

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 GREENFIELD. 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 37.00 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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: ABBYHAVEN (0018664)

Address: 4865 SOUTH 95TH STREET, GREENFIELD, WI 53228

License Status: REGULAR

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

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

Survey History

Survey ID: 0147273 **End Date:** 08/06/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143794 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQRD13 Served 07/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	8/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/6/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140892 End Date: 09/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BQRD12 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	12/16/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/16/22	Yes

Survey ID: 0140266 End Date: 07/01/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQRD11 Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	9/23/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/23/22	Yes
83.29(2)	ADMISSION AGREEMENT	9/23/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/23/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/23/22	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	9/23/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/23/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/23/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (ABBYHAVEN--0018664)

Date: 07/31/2023 **SOD #**BQRD13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/29/2022 **SOD #**BQRD11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.05(4m)(b)intro

FORFEITURE---83.37(2)(e)

Complaint History (ABBYHAVEN--0018664)

Date Complaint Received: 05/29/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/27/2023

Date Investigation Completed: 04/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: AUTUMN LIVING SOUTH (0010953)

Address: 4340 S 116TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: CHI CARES GREENFIELD (0018895)

Address: 3826 South 36th Street, Greenfield, WI 53221

License Status: REGULAR

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

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

Survey History

Survey ID: 0147326 **End Date:** 06/19/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UWWL11 Served 08/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

83.37(2)(e) OTHER ADMINISTRATION GIVEN OR
DELEGATED BY RN
83.38(1)(g) HEALTH MONITORING
83.47(2)(e) OTHER EVACUATION DRILLS
83.59(7)(a) EMERGENCY EGRESS LIGHTING PROVIDED

Survey ID: 0141877 End Date: 12/16/2022 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VW4211 Served 01/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/23/23	Yes
83.41(3)(b)	FOOD SAFETY	3/23/23	Yes

Survey ID: 0140205 End Date: 06/09/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (CHI CARES GREENFIELD--0018895)

Date: 08/14/2024 SOD #UWWL11 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

Complaint History (CHI CARES GREENFIELD--0018895)

Date Complaint Received: 05/22/2024 Date Investigation Completed: 06/19/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	UWWL11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLEMENT MANOR INC (0016468)

Address: 3939 S 92ND STREET, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 04/06/2017 12:00:00AM

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

Survey History

Survey ID: 0145981 **End Date:** 03/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144335 **End Date:** 06/22/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144337 **End Date:** 04/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138820 **End Date:** 02/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLEMENT MANOR INC--0016468)

Date Complaint Received: 01/22/2024

Date Investigation Completed: 03/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/18/2023

Date Investigation Completed: 03/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/05/2023

Date Investigation Completed: 06/22/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/20/2023

Date Investigation Completed: 04/26/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS LAYTON COURT (0012491)

Address: 12320 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 10/10/2008 12:00:00AM

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

Survey History

Survey ID: 0144190 **End Date:** 08/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141075 **End Date:** 06/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4X6C12 Served 10/18/2022

Deficiencies Cited
83.55(6)(b)

Subject Area
BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance
Verified

Corrected

Enforcement History (CREATIVE LIVING ENVIRONMENTS LAYTON COURT--0012491)

Date: 10/18/2022 **SOD #**4X6C12 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 02/23/2022 **SOD #**4X6C11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (CREATIVE LIVING ENVIRONMENTS LAYTON COURT--0012491)

Date Complaint Received: 06/09/2023

Date Investigation Completed: 08/15/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: HILLCREST HOMES 44TH (310118)

Address: 5210 S 44TH ST, GREENFIELD, WI 532205111

License Status: REGULAR

Licensed/Certified/Registered 09/15/1991 12:00:00AM

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

Survey History

Survey ID: 0147748 **End Date:** 09/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAYTON TERRACE (0018810)

Address: 9200 W LAYTON AVENUE, GREENFIELD, WI 53228

License Status: REGULAR

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

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

Survey History

Survey ID: 0148624 **End Date:** 11/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JJ9F12 Served 01/30/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(h)	MEDICATION ADMINISTRATION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0147395 **End Date: 06/26/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JJ9F11 Served 08/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/1/24	No
83.38(1)(g)	HEALTH MONITORING	11/1/24	Yes

Survey ID: 0144686 **End Date: 10/25/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143467 **End Date: 06/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142559 **End Date: 03/21/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141948 **End Date: 01/20/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7IEO11 Served 01/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/23/23	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	3/21/23	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	3/24/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/21/23	Yes
83.41(3)(b)	FOOD SAFETY	3/21/23	Yes

Survey ID: 0141311 **End Date: 11/08/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139704 **End Date: 06/01/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAYTON TERRACE--0018810)

Date: 08/22/2024 **SOD #**JJ9F11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

Date: 01/26/2023 **SOD #**7IEO11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LAYTON TERRACE--0018810)

Date Complaint Received: 07/23/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)
 PROGRAM SERVICES
 RESIDENT RIGHTS

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 07/02/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)
 ADMINISTRATION
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 05/29/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

Date Complaint Received: 04/18/2024

Date Investigation Completed: 06/27/2024

Subject Area(s)
 ADMINISTRATION
 PHYSICAL ENVIRONMENT/SAFETY
 PROGRAM SERVICES
 RESIDENT RIGHTS
 STAFF TRAINING AND PROFICIENCY

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 SUBSTANTIATED JJ9F11
 SUBSTANTIATED JJ9F11
 NOT SUBSTANTIATED

Date Complaint Received: 10/17/2023

Date Investigation Completed: 10/25/2023

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

Date Complaint Received: 05/24/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)
 ADMINISTRATION

Result SOD #
 NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/20/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/07/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 7IE011

Date Complaint Received: 07/19/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LIFECARE MANOR (0018665)

Address: 4013 SOUTH 119TH STREET, GREENFIELD, WI 53228

License Status: REGULAR

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

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

Survey History

Survey ID: 0140898 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FND712 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/14/22	Yes
83.41(3)(b)	FOOD SAFETY	11/14/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140378 **End Date:** 07/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FND711 Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/22/22	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	9/22/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	9/22/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/29/22	No
83.41(3)(b)	FOOD SAFETY	9/29/22	No
83.47(2)(d)	FIRE DRILLS	9/23/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/23/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/23/22	Yes

Enforcement History (LIFECARE MANOR--0018665)

Date: 08/04/2022 **SOD #FND711** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(2)(e)
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MIDLAND TERRACE (0018656)

Address: 5128 WEST MIDLAND DRIVE, GREENFIELD, WI 53220

License Status: REGULAR

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

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

Survey History

Survey ID: 0145597 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #79UD14 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(d)	HAZARDS		

Survey ID: 0140895 **End Date:** 09/27/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #79UD13 Served 09/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	11/14/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140645 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #79UD12 Served 09/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/27/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/27/22	Yes

Survey ID: 0139999 **End Date:** 05/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #79UD11 Served 06/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/11/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/11/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/11/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/11/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/23/22	No
83.38(1)(b)	SUPERVISION	8/11/22	Yes
83.41(3)(b)	FOOD SAFETY	8/11/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/11/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (MIDLAND TERRACE--0018656)

Date: 09/02/2022 **SOD #**79UD12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

Date: 06/30/2022 **SOD #**79UD11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.35 (1)(a)
FORFEITURE---83.35(3)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(b)

Complaint History (MIDLAND TERRACE--0018656)

Date Complaint Received: 08/02/2023

Date Investigation Completed: 02/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

79UD14

Date Complaint Received: 02/14/2022

Date Investigation Completed: 05/18/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TREE OF LIFE GREENFIELD (0016957)

Address: 3171 S 100TH ST, GREENFIELD, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0148622 **End Date:** 11/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EIN911 Served 01/29/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (TREE OF LIFE GREENFIELD--0016957)

Date Complaint Received: 10/22/2024

Date Investigation Completed: 11/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Villa of Greenfield (0016630)

Address: 8765 W FOREST HOME AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 06/15/2017 12:00:00AM

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

Survey History

Survey ID: 0147889 **End Date:** 08/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQT416 Served 10/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION		
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(a)	PERSONAL CARE		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145674 **End Date: 01/17/2024** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQT415 Served 02/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	8/12/24	Yes
83.55(6)(a)	BATH AND TOILET AREAS: WATER SUPPLY	8/12/24	Yes

Survey ID: 0144959 **End Date: 11/28/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144539 **End Date: 08/31/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQT414 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	1/17/24	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	1/17/24	No
83.41(2)(a)	NUTRITION: DIET	1/17/24	Yes
83.41(3)(b)	FOOD SAFETY	1/17/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/17/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143597 End Date: 03/24/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQT413 Served 07/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/31/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/31/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/31/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/31/23	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	8/31/23	Yes
83.15(3)(c)	QUALIFIED STAFF DESIGNATED AS IN CHARGE	8/31/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/31/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/31/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/31/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/31/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/31/23	Yes
83.38(1)(g)	HEALTH MONITORING	8/31/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141391 End Date: 10/21/2022 Type: OTHER Purpose: SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/7/23	No
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	3/7/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	3/7/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/7/23	No
83.14(2)(k)	OTHER OCCUPANTS NOT ADVERSELY AFFECT RESIDENT	3/7/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	3/7/23	No
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	3/7/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/7/23	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/7/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/7/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	3/7/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/7/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/7/23	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/7/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/7/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/7/23	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/7/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/7/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/7/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/7/23	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/7/23	Yes
83.38(1)(b)	SUPERVISION	3/7/23	Yes
83.38(1)(g)	HEALTH MONITORING	3/7/23	No
83.39(3)	HAND WASHING	3/7/23	Yes
83.39(5)	PETS VACCINATED	3/7/23	Yes
83.41(1)(c)	DISHWASHING	3/7/23	Yes
83.41(3)(b)	FOOD SAFETY	3/7/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/7/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/7/23	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	3/7/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/7/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/7/23	Yes
83.47(2)(d)	FIRE DRILLS	3/7/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/7/23	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	3/7/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	3/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Villa of Greenfield--0016630)

Date: 10/18/2024 **SOD #**YQT416 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 02/21/2024 **SOD #**YQT415 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/17/2023 **SOD #**YQT414 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---YQT414

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/12/2023

SOD #YQT413

Appealed:

Sanctions

COMPLY WITH REQUIREMENT

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.12(2)(a) 2nd cite

FORFEITURE---83.14(2)(a) 3rd cite

FORFEITURE---83.15(3)(a) 2nd

FORFEITURE---83.15(3)(b)

FORFEITURE---83.15(3)(c)

FORFEITURE---83.17(2)(a) 2nd cite

FORFEITURE---83.20(2)(a)-(d) 2nd cite

FORFEITURE---83.35(3)(a) 2nd cite

FORFEITURE---83.38(1)(g) 3rd cite

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 11/22/2022

SOD #YQT412

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(k)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.21(1)-(3)

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

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.42(1)

FORFEITURE---83.43(1)

FORFEITURE---83.43(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.59(4)(f)

FORFEITURE---83.60(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Villa of Greenfield--0016630)

Date Complaint Received: 06/13/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 06/06/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 04/09/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	YQT416
NOT SUBSTANTIATED	

Date Complaint Received: 12/18/2023

Date Investigation Completed: 01/17/2024

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 11/14/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 08/28/2023

Date Investigation Completed: 08/31/2023

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/02/2023

Date Investigation Completed: 08/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	YQT414
RESIDENT RIGHTS	SUBSTANTIATED	YQT414
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	YQT414
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 06/09/2023

Date Investigation Completed: 08/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	YQT414
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 02/21/2023

Date Investigation Completed: 03/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	YQT413

Date Complaint Received: 02/06/2023

Date Investigation Completed: 03/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	YQT413
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	YQT413
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	YQT413

Date Complaint Received: 12/20/2022

Date Investigation Completed: 03/24/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/28/2022

Date Investigation Completed: 03/24/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/27/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
YQT412

Date Complaint Received: 09/20/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
YQT412

Date Complaint Received: 08/12/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
YQT412

Date Complaint Received: 07/11/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
YQT412
YQT412
YQT412
YQT412
YQT412

Date Complaint Received: 03/30/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
UXEE12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/26/2022

Date Investigation Completed: 10/21/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	YQT412
SUBSTANTIATED	YQT412

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