)

Date Complaint Received: 11/22/2016          Date Investigation Completed: 3/7/2017

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>ADMINISTRATION</td>
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<td></td>
</tr>
<tr>
<td>LICENSE CAPACITY OR CLASS</td>
<td>NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
### Facility Information

- **Facility Name:** FRANKLIN HOUSE (0015898)
- **Address:** 9132 SOUTH 92ND STREET, FRANKLIN, WI 53132
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 3/24/2016 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<table>
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<tr>
<th>Survey ID</th>
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<tr>
<td>0131171</td>
<td>2/19/2019</td>
<td>STANDARD</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0127337</td>
<td>5/23/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
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#### Deficiencies Cited

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<thead>
<tr>
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<tbody>
<tr>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>Corrected</td>
</tr>
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<td></td>
<td>Verified</td>
</tr>
<tr>
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<td>Corrected</td>
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</table>

#### Statement of Deficiency

- **#GKCN13** Served 8/20/2019
  - Deficiencies Cited: 83.55(6)(b)
- **#GKCN12** Served 7/9/2018
  - Deficiencies Cited: 83.55(6)(b)
  - Subject Area: BATH AND TOILET AREAS: WATER TEMPERATURE
  - Compliance:
    - Verified: 2/26/19
    - Corrected: No

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Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0125665    End Date: 10/31/2017    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GKCN11   Served 1/19/2018

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.17(2)(a)</td>
<td>EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE</td>
<td>5/23/18</td>
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<tr>
<td>83.20(2)(b)</td>
<td>TRAINING IN FIRE SAFETY</td>
<td>5/23/18</td>
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<tr>
<td>83.35(2)</td>
<td>TEMPORARY SERVICE PLAN</td>
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<td>83.35(3)(d)</td>
<td>SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
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<tr>
<td>83.59(2)(b)</td>
<td>SOLID CORE WOOD DOORS OR EQUIVALENT</td>
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Survey ID: 0124737    End Date: 8/30/2017    Type: OTHER    Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122953    End Date: 2/21/2017    Type: OTHER    Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

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<th>Date</th>
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<td>1/17/2018</td>
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<td>9/30/2016</td>
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### Enforcement History (FRANKLIN HOUSE--0015898)

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<td>9/30/2016</td>
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### Complaint History (FRANKLIN HOUSE--0015898)

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<th>Result</th>
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<td>1/12/2017</td>
<td>2/13/2017</td>
<td>STAFF TRAINING AND PROFICIENCY</td>
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# Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CS (SEMIAMBULATORY)

## Facility Information

- **Facility Name:** HIDDEN TERRACE (0009379)  
- **Address:** 3405 W SYCAMORE, FRANKLIN, WI 53132  
- **License Status:** REGULAR  
- **Licensed/Certified/Registered:** 2/1/2002 12:00:00AM  
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

### Survey ID: 0129228
- **End Date:** 10/31/2018  
- **Type:** OTHER  
- **Purpose:** VERIFICATION VISIT  
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0127445
- **End Date:** 7/12/2018  
- **Type:** OTHER  
- **Purpose:** DESK REVIEW  
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0126682
- **End Date:** 4/30/2018  
- **Type:** OTHER  
- **Purpose:** COMPLAINT  
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey ID: 0126568
- **End Date:** 2/27/2018  
- **Type:** OTHER  
- **Purpose:** COMPLAINT  
- **Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7SWC11 Served 4/30/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.32(3)(i)</td>
<td>RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT</td>
<td>10/31/18</td>
</tr>
</tbody>
</table>

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# Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CS (SEMIAMBULATORY)

## Survey ID: 0125995

End Date: 2/9/2018

Type: Abbreviated

Purpose: Survey/Complaint

Results: Statement of Deficiency Issued

Statement of Deficiency: #6LH311 Served 2/23/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.45(3)</td>
<td>TOXIC SUBSTANCES</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>7/12/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Enforcement History (HIDDEN TERRACE--0009379)

- **Date:** 4/24/2018
- **SOD #:** 7SWC11
- **Appealed:**
- **Decision:** PENDING

Sanctions:

- FORFEITURE---83.32(3)(i)

### Complaint History (HIDDEN TERRACE--0009379)

- **Date Complaint Received:** 3/14/2018
- **Date Investigation Completed:** 4/30/2018
- **Result:** NOT SUBSTANTIATED

- **Subject Area(s):** RESIDENT RIGHTS

- **Date Complaint Received:** 2/19/2018
- **Date Investigation Completed:** 2/27/2018
- **Result:** SUBSTANTIATED

- **Subject Area(s):** PHYSICAL ENVIRONMENT/SAFETY

- **Date Complaint Received:** 12/18/2017
- **Date Investigation Completed:** 2/9/2018
- **Result:** NOT SUBSTANTIATED

- **Subject Area(s):** RESIDENT RIGHTS

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Facility Information

Facility Name: LAKE POINTE MANOR (310266)
Address: 8781 TRAVIS CT, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 6/12/1996 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129381   End Date: 12/12/2018   Type: OTHER   Purpose: VERIFICATION VISIT   Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128530   End Date: 9/19/2018   Type: OTHER   Purpose: DESK REVIEW   Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128566   End Date: 9/10/2018   Type: ABBREVIATED   Purpose: SURVEY   Results: ENFORCEMENT ACTION
Statement of Deficiency: #261711

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.27(2)(a)</td>
<td>ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12/12/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
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</table>

Enforcement History (LAKE POINTE MANOR--310266)

Date: 11/13/2018   SOD #261711   Appealed:   Decision: PENDING
Sanctions
FORFEITURE---83.27(2)(a)

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Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES COVENTRY (0015226)
Address: 8028 W COVENTRY DR, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 10/21/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0128538 End Date: 9/12/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126791 End Date: 5/1/2018 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #XNCT11 Served 5/22/2018

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<thead>
<tr>
<th>Compliance Verified</th>
<th>Compliance Corrected</th>
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<tbody>
<tr>
<td>9/12/18</td>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Compliance Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>9/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>RIGHTS OF RESIDENTS: FREE OF MISTREATMENT</td>
<td>9/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>LIMITATIONS ON CONTROL OF RESIDENT FUNDS</td>
<td>9/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>ACCOUNTING METHOD FOR TRACKING RESIDENT CASH</td>
<td>9/12/18</td>
<td>Yes</td>
</tr>
<tr>
<td>MORE THAN $200 PERSONAL FUNDS FROM RESIDENT</td>
<td>9/12/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0124055 End Date: 5/17/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VD3T11 Served 8/28/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.36(1)(a)</td>
<td>ADEQUATE STAFF TO MEET RESIDENT NEEDS</td>
<td>9/12/18 Yes</td>
</tr>
<tr>
<td>83.45(3)</td>
<td>TOXIC SUBSTANCES</td>
<td>9/12/18 Yes</td>
</tr>
<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
<td>9/12/18 Yes</td>
</tr>
<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
<td>9/12/18 Yes</td>
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Enforcement History

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<tr>
<th>Date: 5/22/2018</th>
<th>SOD #XNCT11</th>
<th>Appealed: No</th>
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Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.34(3)

<table>
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<tr>
<th>Date: 8/28/2017</th>
<th>SOD #VD3T11</th>
<th>Appealed:</th>
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Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.36(1)(a)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)
Provider Inspection Summary

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

Community-Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE HAVEN (0011114)
Address: 6795 S 51ST ST, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 8/1/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0126564 End Date: 4/11/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124804 End Date: 7/17/2017 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #YBTD11 Served 10/25/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>83.38(1)(c)</td>
<td>LEISURE TIME ACTIVITIES</td>
<td>Verified</td>
</tr>
<tr>
<td>83.43(1)</td>
<td>ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE</td>
<td>Corrected</td>
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</tbody>
</table>

Enforcement History (PINE HAVEN--0011114)

Date: 10/20/2017 SOD #YBTD11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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### Complaint History (PINE HAVEN--0011114)

<table>
<thead>
<tr>
<th>Date Complaint Received: 5/16/2017</th>
<th>Date Investigation Completed: 7/17/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<td></td>
<td>SOD #</td>
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</tbody>
</table>

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## Facility Information

Facility Name: REM WISCONSIN II INC COLLEGE AVE (0010402)
Address: 3177 W COLLEGE AVE, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 3/1/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

Survey ID: 0124969 End Date: 10/4/2017 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Community-Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ROBINWOOD MANOR (310234)
Address: 10520 W ROBINWOOD LN, FRANKLIN, WI 53132
License Status: REGULAR
Licensed/Certified/Registered 12/2/1995 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>
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</thead>
<tbody>
<tr>
<td>0125132</td>
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<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>Results</td>
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<tr>
<td>0122725</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>0122231</td>
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<tr>
<td>Results</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>Statement of Deficiency: #1YB311</td>
<td>Served 1/20/2017</td>
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<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.35(1)(c)</td>
<td>LISTED AREAS FOR ASSESSMENTS</td>
</tr>
<tr>
<td>83.45(3)</td>
<td>TOXIC SUBSTANCES</td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
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</table>

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## Complaint History (ROBINWOOD MANOR--310234)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/2017</td>
<td>10/9/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROGRAM SERVICES NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>12/9/2016</td>
<td>1/5/2017</td>
<td>ADMINISTRATION NOT SUBSTANTIATED</td>
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<td>PROGRAM SERVICES NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>10/9/2016</td>
<td>1/5/2017</td>
<td>RESIDENT RIGHTS NOT SUBSTANTIATED</td>
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</tbody>
</table>

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### Facility Information

- **Facility Name:** SKY RESIDENTIAL FRANKLIN (0012151)
- **Address:** 8104 S 35TH ST, FRANKLIN, WI 53132
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 11/1/2007 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

- **Survey ID:** 0122767
- **End Date:** 2/20/2017
- **Type:** OTHER
- **Purpose:** COMPLAINT
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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