

Provider Inspection Summary

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

Milwaukee

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 39.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BREWOOD PARK ASSISTED LIVING (0015615)

Address: 9535 W LOOMIS RD, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0147708 **End Date:** 09/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146027 **End Date:** 03/26/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140670 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BRENWOOD PARK ASSISTED LIVING--0015615)

Date Complaint Received: 07/10/2024

Date Investigation Completed: 09/27/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/12/2024

Date Investigation Completed: 03/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/02/2022

Date Investigation Completed: 08/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 3 of 39 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 01/21/2022 to 01/20/2025

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 04/19/2018 12:00:00AM

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

Survey History

Survey ID: 0144803 **End Date:** 08/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YZQU11 Served 11/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(1)(c)	30 DAY WRITTEN NOTICE OF CHANGES		Withdrawn
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		Withdrawn
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS		

Survey ID: 0143471 **End Date:** 03/29/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3H912 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

This is Page 4 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141932 **End Date:** 08/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3H911 Served 01/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/29/23	No
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	3/29/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/29/23	Yes

Enforcement History (CLIFDEN COURT EAST--0016973)

Date: 11/13/2023 **SOD #**YZQU11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(k)

Date: 06/26/2023 **SOD #**H3H912 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.36(1)(b)

Date: 01/23/2023 **SOD #**H3H911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

This is Page 5 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLIFDEN COURT EAST--0016973)

Date Complaint Received: 06/14/2023

Date Investigation Completed: 08/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YZQU11

Date Complaint Received: 04/11/2022

Date Investigation Completed: 08/04/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

H3H911

Date Complaint Received: 04/06/2022

Date Investigation Completed: 08/04/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/21/2022

Date Investigation Completed: 08/04/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 6 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLIFDEN COURT WEST (0016974)

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

License Status: REGULAR

Licensed/Certified/Registered 05/01/2019 12:00:00AM

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

Survey History

Survey ID: 0148609 **End Date:** 11/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R0DH11 Served 01/28/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		

Survey ID: 0145637 **End Date:** 02/12/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLIFDEN COURT WEST--0016974)

Date Complaint Received: 11/05/2024

Date Investigation Completed: 11/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

R0DH11

Date Complaint Received: 11/01/2024

Date Investigation Completed: 11/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

R0DH11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/23/2024

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 8 of 39 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 01/21/2022 to 01/20/2025

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: 0147365 **End Date:** 08/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146397 **End Date:** 05/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145607 **End Date:** 12/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EN7L11 Served 02/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/3/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/3/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/3/24	Yes

This is Page 9 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144827 **End Date:** 09/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #628E11 Served 11/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/16/24	Yes
83.25	CONTINUING EDUCATION	8/15/24	Yes
83.46(1)(f)	COMBUSTIBLES	8/16/24	Yes

Survey ID: 0139798 **End Date:** 05/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ELIZABETH RESIDENCE NORTH--0009330)

Date: 02/14/2024 **SOD #**EN7L11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.22(1-4)
FORFEITURE---83.37(2)(e)

Date: 11/15/2023 **SOD #**628E11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25

Date: 01/26/2022 **SOD #**GVBZ13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

This is Page 11 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ELIZABETH RESIDENCE NORTH--0009330)

Date Complaint Received: 11/21/2023

Date Investigation Completed: 12/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/11/2023

Date Investigation Completed: 12/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 12/14/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EN7L11

RESIDENT RIGHTS

SUBSTANTIATED

EN7L11

Date Complaint Received: 06/09/2023

Date Investigation Completed: 09/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 12 of 39 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 01/21/2022 to 01/20/2025

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: 0147756 **End Date:** 08/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7T9H12 Served 10/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		

Survey ID: 0145998 **End Date:** 01/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145544 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7T9H11 Served 02/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.22(1)-(4)	TASK SPECIFIC TRAINING	8/15/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/15/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	8/15/24	Yes

Survey ID: 0143920 **End Date:** 07/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143234 **End Date:** 02/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KUE911 Served 06/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/7/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/7/23	Yes

This is Page 14 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ELIZABETH RESIDENCE SOUTH--0010429)

Date: 10/04/2024 **SOD #**7T9H12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 02/09/2024 **SOD #**7T9H11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(n)

This is Page 15 of 39 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 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ELIZABETH RESIDENCE SOUTH--0010429)

Date Complaint Received: 05/06/2024

Date Investigation Completed: 08/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/21/2023

Date Investigation Completed: 12/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7T9H11

Date Complaint Received: 10/11/2023

Date Investigation Completed: 12/06/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

7T9H11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/28/2023

Date Investigation Completed: 01/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/29/2023

Date Investigation Completed: 07/24/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/20/2022

Date Investigation Completed: 02/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 16 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOXCROFT CROSSING COURT (0020208)

Address: 7220 S FOXCROFT CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

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

Survey History

Survey ID: 0146437 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 17 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FRANKLIN HOUSE (0015898)

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

License Status: REGULAR

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

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

Survey History

Survey ID: 0148495 **End Date:** 12/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FRANKLIN HOUSE--0015898)

Date Complaint Received: 09/09/2024

Date Investigation Completed: 12/23/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 18 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Franklin Place Memory Care (0020393)

Address: 9201 W Drexel Ave, Franklin, WI 53132

License Status: PROBATIONARY

Licensed/Certified/Registered 06/01/2024 12:00:00AM

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

Survey History

Survey ID: 0148183 **End Date:** 11/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZX512 Served 11/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/28/25	Yes
83.45(1)(b)	BUILDING INTEGRITY	1/28/25	Yes

Survey ID: 0147379 **End Date:** 07/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZX511 Served 08/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(d)	CLASS C AMBULATORY (CA)	11/13/24	Yes

Survey ID: 0146607 **End Date:** 06/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Franklin Place Memory Care--0020393)

Date: 11/29/2024 **SOD #**MZX512 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/20/2024 **SOD #**MZX511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

This is Page 20 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Franklin Place Memory Care--0020393)

Date Complaint Received: 01/14/2025

Date Investigation Completed: 01/28/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/04/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/07/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/01/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 21 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: HIDDEN TERRACE (0018662)

Address: 3405 WEST SYCAMORE STREET, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 09/30/2022 12:00:00AM

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

Survey History

Survey ID: 0140889 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JSWV12 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(a)	EXTERIOR AREAS	12/16/22	Yes

Survey ID: 0140386 **End Date:** 06/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JSWV11 Served 08/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING	9/20/22	Yes
83.35(3)(a)	ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE	9/20/22	Yes
83.35(5)(a)	PLAN		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION	9/20/22	Yes
	LIMITATIONS		
83.41(3)(b)	FOOD SAFETY	9/20/22	Yes

This is Page 22 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.45(1)(a)

EXTERIOR AREAS

9/20/22

No

Survey ID: 0139759 End Date: 05/04/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HIDDEN TERRACE--0018662)

Date: 08/05/2022 SOD #JSWV11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HIDDEN TERRACE--0018662)

Date Complaint Received: 04/12/2022 Date Investigation Completed: 05/04/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD

This is Page 23 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LAKE POINTE MANOR (0018667)

Address: 8781 TRAVIS COURT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 09/30/2022 12:00:00AM

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

Survey History

Survey ID: 0147795 **End Date:** 10/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RFTQ11 Served 10/09/2024

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified

Corrected

Survey ID: 0140884 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5U6D12 Served 09/30/2022

Deficiencies Cited
83.59(1)(a)

Subject Area
CLASS AS, ANA, CS, CNA 2 GRADE LEVEL
EXITS

Compliance
Verified
11/14/22

Corrected
Yes

This is Page 24 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140375 **End Date:** 07/05/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5U6D11 Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/19/22	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	9/19/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/19/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/19/22	Yes
83.47(2)(d)	FIRE DRILLS	9/19/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/19/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/19/22	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	9/20/22	No
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/19/22	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	9/19/22	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	9/19/22	Yes

Enforcement History (LAKE POINTE MANOR--0018667)

Date: 10/09/2024 **SOD #**RFTQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/04/2022 **SOD #**5U6D11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 25 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (LAKE POINTE MANOR--0018667)

Date Complaint Received: 06/07/2024

Date Investigation Completed: 10/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 26 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVE FRANKLIN (0018068)

Address: 7220 SOUTH BALLPARK DRIVE, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/24/2021 12:00:00AM

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

Survey History

Survey ID: 0147458 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1AHE12 Served 08/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		

Survey ID: 0146586 **End Date:** 04/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1AHE11 Served 06/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	8/9/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/9/24	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	8/9/24	Yes
83.41(3)(b)	FOOD SAFETY	8/9/24	Yes
83.47(2)(d)	FIRE DRILLS	8/9/24	Yes

This is Page 27 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140038 **End Date:** 06/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140127 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEW PERSPECTIVE FRANKLIN--0018068)
--

Date: 08/29/2024 **SOD #**1AHE12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/03/2024 **SOD #**1AHE11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

This is Page 28 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE FRANKLIN--0018068)

Date Complaint Received: 08/01/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/26/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1AHE12

Date Complaint Received: 05/14/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/19/2024

Date Investigation Completed: 04/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/18/2024

Date Investigation Completed: 04/08/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 29 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/14/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/31/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 05/18/2022

Result

NOT SUBSTANTIATED

SOD #

This is Page 30 of 39 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 01/21/2022 to 01/20/2025

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: 0140500 **End Date:** 08/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE HAVEN (0018657)

Address: 6795 SOUTH 51ST STREET, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 09/30/2022 12:00:00AM

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

Survey History

Survey ID: 0140896 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RMND12 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/14/22	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	11/14/22	Yes
83.45(3)	TOXIC SUBSTANCES	11/14/22	Yes
83.46(1)(f)	COMBUSTIBLES	11/14/22	Yes

This is Page 32 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140434 End Date: 07/29/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RMND11 Served 08/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/20/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/20/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/20/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	9/20/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	9/20/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/20/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/20/22	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/20/22	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	9/20/22	No
83.45(3)	TOXIC SUBSTANCES	9/20/22	No
83.46(1)(f)	COMBUSTIBLES	9/20/22	No
83.47(2)(d)	FIRE DRILLS	9/20/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/20/22	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	9/20/22	Yes
83.54(1)(b)	BEDROOM WALLS AND DOORS	9/20/22	Yes

This is Page 33 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PINE HAVEN--0018657)

Date: 08/15/2022 **SOD #**RMND11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.37(2)(c)

FORFEITURE---83.47(2)(d)

This is Page 34 of 39 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 01/21/2022 to 01/20/2025

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

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

This is Page 35 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ROBINWOOD MANOR (0018663)

Address: 10520 WEST ROBINWOOD LANE, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 09/20/2022 12:00:00AM

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

Survey History

Survey ID: 0144061 **End Date:** 08/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140807 **End Date:** 09/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140331 **End Date:** 07/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D44X11 Served 08/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	9/19/22	Yes

Enforcement History (ROBINWOOD MANOR--0018663)

Date: 08/02/2022 **SOD #**D44X11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

This is Page 36 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (ROBINWOOD MANOR--0018663)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 08/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 37 of 39 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 01/21/2022 to 01/20/2025

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: 0145703 **End Date:** 02/16/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143723 **End Date:** 07/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144142 **End Date:** 03/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IHK811 Served 09/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/16/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/16/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/16/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/16/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	2/16/24	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	2/16/24	Yes

This is Page 38 of 39 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1)

ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

2/16/24

Yes

Survey ID: 0139028 End Date: 03/16/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SKY RESIDENTIAL FRANKLIN--0012151)

Date: 09/07/2023 SOD #IHK811 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---IHK811

Complaint History (SKY RESIDENTIAL FRANKLIN--0012151)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 02/16/2024

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/05/2023

Date Investigation Completed: 07/07/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/15/2023

Date Investigation Completed: 03/25/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

This is Page 39 of 39 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.