

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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 24.00 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 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRENWOOD PARK ASSISTED LIVING (0015615)

Address: 9535 W LOOMIS RD, FRANKLIN, WI 53132

License Status: PROBATIONARY

Licensed/Certified/Registered 08/01/2015 12:00:00AM

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

Survey History

Survey ID: 0120499 **End Date:** 02/15/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0118284 **End Date:** 07/29/2015 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (BRENWOOD PARK ASSISTED LIVING--0015615)

Date Complaint Received: 11/23/2015

Date Investigation Completed: 02/15/2016

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 2 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: BROTOLOC FRANKLIN (0013104)

Address: 9460 S 46TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/05/2010 12:00:00AM

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

Survey History

Survey ID: 0119012 **End Date:** 09/16/2015 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XMKG11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	FIRE PROTECTION SYSTEM		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0114094 **End Date:** 11/12/2013 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLIFDEN COURT - EAST HOUSE (0015493)

Address: 6751 S 68TH STREET, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/07/2015 12:00:00AM

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

Survey History

Survey ID: 0120917 **End Date:** 02/24/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119132 **End Date:** 08/26/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PF4411 Served 11/30/2015

Deficiencies Cited
83.32(3)(i)

Subject Area
RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified

Corrected

Survey ID: 0117892 **End Date:** 04/30/2015 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (CLIFDEN COURT - EAST HOUSE--0015493)

Date: 11/24/2015 **SOD #**PF4411 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

FORFEITURE---83.32(3)(i)

This is Page 4 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLIFDEN COURT - EAST HOUSE--0015493)

Date Complaint Received: 05/22/2015

Date Investigation Completed: 08/26/2015

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
PF4411

This is Page 5 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLIFDEN COURT - WEST HOUSE (0015494)

Address: 6771 S 68TH STREET, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/07/2015 12:00:00AM

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

Survey History

Survey ID: 0120796 **End Date:** 04/13/2016 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120578 **End Date:** 02/24/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118941 **End Date:** 09/17/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z06S11 Served 11/05/2015

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified

Corrected

Survey ID: 0117893 **End Date:** 04/30/2015 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

This is Page 6 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CLIFDEN COURT - WEST HOUSE--0015494)

Date: 10/27/2015 **SOD #**Z06S11 **Appealed:** Yes **Decision:** WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

Complaint History (CLIFDEN COURT - WEST HOUSE--0015494)

Date Complaint Received: 08/03/2015

Date Investigation Completed: 09/17/2015

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

NOT RECORDED

This is Page 7 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIANA HOME III (0014242)

Address: 7861 S 68TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 07/01/2013 12:00:00AM

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

Survey History

Survey ID: 0121562 **End Date:** 07/21/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N5X511 Served 10/20/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(b)	EQUIPMENT		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Complaint History (ELIANA HOME III--0014242)

Date Complaint Received: 06/20/2016

Date Investigation Completed: 07/21/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 8 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE NORTH (0009330)

Address: 9329 S 48TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002 12:00:00AM

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

Survey History

Survey ID: 0114746 **End Date:** 02/11/2014 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE SOUTH (0010429)

Address: 9355 S 48TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 12:00:00AM

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

Survey History

Survey ID: 0120650 **End Date:** 02/10/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ELIZABETH RESIDENCE SOUTH--0010429)

Date Complaint Received: 02/04/2016

Date Investigation Completed: 02/10/2016

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/14/2016

Date Investigation Completed: 02/10/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

This is Page 10 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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: 0119347 **End Date:** 12/21/2015 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119314 **End Date:** 11/24/2015 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #06PH11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	12/21/15	Yes

Complaint History (FOXCROFT CROSSING--0013959)

Date Complaint Received: 10/14/2015

Date Investigation Completed: 11/25/2015

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 11 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FRANKLIN HOUSE (0015898)

Address: 9132 SOUTH 92ND STREET, FRANKLIN, WI 53132

License Status: PROBATIONARY

Licensed/Certified/Registered 03/24/2016 12:00:00AM

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

Survey History

Survey ID: 0121365 **End Date:** 08/02/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8V4111 Served 10/01/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

Survey ID: 0119986 **End Date:** 03/24/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (FRANKLIN HOUSE--0015898)

Date: 09/30/2016 **SOD #**8V4111 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

This is Page 12 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FRANKLIN HOUSE--0015898)

Date Complaint Received: 07/11/2016

Date Investigation Completed: 08/02/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8V4111

Date Complaint Received: 07/01/2016

Date Investigation Completed: 08/02/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8V4111

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

8V4111

This is Page 13 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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 02/01/2002 12:00:00AM

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

Survey History

Survey ID: 0120547 **End Date:** 02/11/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0115840 **End Date:** 07/23/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZILN11 Served 08/25/2014

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

Complaint History (HIDDEN TERRACE--0009379)

Date Complaint Received: 06/25/2014

Date Investigation Completed: 07/23/2014

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED

SOD #

ZILN11

This is Page 14 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LAKE POINTE MANOR (310266)

Address: 8781 TRAVIS CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/12/1996 12:00:00AM

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

Survey History

Survey ID: 0121668 **End Date:** 08/09/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6MNZ12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION		

This is Page 15 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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: 0119522 **End Date:** 01/05/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118433 **End Date:** 06/22/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0116374 **End Date:** 10/21/2014 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

Complaint History (NEXT STEP IN RESIDENTIAL SERVICES COVENTRY--0015226)

Date Complaint Received: 10/28/2015

Date Investigation Completed: 01/05/2016

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 16 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: OAK CREST FRANKLIN HOME (310628)

Address: 7599 FRANCIS CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 07/01/1997 12:00:00AM

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

Survey History

Survey ID: 0118917 **End Date:** 09/23/2015 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BRWC11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		

Survey ID: 0115802 **End Date:** 07/24/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0115372 **End Date:** 05/07/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K1ML11 Served 05/19/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.49(1)	5-YEAR DELAY FOR SPRINKLER SYSTEM: CLASS C	6/30/14	Yes

This is Page 17 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0115315 **End Date:** 04/28/2014 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OAK CREST FRANKLIN HOME--310628)

Date: 05/16/2014 **SOD #**K1ML11 **Appealed:** No

Sanctions

ACCRUING FORFEITURE

FORFEITURE---83.49(1)

FORFEITURE---Final Accruing Assessed SOD #K1ML11

This is Page 18 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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 08/01/2006 12:00:00AM

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

Survey History

Survey ID: 0119325 **End Date:** 11/04/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118226 **End Date:** 05/20/2015 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0117683 **End Date:** 04/09/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4HI211 Served 05/08/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	FIRE PROTECTION SYSTEM	5/20/15	Yes

This is Page 19 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PINE HAVEN--0011114)

Date Complaint Received: 10/14/2015

Date Investigation Completed: 11/25/2015

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2015

Date Investigation Completed: 04/07/2015

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/10/2015

Date Investigation Completed: 04/07/2015

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2015

Date Investigation Completed: 04/07/2015

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

4HI211

This is Page 20 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 03/01/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0119520 **End Date:** 01/08/2016 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119329 **End Date:** 12/03/2015 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119063 **End Date:** 10/28/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #57NC11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	12/3/15	Yes
83.35(1)(c)	NUTRITIOUS SNACK OFFERED		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.45(1)(a)	EXTERIOR AREAS	12/3/15	Yes

Survey ID: 0115251 **End Date:** 04/21/2014 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (REM WISCONSIN II INC COLLEGE AVE--0010402)

Date Complaint Received: 09/04/2015

Date Investigation Completed: 10/28/2015

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/20/2013

Date Investigation Completed: 04/21/2014

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 22 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

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 12/02/1995 12:00:00AM

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

Survey History

Survey ID: 0115056 **End Date:** 03/18/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PMI012 Served 04/12/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.22(3)	TRAINING IN DAILY LIVING ACTIVITIES REQUIRED		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

This is Page 23 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SKY RESIDENTIAL FRANKLIN (0012151)

Address: 8104 S 35TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007 12:00:00AM

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

Survey History

Survey ID: 0121367 **End Date:** 06/23/2016 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0115091 **End Date:** 04/02/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L6LD13 Served 04/15/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/23/16	Yes
83.45(1)(d)	HAZARDS	6/23/16	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	6/23/16	Yes

Complaint History (SKY RESIDENTIAL FRANKLIN--0012151)

Date Complaint Received: 06/06/2016

Date Investigation Completed: 06/23/2016

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 24 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.