

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 MILWAUKEE. 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 202.00 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 ANA (NONAMBULATORY)

Facility Information

Facility Name: A NURTURING HOME AWAY FROM HOME INC (0015887)

Address: 8225B N 107TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 01/23/2017 12:00:00AM

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

Survey History

Survey ID: 0148060 **End Date:** 09/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3B9811 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.25	CONTINUING EDUCATION		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.29(2)	ADMISSION AGREEMENT		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

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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)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES
83.47(3)	FIRE INSPECTION
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS

Survey ID: 0143227 **End Date:** 05/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139794 **End Date:** 05/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A NURTURING HOME AWAY FROM HOME INC--0015887)

Date: 11/11/2024 **SOD #**3B9811 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.47(3)

Date: 02/18/2022 **SOD #**TQRG12 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Complaint History (A NURTURING HOME AWAY FROM HOME INC--0015887)

Date Complaint Received: 07/29/2024

Date Investigation Completed: 09/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

3B9811

Date Complaint Received: 01/30/2023

Date Investigation Completed: 05/30/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: A PLACE FOR MIRACLES LIVING CENTER II (0011085)

Address: 7022 N 43RD ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006 12:00:00AM

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

Survey History

Survey ID: 0143217 **End Date:** 05/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A PLACE FOR MIRACLES LIVING CENTER II--0011085)

Date: 02/26/2022 **SOD #**P49Z11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.47(2)(d)

Complaint History (A PLACE FOR MIRACLES LIVING CENTER II--0011085)

Date Complaint Received: 03/29/2023 **Date Investigation Completed:** 05/17/2023

Subject Area(s)

RESIDENT RIGHTS

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 CA (AMBULATORY)

Facility Information

Facility Name: A PLACE FOR MIRACLES LIVING CENTER III (0011885)

Address: 3927 W ROOSEVELT DR, MILWAUKEE, WI 53216

License Status: REGULAR

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

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

Survey History

Survey ID: 0143301 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142639 **End Date:** 12/29/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESGT11 Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/7/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/7/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	6/7/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/7/23	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	6/7/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/7/23	Yes
83.47(2)(b)	EXIT DIAGRAM	6/7/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (A PLACE FOR MIRACLES LIVING CENTER III--0011885)

Date: 04/04/2023 **SOD #**ESGT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A PLACE FOR MIRACLES LIVING CENTER III--0011885)

Date Complaint Received: 04/06/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

ADMINISTRATION
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD

ESGT12

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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: A PLACE FOR MIRACLES LIVING CENTER (0009870)

Address: 5100 N 42ND ST, MILWAUKEE, WI 53209

License Status: REGULAR

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

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

Survey History

Survey ID: 0143321 **End Date:** 06/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (A PLACE FOR MIRACLES LIVING CENTER--0009870)

Date Complaint Received: 04/06/2023

Date Investigation Completed: 06/06/2023

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: ABUNDANT LIFE MANOR (0011483)

Address: 1904 E BELLEVIEW PL, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006 12:00:00AM

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

Survey History

Survey ID: 0147597 **End Date:** 08/21/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VDZ711 Served 09/17/2024

Deficiencies Cited

83.37(1)(g)

83.37(2)(e)

Subject Area

DISPOSITION OF MEDICATIONS

OTHER ADMINISTRATION GIVEN OR
DELEGATED BY RN

Compliance
Verified

Corrected

Survey ID: 0147199 **End Date:** 07/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

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: 0146483 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LJ0F12 Served 05/22/2024

<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	7/9/24	Yes
83.41(3)(b)	FOOD SAFETY	7/9/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/9/24	Yes

Survey ID: 0144773 **End Date:** 08/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LJ0F11 Served 11/20/2023

<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	3/6/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/6/24	Yes
83.25	CONTINUING EDUCATION	3/6/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/6/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/6/24	Yes
83.41(3)(b)	FOOD SAFETY	3/6/24	No

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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 (ABUNDANT LIFE MANOR--0011483)

Date: 09/17/2024 **SOD #**VDZ711 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 05/22/2024 **SOD #**LJ0F12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

Date: 11/08/2023 **SOD #**LJ0F11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.37(1)(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 (ABUNDANT LIFE MANOR--0011483)

Date Complaint Received: 08/02/2024

Date Investigation Completed: 08/14/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

VDZ711

Date Complaint Received: 05/30/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/02/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 08/14/2023

Date Investigation Completed: 08/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

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: ALEXIAN VILLAGE SQUARE (0008627)

Address: 9301 N 76TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000 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 13 of 202 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AMEIRA ORCHIDS ASSISTED LIVING (0018396)

Address: 10401 WEST BRADLEY ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 05/02/2022 12:00:00AM

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

Survey History

Survey ID: 0148151 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PBY612 Served 11/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.41(3)(b)	FOOD SAFETY		

Survey ID: 0146707 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** 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)

Survey ID: 0146523 End Date: 04/02/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PBY611 Served 05/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/1/24	Yes
83.13(2)(b)	RESIDENT RECORDS RETAINED FOR 7 YEARS	10/1/24	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/1/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/1/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/1/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/1/24	Yes
83.25	CONTINUING EDUCATION	10/1/24	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	10/1/24	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	10/1/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/1/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/1/24	Yes
83.41(3)(b)	FOOD SAFETY	10/1/24	No
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	10/1/24	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: 0144482 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9JG811 Served 10/10/2023

Deficiencies Cited

83.12(2)(a)

Subject Area

CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance

Verified

12/16/23

Corrected

Yes

Survey ID: 0144682 **End Date:** 07/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139376 **End Date:** 04/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AMEIRA ORCHIDS ASSISTED LIVING--0018396)

Date: 11/22/2024 **SOD #**PBY612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 05/24/2024 **SOD #**PBY611 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.25

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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 (AMEIRA ORCHIDS ASSISTED LIVING--0018396)

Date Complaint Received: 08/09/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/17/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/13/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/07/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/16/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/26/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
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: 03/05/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 04/02/2024

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

Date Complaint Received: 02/26/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 04/02/2024

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	PBY611

Date Complaint Received: 01/18/2024

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

Date Investigation Completed: 04/02/2024

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

Date Complaint Received: 01/04/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 04/02/2024

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

Date Complaint Received: 12/20/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 04/02/2024

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
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: 08/14/2023

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 09/18/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/01/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 09/18/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/30/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 07/26/2023

Result

SUBSTANTIATED

SOD #

S4DP11

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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: ANCHORAGE HOMES II (0012095)

Address: 3843 N 51ST BLVD, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/01/2008 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 AA (AMBULATORY)

Facility Information

Facility Name: ARC MILWAUKEE WOMENS PROGRAM (0014817)

Address: 1022 W MADISON STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 06/01/2015 12:00:00AM

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

Survey History

Survey ID: 0145826 **End Date:** 03/05/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ARC MILWAUKEE WOMENS PROGRAM--0014817)

Date: 03/19/2022 **SOD #**0WCU11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARMSTEAD VENTURES LLC (0018235)

Address: 2877 NORTH 53RD STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 08/31/2021 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 AA (AMBULATORY)

Facility Information

Facility Name: BARNETT HOUSE (0015010)

Address: 2466 N 50TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 08/07/2014 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIGHT CARE (0017574)

Address: 9035 N 97TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

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

Survey History

Survey ID: 0148090 **End Date:** 09/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9915 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)(d)	POSTING ACTIVITY SCHEDULE		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.25	CONTINUING EDUCATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.55(1)(a)	ONE TOILET, SINK, AND BATH OR SHOWER		

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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: 0143151 **End Date:** 05/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143470 **End Date:** 04/13/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9914 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/18/24	No

Survey ID: 0142705 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141865 **End Date:** 08/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9913 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		

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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 (BRIGHT CARE--0017574)

Date: 11/13/2024 **SOD #**FQ9915 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.25
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)
FORFEITURE---83.47(3)
FORFEITURE---83.47(4)(a)
FORFEITURE---83.48(1)(b)

Date: 06/26/2023 **SOD #**FQ9914 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25

Date: 01/17/2023 **SOD #**FQ9913 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 04/15/2022 **SOD #**FQ9912 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25 2nd Cite
FORFEITURE---83.37(1)(e) 2nd 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)

Complaint History (BRIGHT CARE--0017574)

Date Complaint Received: 07/12/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 09/18/2024

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/09/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 05/19/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/17/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 04/12/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/18/2023

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 02/07/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP WISCONSIN INC (KEEFE) (310295)

Address: 6105 W KEEFE AVE PKWY, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 03/31/1996 12:00:00AM

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

Survey History

Survey ID: 0142194 **End Date:** 01/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #91W412 Served 02/16/2023

<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	4/3/23	Yes

Enforcement History (BROADSTEP WISCONSIN INC (KEEFE)--310295)

Date: 04/10/2022 **SOD #**WQN812 **Appealed:**

Sanctions

ORDER TO COMPLY

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

Complaint History (BROADSTEP WISCONSIN INC (KEEFE)--310295)

Date Complaint Received: 09/22/2022

Date Investigation Completed: 01/13/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN INC (CONGRESS) (310059)

Address: 6333 W CONGRESS ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/01/1987 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 AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BELWOOD VIII MARTIN) (310134)

Address: 1141 N 46TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 06/01/1992 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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BELWOOD) (0010783)

Address: 5151 W SILVER SPRING DR, MILWAUKEE, WI 532183300

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006 12:00:00AM

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

Survey History

Survey ID: 0148243 **End Date:** 09/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MRK213 Served 12/06/2024

<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		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.38(1)(a)	PERSONAL CARE		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS		
83.55(1)(a)	ONE TOILET, SINK, AND BATH OR SHOWER		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.59(4)(b)

DELAYED EGRESS: LOCKING DEVICE SIGN
POSTED

Survey ID: 0145905 **End Date:** 02/19/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MRK212 Served 03/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	9/5/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/12/24	No

Survey ID: 0143219 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142777 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143218 **End Date:** 03/03/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MRK211 Served 05/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	2/19/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	2/19/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/19/24	No

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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: 0142148 End Date: 11/02/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG114 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/4/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/4/23	Yes
83.25	CONTINUING EDUCATION	4/4/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/4/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	4/4/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/4/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/4/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/4/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/4/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/4/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/4/23	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: 0140295 End Date: 02/16/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG113 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/18/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	10/18/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/22	No
83.25	CONTINUING EDUCATION	11/2/22	No
83.38(1)(g)	HEALTH MONITORING	11/2/22	No

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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 (BROADSTEP-WISCONSIN, INC (BELWOOD)--0010783)

Date: 12/06/2024 **SOD #**MRK213 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.38(1)(i)

Date: 03/18/2024 **SOD #**MRK212 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.42(1)

Date: 06/01/2023 **SOD #**MRK211 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date: 02/14/2023

SOD #WFG114

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

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

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

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(k)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

Date: 07/28/2022

SOD #WFG113

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.25

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BROADSTEP-WISCONSIN, INC (BELWOOD)--0010783)

Date Complaint Received: 05/30/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

MRK213

Date Complaint Received: 05/22/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MRK213

Date Complaint Received: 05/13/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

MRK213

Date Complaint Received: 05/09/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

MRK213

Date Complaint Received: 04/23/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

MRK213

RESIDENT RIGHTS

SUBSTANTIATED

MRK213

Date Complaint Received: 04/18/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MRK213

Date Complaint Received: 03/21/2024

Date Investigation Completed: 09/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

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)

Date Complaint Received: 02/05/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 02/19/2024

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

MRK212

Date Complaint Received: 09/05/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 02/19/2024

Result

SUBSTANTIATED

SOD #

MRK212

Date Complaint Received: 05/17/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 05/24/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/14/2023

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 04/04/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/03/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 04/04/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/04/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 04/04/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/05/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/02/2022

Result

SUBSTANTIATED

SOD #

WFG114

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 09/29/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WFG114

Date Complaint Received: 03/08/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WFG114

Date Complaint Received: 02/14/2022

Date Investigation Completed: 02/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WFG113

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BLUEMOUND) (310038)

Address: 101 N 75TH ST, MILWAUKEE, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 10/01/1990 12:00:00AM

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

Survey History

Survey ID: 0146771 **End Date:** 05/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BROADSTEP-WISCONSIN, INC (BLUEMOUND)--310038)

Date Complaint Received: 02/08/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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 CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (HAMPTON) (310104)

Address: 4901 N 106TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/21/1988 12:00:00AM

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

Survey History

Survey ID: 0141262 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139872 **End Date:** 05/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BROADSTEP-WISCONSIN, INC (HAMPTON)--310104)

Date Complaint Received: 08/01/2022

Date Investigation Completed: 11/04/2022

Subject Area(s)

Result

SOD #

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 CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (KINNICKINNIC) (KK) (0009000)

Address: 2858 S 68TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001 12:00:00AM

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

Survey History

Survey ID: 0142855 **End Date:** 04/07/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ADDITIONAL VV FEE ASSESSED

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/7/23
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	4/7/23

Survey ID: 0140880 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BVUO11 Served 09/29/2022

<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		
83.35(2)	TEMPORARY SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC (KINNICKINNIC) (KK)--0009000)

Date: 10/04/2022 **SOD #**BVU011 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(2) Temporary Service Plan

Date: 06/15/2022 **SOD #**HVB511 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.35(3)(f)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (OKLAHOMA) (0012672)

Address: 3245 S 24TH ST, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 05/01/2010 12:00:00AM

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

Survey History

Survey ID: 0146969 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143923 **End Date:** 05/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P61911 Served 08/24/2023

Deficiencies Cited

83.35(3)(d)

83.36(1)(b)

Subject Area

SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES

QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE

Compliance
Verified

Corrected

Survey ID: 0139774 **End Date:** 05/02/2022 **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 AA (AMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC (OKLAHOMA)--0012672)

Date: 08/24/2023 **SOD #**P61911 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 02/07/2022 **SOD #**7FEG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.38(1)(i)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Complaint History (BROADSTEP-WISCONSIN, INC (OKLAHOMA)--0012672)

Date Complaint Received: 03/27/2023 **Date Investigation Completed:** 05/17/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

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 AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (SILVERLAWN) (0012049)

Address: 5554-5556 N 57TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/01/2005 12:00:00AM

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

Survey History

Survey ID: 0145064 **End Date:** 12/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143727 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZHB913 Served 07/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/13/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	12/13/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	12/13/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/13/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	12/13/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/13/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/13/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/13/23	Yes

Enforcement History (BROADSTEP-WISCONSIN, INC (SILVERLAWN)--0012049)

Date: 07/24/2023 **SOD #**ZHB913 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.28(3)
FORFEITURE---83.28(4)(a)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(1)(h)

Date: 04/01/2022 **SOD #**ZHB912 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.28(3)
FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (THURSTON) (0008680)

Address: 5734 N 94TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000 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 AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (CHAMBERS) (310079)

Address: 6328 W CHAMBERS ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 05/01/1988 12:00:00AM

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

Survey History

Survey ID: 0144131 **End Date:** 02/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3W3113 Served 09/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/22/23	Yes

Enforcement History (BROADSTEP-WISCONSIN, INC. (CHAMBERS)--310079)

Date: 02/13/2022 **SOD #**3W3112 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(5)(b)

FORFEITURE---83.37(1)(c)

FORFEITURE---83.48(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (BROADSTEP-WISCONSIN, INC. (CHAMBERS)--310079)

Date Complaint Received: 11/21/2022

Date Investigation Completed: 02/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (FLORIST) (0009565)

Address: 7401 W FLORIST AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002 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 CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (KIEHNAU) (0011199)

Address: 10133 10135 W KIEHNAU AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/29/2006 12:00:00AM

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

Survey History

Survey ID: 0141367 **End Date:** 06/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROADSTEP-WISCONSIN, INC. (KIEHNAU)--0011199)

Date: 03/16/2022 **SOD #**ZP7112 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(5)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BURLEIGH HOUSE (0015155)

Address: 8221 W BURLEIGH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 07/28/2014 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: CALUMET CORNERS I (0018512)

Address: 10730 WEST CALUMET ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 06/01/2021 12:00:00AM

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

Survey History

Survey ID: 0141923 **End Date:** 01/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141347 **End Date:** 09/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0H4G11 Served 11/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	1/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/23	Yes
83.37(1)(d)	DOCUMENTATION	1/10/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/10/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/10/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/10/23	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 (CALUMET CORNERS I--0018512)

Date: 11/14/2022 SOD #0H4G11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (CALUMET CORNERS I--0018512)

Date Complaint Received: 09/16/2022

Date Investigation Completed: 09/28/2022

Subject Area(s)

Result

SOD #

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)

Facility Information

Facility Name: CHAI POINT ASSISTED LIVING (310190)

Address: 1400 N PROSPECT AVE, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 03/28/1995 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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME (0017380)

Address: 4265 N 104TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 01/08/2020 12:00:00AM

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

Survey History

Survey ID: 0148184 **End Date:** 11/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140779 **End Date:** 09/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140288 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #21B411 Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	9/14/22	Yes
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	9/14/22	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)

Enforcement History (CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME--0017380)

Date: 07/28/2022 **SOD #21B411** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.34(2)(b)
FORFEITURE---83.34(3)

Complaint History (CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME--0017380)

Date Complaint Received: 10/07/2024

Date Investigation Completed: 11/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/25/2024

Date Investigation Completed: 11/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/29/2024

Date Investigation Completed: 11/25/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/21/2022

Date Investigation Completed: 03/15/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

21B411

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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: CONGRESS PLACE (0013291)

Address: 9025 W CONGRESS ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 02/01/2012 12:00:00AM

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

Survey History

Survey ID: 0145326 **End Date:** 11/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q9FI11 Served 01/22/2024

Deficiencies Cited

83.41(3)(b)

83.45(4)

83.59(1)(f)

Subject Area

FOOD SAFETY

PEST CONTROL

EXIT PASSAGEWAYS, STAIRWAYS: WIDTH
MAINTAINED

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0144478 **End Date:** 06/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8BFE11 Served 10/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT		
83.13(3)(d)	POSTING ACTIVITY SCHEDULE		
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(1)(a)	EXTERIOR AREAS		
83.48(4)(e)	SMOKE DETECTOR IN EACH BEDROOM		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

Survey ID: 0141915 **End Date:** 01/11/2023 **Type:** OTHER **Purpose:** 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 ANA (NONAMBULATORY)

Enforcement History (CONGRESS PLACE--0013291)

Date: 01/22/2024 **SOD #**Q9FI11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/10/2023 **SOD #**8BFE11 **Appealed:** **Decision:** PENDING

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Complaint History (CONGRESS PLACE--0013291)

Date Complaint Received: 08/30/2023

Date Investigation Completed: 11/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

Q9FI11
Q9FI11

Date Complaint Received: 08/15/2023

Date Investigation Completed: 11/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

Q9FI11

Q9FI11

Date Complaint Received: 05/15/2023

Date Investigation Completed: 06/01/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/10/2022

Date Investigation Completed: 01/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CRISIS RESOURCE CENTER (0015203)

Address: 2057 S 14TH STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 11/06/2015 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 AA (AMBULATORY)

Facility Information

Facility Name: Discovery Practice Management Inc (0018773)

Address: 312 E Wisconsin Ave, Milwaukee, WI 532024310

License Status: REGULAR

Licensed/Certified/Registered 10/02/2023 12:00:00AM

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

Survey History

Survey ID: 0146774 **End Date:** 06/21/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145967 **End Date:** 02/15/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M9UV11 Served 03/22/2024

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
6/21/24

Corrected
Yes

Survey ID: 0143865 **End Date:** 08/21/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IGXS11 Served 08/08/2023

Deficiencies Cited
83.28(4)(a)

Subject Area
RESIDENT HEALTH SCREENING AND
DOCUMENTATION

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0143004 End Date: 05/08/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141342 End Date: 11/09/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Discovery Practice Management Inc--0018773)

Date: 03/22/2024 SOD #M9UV11 Appealed: No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
ACCRUING FORFEITURE
FORFEITURE---83.14(2)(a)

Complaint History (Discovery Practice Management Inc--0018773)

Date Complaint Received: 03/16/2023 Date Investigation Completed: 05/08/2023

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

Date Complaint Received: 01/09/2023 Date Investigation Completed: 05/08/2023

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

Facility Information

Facility Name: EASTCASTLE PLACE (0011864)

Address: 2429 E BRADFORD AVE, MILWAUKEE, WI 53211

License Status: REGULAR

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

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

Survey History

Survey ID: 0148003 **End Date:** 09/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #141X11 Served 11/01/2024

Deficiencies Cited

50.09(1)(f)

83.12(4)(c)

Subject Area

PRIVACY

REPORTING INCIDENTS WITH SERIOUS
INJURY

Compliance

Verified

Corrected

Enforcement History (EASTCASTLE PLACE--0011864)

Date: 11/01/2024 **SOD #**141X11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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 CNA (NONAMBULATORY)

Complaint History (EASTCASTLE PLACE--0011864)

Date Complaint Received: 09/10/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

141X11

Date Complaint Received: 04/24/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

141X11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: EASY LIVING SENIOR HOME (0017110)

Address: 1904 N 59TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 06/30/2021 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ESTHERMERE MANOR (0012625)

Address: 7000 N 44TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010 12:00:00AM

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

Survey History

Survey ID: 0139405 **End Date:** 04/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ESTHERMERE MANOR--0012625)

Date: 01/24/2022 **SOD #**1XVC13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

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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: FARDALE HOME (0017606)

Address: 3031 W FARDALE AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 02/13/2020 12:00:00AM

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

Survey History

Survey ID: 0146800 **End Date:** 06/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143411 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FARDALE HOME--0017606)

Date Complaint Received: 02/13/2024

Date Investigation Completed: 06/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/16/2023

Date Investigation Completed: 06/14/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Golden Gardens (0019947)

Address: 8526 W Mill Rd, Milwaukee, WI 53225

License Status: PROBATIONARY

Licensed/Certified/Registered 03/26/2024 12:00:00AM

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

Survey History

Survey ID: 0147877 **End Date:** 10/15/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146181 **End Date:** 03/25/2024 **Type:** INITIAL **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: GOLDEN OAKS TERRACE (0018550)

Address: 10135 W HAMPTON AVE STE A, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/25/2021 12:00:00AM

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

Survey History

Survey ID: 0143645 **End Date:** 06/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143473 **End Date:** 03/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WWOQ11 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0140774 **End Date:** 09/14/2022 **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: 0140277 **End Date:** 05/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NTIP11 Served 07/27/2022

<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	9/14/22	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	9/14/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/14/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/14/22	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	9/14/22	
83.45(3)	TOXIC SUBSTANCES	9/14/22	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	9/14/22	Yes

Enforcement History (GOLDEN OAKS TERRACE--0018550)

Date: 06/26/2023 **SOD #**WWOQ11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---50.09(1)(l)
FORFEITURE---83.37(3)(C)
FORFEITURE---83.45(3)

Date: 07/29/2022 **SOD #**NTIP11 **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 CNA (NONAMBULATORY)

Complaint History (GOLDEN OAKS TERRACE--0018550)

Date Complaint Received: 06/23/2023

Date Investigation Completed: 06/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/04/2023

Date Investigation Completed: 05/20/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

WWOQ11

Date Complaint Received: 04/11/2022

Date Investigation Completed: 05/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NTIP11

Date Complaint Received: 02/01/2022

Date Investigation Completed: 05/20/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

NTIP11

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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: GOLDEN OAKS VILLA (0018551)

Address: 10135 W HAMPTON AVE STE B, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/25/2021 12:00:00AM

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

Survey History

Survey ID: 0144755 **End Date:** 07/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XC5M11 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS		
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 CNA (NONAMBULATORY)

Survey ID: 0144096 **End Date:** 03/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XEOS11 Served 09/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

Survey ID: 0141091 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140820 **End Date:** 08/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TZWE11 Served 09/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/18/22	Yes
83.19	ORIENTATION	10/18/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/18/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/18/22	Yes
83.45(3)	TOXIC SUBSTANCES	10/18/22	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 (GOLDEN OAKS VILLA--0018551)

Date: 11/08/2023 **SOD #**XC5M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(l)
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(d)

Date: 09/01/2023 **SOD #**XEOS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 09/24/2022 **SOD #**TZWE11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)(3)

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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 (GOLDEN OAKS VILLA--0018551)

Date Complaint Received: 06/23/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XC5M11

Date Complaint Received: 06/07/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XC5M11

Date Complaint Received: 01/19/2023

Date Investigation Completed: 03/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/10/2022

Date Investigation Completed: 03/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XEOS11

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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: GOLDEN VIEW (0011359)

Address: 6526 W BLUEMOUND RD, MILWAUKEE, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007 12:00:00AM

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

Survey History

Survey ID: 0147459 **End Date:** 07/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU9L1A Served 08/30/2024

<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)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF 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: 0144089 **End Date:** 04/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU9L19 Served 09/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/29/24	No
83.41(2)(a)	NUTRITION: DIET	7/29/24	Yes

Survey ID: 0141954 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CU9L18 Served 01/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/4/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/12/23	Yes

Enforcement History (GOLDEN VIEW--0011359)

Date: 08/30/2024 **SOD #**CU9L1A **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 09/01/2023 **SOD #**CU9L19 **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 CNA (NONAMBULATORY)

Complaint History (GOLDEN VIEW--0011359)

Date Complaint Received: 03/14/2024

Date Investigation Completed: 07/29/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/03/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CU9L19

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/27/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/31/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/15/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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: GOOD HOPE I (0019422)

Address: 7070 N 124TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

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

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

Survey History

Survey ID: 0148409 **End Date:** 12/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144393 **End Date:** 08/16/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141989 **End Date:** 01/11/2023 **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)

Complaint History (GOOD HOPE I--0019422)

Date Complaint Received: 12/02/2024

Date Investigation Completed: 12/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2024

Date Investigation Completed: 12/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/29/2024

Date Investigation Completed: 12/06/2024

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: GOOD HOPE II (0019417)

Address: 7060 N 124TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 02/06/2024 12:00:00AM

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

Survey History

Survey ID: 0148410 **End Date:** 12/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147632 **End Date:** 09/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145476 **End Date:** 01/29/2024 **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: 0144439 **End Date:** 08/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JD6W11 Served 10/04/2023

<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	1/29/24	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	1/29/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/29/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/29/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	1/29/24	Yes

Survey ID: 0143647 **End Date:** 07/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142328 **End Date:** 02/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (GOOD HOPE II--0019417)

Date: 10/04/2023 **SOD #**JD6W11 **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 CNA (NONAMBULATORY)

Complaint History (GOOD HOPE II--0019417)

Date Complaint Received: 11/12/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 12/04/2024

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/29/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 12/04/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/19/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/20/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/17/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/20/2024

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/21/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/07/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACE MANOR (0020001)

Address: 6800 NORTH 76th ST, MILWAUKEE, WI 53224

License Status: PROBATIONARY

Licensed/Certified/Registered 06/13/2024 12:00:00AM

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

Survey History

Survey ID: 0146759 **End Date:** 06/13/2024 **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 AA (AMBULATORY)

Facility Information

Facility Name: HAMPTON II (0014895)

Address: 7019 W HAMPTON AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 01/01/2014 12:00:00AM

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

Survey History

Survey ID: 0146851 **End Date:** 04/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZPE13 Served 07/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.25	CONTINUING EDUCATION		
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.38(1)(b)	SUPERVISION		
83.41(3)(b)	FOOD SAFETY		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0141030 **End Date:** 09/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141992 **End Date:** 09/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZPE12 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	4/10/24	Yes
83.25	CONTINUING EDUCATION	4/25/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/10/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/10/24	Yes
83.41(3)(b)	FOOD SAFETY	4/25/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/10/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (HAMPTON II--0014895)

Date: 07/02/2024 **SOD #**BZPE13 **Appealed:** Yes **Decision:** HEARING--DEPT DECISION UPHELD

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.25
FORFEITURE---83.32(3)(i)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.41(3)(b)

Date: 02/01/2023 **SOD #**BZPE12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Complaint History (HAMPTON II--0014895)

Date Complaint Received: 04/08/2024 **Date Investigation Completed:** 04/25/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	BZPE13
RESIDENT RIGHTS	SUBSTANTIATED	BZPE13

Date Complaint Received: 08/18/2022 **Date Investigation Completed:** 09/13/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 04/26/2022 **Date Investigation Completed:** 09/13/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: HAMPTON SUPPORTIVE CARE (310631)

Address: 4615 W HAMPTON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

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

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

Survey History

Survey ID: 0148468 **End Date:** 12/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147777 **End Date:** 08/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSSB13 Served 10/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/23/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	12/23/24	Yes
83.29(2)	ADMISSION AGREEMENT	12/23/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/23/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/23/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/23/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/23/24	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)

83.42(1) RESIDENT RECORD MAINTAINED 12/23/24 Yes

Survey ID: 0146597 End Date: 04/08/2024 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSSB12 Served 06/06/2024

<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	8/19/24	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	8/19/24	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	8/15/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/19/24	Yes
83.19	ORIENTATION	8/19/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/19/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/19/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/19/24	No
83.45(3)	TOXIC SUBSTANCES	8/19/24	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: 0144205 End Date: 07/31/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSSB11 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	3/20/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/28/24	No
83.31(7)(a)	DISCHARGE INFORMATION: FACILITY INFORMATION	3/20/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/20/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/20/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/20/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	3/20/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/28/24	No

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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: 0144168 **End Date:** 05/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO813 Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/28/24	Yes
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE	3/28/24	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	3/28/24	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	3/28/24	Yes
83.38(1)(a)	PERSONAL CARE	3/28/24	Yes
83.41(3)(b)	FOOD SAFETY	3/28/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/28/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/28/24	Yes
83.45(4)	PEST CONTROL	3/28/24	Yes

Survey ID: 0142077 **End Date:** 01/04/2023 **Type:** OTHER **Purpose:** 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)

Survey ID: 0141569 End Date: 10/07/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO812 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(f)	PRIVACY	4/25/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/25/23	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	4/25/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/25/23	Yes
83.41(3)(b)	FOOD SAFETY	5/25/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	4/25/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/25/23	No
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	4/25/23	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: 0140047 End Date: 02/03/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO811 Served 07/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE	9/13/22	Yes
83.13(1)(j)	MAINTAIN RECORDS DETECTION SYSTEM TESTING	9/13/22	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	9/13/22	Yes
83.13(3)(e)	POSTING EXIT DIAGRAM	9/13/22	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/7/22	No
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	9/13/22	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	9/13/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/7/22	No
83.41(1)(b)	EQUIPMENT	9/13/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/7/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/7/22	No
83.47(2)(d)	FIRE DRILLS	9/13/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/13/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/13/22	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	9/13/22	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	10/7/22	No

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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 (HAMPTON SUPPORTIVE CARE--310631)

Date: 10/07/2024

SOD #NSSB13

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.42(1)

Date: 06/06/2024

SOD #NSSB12

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.19

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

FORFEITURE---83.35(5)(b)

FORFEITURE---83.42(1)

Date: 09/11/2023

SOD #YBO813

Appealed: Yes

Decision: WITHDRAWN APPEAL (NO STIPULATION)

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(l)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.42(1)

FORFEITURE---83.43(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)

Date: 12/12/2022

SOD #YBO812

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(e)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.42(1)

FORFEITURE---83.43(1)

Date: 07/09/2022

SOD #YBO811

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.32(3)(k)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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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 (HAMPTON SUPPORTIVE CARE--310631)

Date Complaint Received: 10/16/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/23/2024

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

Date Complaint Received: 06/05/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/31/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	NSSB11

Date Complaint Received: 05/03/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/25/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	YBO813
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 04/27/2023

Subject Area(s)
PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 05/25/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	YBO813
SUBSTANTIATED	YBO813
SUBSTANTIATED	YBO813

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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: 04/14/2023

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
LICENSE CAPACITY OR CLASS
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/25/2023

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YBO813
YBO813

YBO813

YBO813

Date Complaint Received: 03/30/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/25/2023

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YBO813

YBO813

Date Complaint Received: 01/31/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 05/25/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/25/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 05/25/2023

Result

SUBSTANTIATED

SOD #

YBO813

Date Complaint Received: 12/01/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 01/04/2023

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 CNA (NONAMBULATORY)

Date Complaint Received: 11/22/2022

Date Investigation Completed: 01/04/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/08/2022

Date Investigation Completed: 01/04/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/15/2022

Date Investigation Completed: 10/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/02/2022

Date Investigation Completed: 10/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2022

Date Investigation Completed: 10/07/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/16/2022

Date Investigation Completed: 10/07/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

YBO812

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HANDS AT HOME CBRF (0018273)

Address: 6401-6403 NORTH 42ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/06/2022 12:00:00AM

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

Survey History

Survey ID: 0139900 **End Date:** 06/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PWK111 Served 06/21/2022

Deficiencies Cited

83.41(1)(c)

83.55(6)(b)

Subject Area

DISHWASHING

BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance

Verified

Corrected

Enforcement History (HANDS AT HOME CBRF--0018273)

Date: 06/21/2022

SOD #PWK111

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 AA (AMBULATORY)

Facility Information

Facility Name: Helping Hands 25th St (0018762)

Address: 4727 South 25th St, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0147963 **End Date:** 10/24/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144391 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141859 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139419 **End Date:** 04/18/2022 **Type:** INITIAL **Purpose:** OTHER

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 AA (AMBULATORY)

Complaint History (Helping Hands 25th St--0018762)

Date Complaint Received: 04/22/2024

Date Investigation Completed: 10/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 12/09/2022

Date Investigation Completed: 09/18/2023

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: HOMES OF HOPE LLC (0014586)

Address: 6609 NORTH 53RD STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/02/2013 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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: JACKSON HOUSE (0015156)

Address: 2956 S 60TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 07/28/2014 12:00:00AM

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

Survey History

Survey ID: 0145399 **End Date:** 01/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (JACKSON HOUSE--0015156)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 01/24/2024

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: JC VILLA ONE (0015286)

Address: 8030 W APPLETON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/08/2014 12:00:00AM

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

Survey History

Survey ID: 0147979 **End Date:** 09/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEP814 Served 10/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		

Survey ID: 0141755 **End Date:** 08/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEP813 Served 01/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/24/24	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)

Enforcement History (JC VILLA ONE--0015286)

Date: 10/31/2024 **SOD #** EEP814 **Appealed:** **Decision:** PENDING

Sanctions
ORDER TO COMPLY
FORFEITURE---83.47(3)

Date: 01/05/2023 **SOD #** EEP813 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 06/12/2022 **SOD #** EEP812 **Appealed:**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(g) 2nd Cite
FORFEITURE---83.37(1)(g) 2nd Cite

Complaint History (JC VILLA ONE--0015286)

Date Complaint Received: 09/17/2024 **Date Investigation Completed:** 09/24/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 07/22/2024 **Date Investigation Completed:** 09/24/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 07/29/2022 **Date Investigation Completed:** 08/12/2022

<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)

Facility Information

Facility Name: JC VILLA TWO (0015287)

Address: 8040 W APPLETON AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/08/2014 12:00:00AM

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

Survey History

Survey ID: 0148214 **End Date:** 12/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148498 **End Date:** 11/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5YFH11 Served 01/14/2025

Deficiencies Cited

83.46(4)(c)

83.55(6)(b)

Subject Area

ELECTRICAL PROTECTION

BATH AND TOILET AREAS: WATER

TEMPERATURE

Compliance
Verified

Corrected

Survey ID: 0142898 **End Date:** 04/14/2023 **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: 0142128 **End Date:** 08/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WJ013 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	4/14/23	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/14/23	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/14/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/14/23	

Survey ID: 0140100 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RDFK11 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/14/23	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 (JC VILLA TWO--0015287)

Date: 01/14/2025 **SOD #**5YFH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.55(6)(b)

Date: 02/13/2023 **SOD #**0WJ013 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(3)(c)
FORFEITURE---83.45(3)

Date: 07/13/2022 **SOD #**RDFK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/10/2022 **SOD #**0WJ012 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(c) 2nd 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)

Complaint History (JC VILLA TWO--0015287)

Date Complaint Received: 11/22/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/22/2024

Date Investigation Completed: 11/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/29/2022

Date Investigation Completed: 08/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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 AA (AMBULATORY)

Facility Information

Facility Name: JEANNETTA ROBINSON HOUSE (310701)

Address: 5427 W VILLARD AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998 12:00:00AM

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

Survey History

Survey ID: 0147634 **End Date:** 09/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144954 **End Date:** 10/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I8LW11 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/20/24	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	9/20/24	Yes
83.41(3)(b)	FOOD SAFETY	9/20/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/20/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/20/24	Yes

Survey ID: 0141279 **End Date:** 08/09/2022 **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 AA (AMBULATORY)

Enforcement History (JEANNETTA ROBINSON HOUSE--310701)

Date: 12/04/2023 **SOD #**I8LW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (JEANNETTA ROBINSON HOUSE--310701)

Date Complaint Received: 07/15/2024

Date Investigation Completed: 09/20/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 09/20/2023

Date Investigation Completed: 10/17/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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 CA (AMBULATORY)

Facility Information

Facility Name: JEFFERSON CREST III YELLOW ROSE (0011678)

Address: 8717 W PALMETTO AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/10/2007 12:00:00AM

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

Survey History

Survey ID: 0147966 **End Date:** 09/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7FY011 Served 10/30/2024

Deficiencies Cited
83.47(3)

Subject Area
FIRE INSPECTION

Compliance
Verified

Corrected

Survey ID: 0142968 **End Date:** 05/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140567 **End Date:** 08/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

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 CA (AMBULATORY)

Enforcement History (JEFFERSON CREST III YELLOW ROSE--0011678)

Date: 10/30/2024 **SOD #**7FY011 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(3)

Date: 04/10/2022 **SOD #**XU9Z11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.48(3)(a)

Complaint History (JEFFERSON CREST III YELLOW ROSE--0011678)

Date Complaint Received: 06/06/2024 **Date Investigation Completed:** 09/17/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/09/2024 **Date Investigation Completed:** 09/17/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/28/2023 **Date Investigation Completed:** 05/03/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/29/2022 **Date Investigation Completed:** 08/09/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: JOSHUA GLOVER HOUSE (310186)

Address: 2404 N 50TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 02/14/1995 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Kavod Terrace (0019158)

Address: 1410 N Prospect Ave, Milwaukee, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 08/25/2023 12:00:00AM

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

Survey History

Survey ID: 0146304 **End Date:** 04/30/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143915 **End Date:** 07/25/2023 **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)

Facility Information

Facility Name: LYNX (0014191)

Address: 6188 N 122ND ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 06/01/2013 12:00:00AM

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

Survey History

Survey ID: 0147215 **End Date:** 07/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LYNX--0014191)

Date Complaint Received: 05/06/2024

Date Investigation Completed: 07/24/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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: MAGNOLIA HOUSE (0017607)

Address: 8919 N MICHELE ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 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 AA (AMBULATORY)

Facility Information

Facility Name: MANITOBA GROUP HOME (0014252)

Address: 3018 S 9TH ST, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 11/01/2013 12:00:00AM

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

Survey History

Survey ID: 0146949 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144705 **End Date:** 10/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142957 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OI4G11 Served 05/08/2023

Deficiencies Cited
83.32(3)(k)

Subject Area
RIGHTS OF RESIDENTS:
SELF-DETERMINATION

Compliance
Verified
10/31/23

Corrected
Yes

Survey ID: 0139347 **End Date:** 03/23/2022 **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 AA (AMBULATORY)

Enforcement History (MANITOBA GROUP HOME--0014252)

Date: 05/08/2023 **SOD #**OI4G11 **Appealed:**

Sanctions

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

Date: 01/21/2022 **SOD #**7VG611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MANITOBA GROUP HOME--0014252)

Date Complaint Received: 08/18/2023

Date Investigation Completed: 10/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/06/2022

Date Investigation Completed: 01/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

OI4G11

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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: MARANATHA HOUSE GLENDALE (THE) (0011513)

Address: 4567 N 71ST STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 06/21/2007 12:00:00AM

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

Survey History

Survey ID: 0147707 **End Date:** 08/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESUL14 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES		

Survey ID: 0146479 **End Date:** 03/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESUL13 Served 05/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/17/24	Yes
83.25	CONTINUING EDUCATION	8/17/24	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	8/17/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/17/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/17/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	8/17/24	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	8/17/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/17/24	Yes
83.45(3)	TOXIC SUBSTANCES	8/17/24	Yes
83.46(1)(f)	COMBUSTIBLES	8/17/24	No
83.47(3)	FIRE INSPECTION	8/17/24	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	8/17/24	Yes

Survey ID: 0143814 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESLU12 Served 08/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/1/24	Yes

Survey ID: 0139638 **End Date:** 04/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ESUL11 Served 05/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	4/17/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/17/23	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 (MARANATHA HOUSE GLENDALE (THE)--0011513)

Date: 09/30/2024 **SOD #**ESUL14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/21/2024 **SOD #**ESUL13 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.37(1)(h)

Date: 08/02/2023 **SOD #**ESLU12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---ESUL12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (MARANATHA HOUSE GLENDALE (THE)--0011513)

Date Complaint Received: 05/08/2024

Date Investigation Completed: 08/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/06/2023

Date Investigation Completed: 03/04/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED ESUL13

Date Complaint Received: 03/27/2023

Date Investigation Completed: 04/17/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE POTOMAC (THE) (0016332)

Address: 7901 W POTOMAC AVE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 02/02/2017 12:00:00AM

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

Survey History

Survey ID: 0148224 **End Date:** 10/01/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGP511 Served 12/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(7)	ADVANCED DIRECTIVES		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

Enforcement History (MARANATHA HOUSE POTOMAC (THE)--0016332)

Date: 12/05/2024 **SOD #KGP511** **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47 (2)(d)

FORFEITURE---83.47(2)(e)

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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 (MARANATHA HOUSE POTOMAC (THE)--0016332)

Date Complaint Received: 09/03/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KGP511

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 CA (AMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE TACOMA (THE) (0012162)

Address: 6811 N TACOMA ST, MILWAUKEE, WI 532244748

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009 12:00:00AM

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

Survey History

Survey ID: 0145028 **End Date:** 09/15/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IWCC12 Served 12/11/2023

<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)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.42(1)	RESIDENT RECORD MAINTAINED		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Survey ID: 0140102 **End Date:** 03/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IWCC11 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	9/15/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/15/23	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	9/15/23	Yes
83.41(3)(b)	FOOD SAFETY	9/15/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	9/15/23	No
83.47(2)(d)	FIRE DRILLS	9/15/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/15/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/15/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/15/23	Yes

Enforcement History (MARANATHA HOUSE TACOMA (THE)--0012162)

Date: 12/11/2023 **SOD #IWCC12** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---IWCC12
FORFEITURE---IWCC12
FORFEITURE---IWCC12

Date: 07/11/2022 **SOD #IWCC11** **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 CA (AMBULATORY)

Complaint History (MARANATHA HOUSE TACOMA (THE)--0012162)

Date Complaint Received: 08/28/2023

Date Investigation Completed: 09/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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 AA (AMBULATORY)

Facility Information

Facility Name: MATT TALBOT RECOVERY CENTER (310016)

Address: 2613 W North Ave, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 12/01/1987 12:00:00AM

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

Survey History

Survey ID: 0139171 **End Date:** 04/06/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139016 **End Date:** 03/14/2022 **Type:** STANDARD **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 AA (AMBULATORY)

Facility Information

Facility Name: META HOUSE RIVERWEST CAMPUS NORTH (310044)
Address: 2626 N BREMEN ST, MILWAUKEE, WI 53212
License Status: REGULAR
Licensed/Certified/Registered 04/01/1989 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147602 **End Date:** 08/14/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3X0Q11 Served 09/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		

Survey ID: 0143777 **End Date:** 07/12/2023 **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 AA (AMBULATORY)

Enforcement History (META HOUSE RIVERWEST CAMPUS NORTH--310044)

Date: 09/18/2024 **SOD #**3X0Q11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.25

Date: 05/31/2022 **SOD #**CM6P11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (META HOUSE RIVERWEST CAMPUS NORTH--310044)

Date Complaint Received: 05/15/2024 **Date Investigation Completed:** 08/14/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/15/2023 **Date Investigation Completed:** 07/12/2023

Subject Area(s)
RESIDENT RIGHTS

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 AA (AMBULATORY)

Facility Information

Facility Name: META HOUSE (310697)

Address: 2618 N BREMEN ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 12/01/1998 12:00:00AM

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

Survey History

Survey ID: 0142786 **End Date:** 01/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5T1S13 Served 04/17/2023

Deficiencies Cited
83.47(2)(e)

Subject Area
OTHER EVACUATION DRILLS

Compliance
Verified

Corrected

Enforcement History (META HOUSE--310697)

Date: 04/17/2023

SOD #5T1S13

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(e)

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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: MILWAUKEE CATHOLIC HOME (0014598)

Address: 2330 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 10/21/2014 12:00:00AM

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

Survey History

Survey ID: 0145464 **End Date:** 02/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144012 **End Date:** 08/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141986 **End Date:** 01/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

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 (MILWAUKEE CATHOLIC HOME--0014598)

Date Complaint Received: 08/23/2023

Date Investigation Completed: 02/01/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/23/2023

Date Investigation Completed: 08/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 01/17/2023

Subject Area(s)

Result

SOD #

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 CA (AMBULATORY)

Facility Information

Facility Name: MILWAUKEE WOMENS RECOVERY CENTER (310672)

Address: 3959 3961 S 51ST ST, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 05/01/1993 12:00:00AM

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

Survey History

Survey ID: 0140264 **End Date:** 07/19/2022 **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 AA (AMBULATORY)

Facility Information

Facility Name: MORGAN HOUSE (0015064)

Address: 3749 3751 S 80TH STREET, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 08/05/2014 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES EDGERTON (0014595)

Address: 5255 SOUTH 18TH STREET, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 07/01/2014 12:00:00AM

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

Survey History

Survey ID: 0147957 **End Date:** 10/28/2024 **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: NEXT STEP IN RESIDENTIAL SERVICES RAMSEY (0016600)

Address: 2524 W RAMSEY AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0139709 **End Date:** 05/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

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: One Family Assisted Living (0020256)

Address: 1828 S 31st St, Milwaukee, WI 53215

License Status: PROBATIONARY

Licensed/Certified/Registered 08/05/2024 12:00:00AM

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

Survey History

Survey ID: 0147259 **End Date:** 08/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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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: PARKWAY HOUSE (0012752)
Address: 2780 N MENOMONEE RIVER PKWY, MILWAUKEE, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 07/01/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140449 **End Date:** 08/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NVVZ12 Served 09/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Enforcement History (PARKWAY HOUSE--0012752)

Date: 08/16/2022 **SOD #**NVVZ12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.55(6)(b)

Date: 02/17/2022 **SOD #**NVVZ11 **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 AA (AMBULATORY)

Facility Information

Facility Name: PARSONS HOUSE (310022)

Address: 2930 N 25TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 06/30/1983 12:00:00AM

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

Survey History

Survey ID: 0144683 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TSFK11 Served 10/31/2023

Deficiencies Cited

83.14(2)(e)

83.20(2)(a)-(d)

83.25

Subject Area

NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR
CHANGE

DEPARTMENT-APPROVED TRAINING COURSE
CONTINUING EDUCATION

Compliance
Verified

Corrected

Enforcement History (PARSONS HOUSE--310022)

Date: 10/31/2023

SOD #TSFK11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---TSFK11

FORFEITURE---TSFK11

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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: PEACEFUL BLESSED HOME (0015456)

Address: 2324 W WHITAKER AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 01/15/2016 12:00:00AM

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

Survey History

Survey ID: 0144386 **End Date:** 09/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PEACEFUL BLESSED HOME--0015456)

Date Complaint Received: 09/21/2023

Date Investigation Completed: 09/28/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRESTIGIOUS ACADEMY INC II (0011926)

Address: 2628 N 16TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 03/01/2009 12:00:00AM

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

Survey History

Survey ID: 0146967 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

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 AA (AMBULATORY)

Facility Information

Facility Name: PRESTIGIOUS ACADEMY INC (0010546)

Address: 2624 N 16TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 07/01/2005 12:00:00AM

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

Survey History

Survey ID: 0146972 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144189 **End Date:** 05/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3WG12 Served 09/12/2023

Deficiencies Cited
83.59(2)(a)

Subject Area
ONE-HAND, ONE-MOTION DOOR OPERATION

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (PRESTIGIOUS ACADEMY INC--0010546)

Date: 09/12/2023 **SOD #**P3WG12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---P3WG12

Date: 04/25/2022 **SOD #**P3WG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Primrose on 19th A (0019057)

Address: 1624 North 19th Street, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 09/01/2022 12:00:00AM

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

Survey History

Survey ID: 0147986 **End Date:** 08/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MXHP11 Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.13(3)(d)	POSTING ACTIVITY SCHEDULE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.29(2)	ADMISSION AGREEMENT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION
83.38(1)(c)	LEISURE TIME ACTIVITIES
83.41(2)(c)	NUTRITION: MENUS
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED
83.45(3)	TOXIC SUBSTANCES
83.46(1)(f)	COMBUSTIBLES
83.47(2)(d)	FIRE DRILLS
83.47(3)	FIRE INSPECTION
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE
83.60(1)	TOTAL/OPENABLE WINDOW AREA

Survey ID: 0140686 **End Date:** 09/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Primrose on 19th A--0019057)

Date: 11/01/2024 **SOD #** MXHP11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.47(3)
FORFEITURE---83.48(3)(a)

Complaint History (Primrose on 19th A--0019057)

Date Complaint Received: 02/06/2024 **Date Investigation Completed:** 08/29/2024

Subject Area(s)
RESIDENT RIGHTS

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 CA (AMBULATORY)

Facility Information

Facility Name: Primrose on 19th B (0019061)

Address: 1628 North 19th Street, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 09/01/2022 12:00:00AM

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

Survey History

Survey ID: 0140689 **End Date:** 09/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRIMROSE RESIDENTIAL FACILITY (0009366)

Address: 3910 3910A W BURLEIGH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Priority Place LLC (0018879)

Address: 8726 West Mill Road, Milwaukee, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/10/2023 12:00:00AM

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

Survey History

Survey ID: 0143091 **End Date:** 05/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141909 **End Date:** 01/05/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139934 **End Date:** 06/16/2022 **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)

Facility Information

Facility Name: SAINT JOHNS ON THE LAKE (0017822)

Address: 1858 N PROSPECT AVE, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 01/08/2020 12:00:00AM

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

Survey History

Survey ID: 0146576 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7VI12 Served 06/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0145015 **End Date:** 10/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7VI11 Served 12/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/4/24	No
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/4/24	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)

Enforcement History (SAINT JOHNS ON THE LAKE--0017822)

Date: 06/03/2024 **SOD #**N7VI12 **Appealed:** No

Sanctions

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

Date: 12/08/2023 **SOD #**N7VI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SAINT JOHNS ON THE LAKE--0017822)

Date Complaint Received: 09/25/2023

Date Investigation Completed: 10/24/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY BLESSED HOME (0017413)

Address: 7937 W HOLMES AVE, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 12/22/2020 12:00:00AM

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

Survey History

Survey ID: 0147696 **End Date:** 09/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JTIC11 Served 09/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(7)	ADVANCED DIRECTIVES		
83.29(2)	ADMISSION AGREEMENT		
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0144385 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** 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)

Enforcement History (SERENITY BLESSED HOME--0017413)

Date: 09/27/2024 SOD #JTIC11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (SERENITY BLESSED HOME--0017413)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 09/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

JTIC11

Date Complaint Received: 09/21/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: SILVER VIEW LLC (0012742)

Address: 9215 W SILVER SPRING DR, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010 12:00:00AM

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

Survey History

Survey ID: 0145708 **End Date:** 12/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX17 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.41(1)(c)	DISHWASHING		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(a)	BATH AND TOILET AREAS: WATER SUPPLY		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

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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: 0142950 End Date: 03/31/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX16 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	12/26/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/26/23	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: 0141886 End Date: 07/20/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX15 Served 01/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/31/23	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	3/31/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	3/31/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/31/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/31/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/31/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/31/23	Yes
83.38(1)(b)	SUPERVISION	3/31/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/31/23	Yes
83.41(1)(c)	DISHWASHING	3/31/23	Yes
83.41(3)(b)	FOOD SAFETY	3/31/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/31/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/31/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	3/31/23	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	3/31/23	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)

Enforcement History (SILVER VIEW LLC--0012742)

Date: 02/22/2024 **SOD #XDTX17** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---XDTX17
FORFEITURE---XDTX17
FORFEITURE---XDTX17
FORFEITURE---XDTX17

Date: 05/08/2023 **SOD #XDTX16** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/18/2023 **SOD #XDTX15** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(g)
FORFEITURE---83.39(1)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.55(4)(a)

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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: 04/25/2022

SOD #XDTX14

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.065(4m)(b)

FORFEITURE---83.12(4)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.19

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

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

FORFEITURE---83.25

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.37(1)(g)

FORFEITURE---83.39(1)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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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 (SILVER VIEW LLC--0012742)

Date Complaint Received: 11/29/2023

Date Investigation Completed: 12/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XDTX17

Date Complaint Received: 07/20/2023

Date Investigation Completed: 12/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/27/2022

Date Investigation Completed: 03/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/24/2022

Date Investigation Completed: 03/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XDTX15

PROGRAM SERVICES

SUBSTANTIATED

XDTX15

RESIDENT RIGHTS

SUBSTANTIATED

XDTX15

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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: 06/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/20/2022

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

XDTX15
XDTX15
XDTX15

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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: ST ANNES HOME FOR THE ELDERLY CBRF (0012345)

Address: 3800 N 92ND ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010 12:00:00AM

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

Survey History

Survey ID: 0148611 **End Date:** 12/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LF4Q11 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		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0146870 **End Date:** 06/28/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

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: 0145617 End Date: 01/22/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UJ1Y11 Served 02/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/28/24	Yes
83.45(3)	TOXIC SUBSTANCES	6/28/24	Yes

Enforcement History (ST ANNES HOME FOR THE ELDERLY CBRF--0012345)

Date: 02/15/2024 SOD #UJ1Y11 Appealed: No

Sanctions

ORDER TO COMPLY
FORFEITURE---UJ1Y11

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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 (ST ANNES HOME FOR THE ELDERLY CBRF--0012345)

Date Complaint Received: 12/03/2024

Date Investigation Completed: 12/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

LF4Q11

Date Complaint Received: 04/11/2024

Date Investigation Completed: 06/28/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/03/2023

Date Investigation Completed: 01/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/21/2023

Date Investigation Completed: 01/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/28/2023

Date Investigation Completed: 01/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/15/2023

Date Investigation Completed: 01/22/2024

Subject Area(s)

Result

SOD #

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)

Facility Information

Facility Name: St Rita Square I (0018202)

Address: 728 E Pleasant St, Milwaukee, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 07/22/2021 12:00:00AM

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

Survey History

Survey ID: 0147552 **End Date:** 09/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145988 **End Date:** 03/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144929 **End Date:** 09/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WHKH11 Served 11/30/2023

Deficiencies Cited
83.41(3)(b)

Subject Area
FOOD SAFETY

Compliance
Verified

Corrected

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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: 0144285 **End Date:** 04/28/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1DTO11 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.47(2)(d)	FIRE DRILLS	3/20/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/20/24	Yes

Survey ID: 0140267 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (St Rita Square I--0018202)

Date: 09/20/2023 **SOD #**1DTO11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---1DTO11
FORFEITURE---1DTO11

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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 (St Rita Square I--0018202)

Date Complaint Received: 08/05/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 09/09/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/07/2024

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/09/2024

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2024

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/09/2024

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/14/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 09/20/2023

Result

SUBSTANTIATED

SOD #

WHKH11

Date Complaint Received: 06/30/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/20/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/23/2023

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/25/2023

Result

NOT SUBSTANTIATED
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 CNA (NONAMBULATORY)

Date Complaint Received: 07/06/2022

Date Investigation Completed: 07/20/2022

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ST RITA SQUARE II (0018203)

Address: 728 EAST PLEASANT STREET, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 09/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147385 **End Date:** 08/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145985 **End Date:** 03/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0144297 **End Date:** 05/04/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LUXW11 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(1)(j)	PROOF-OF-USE RECORD	3/20/24	Yes
83.47(2)(d)	FIRE DRILLS	3/20/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/20/24	Yes

Survey ID: 0139979 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** 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)

Enforcement History (ST RITA SQUARE II--0018203)

Date: 09/20/2023 **SOD #**LUXW11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---LUXW11
FORFEITURE---LUXW11

Complaint History (ST RITA SQUARE II--0018203)

Date Complaint Received: 04/29/2024

Date Investigation Completed: 08/19/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/08/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

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)

Facility Information

Facility Name: SUITES AT GREENFIELD (THE) (0016898)

Address: 5790 S 27TH ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 02/22/2018 12:00:00AM

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

Survey History

Survey ID: 0146982 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145700 **End Date:** 02/16/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144913 **End Date:** 08/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QNS911 Served 11/29/2023

Deficiencies Cited
83.32(3)(d)

Subject Area
RIGHTS OF RESIDENTS: FREE OF
MISTREATMENT

Compliance
Verified
2/16/24

Corrected
Yes

Survey ID: 0141370 **End Date:** 11/14/2022 **Type:** OTHER **Purpose:** 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)

Survey ID: 0140491 **End Date:** 07/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SUITES AT GREENFIELD (THE)--0016898)

Date: 11/29/2023 **SOD #** QNS911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (SUITES AT GREENFIELD (THE)--0016898)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD

RESIDENT RIGHTS

SUBSTANTIATED

QNS912

Date Complaint Received: 06/01/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

QNS911

Date Complaint Received: 07/27/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/22/2022

Date Investigation Completed: 07/28/2022

Subject Area(s)

Result

SOD

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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 AA (AMBULATORY)

Facility Information

Facility Name: UCC LATINAS UNIDAS (0014682)

Address: 1123 SOUTH 6TH STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 01/14/2015 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: UNCAS HOUSE (0015900)

Address: 429 WEST UNCAS AVENUE, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 12/28/2015 12:00:00AM

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

Survey History

Survey ID: 0148407 **End Date:** 12/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #928N11 Served 12/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		

Survey ID: 0141950 **End Date:** 01/18/2023 **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: 0141292 End Date: 06/13/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1H4Q13 Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/18/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/18/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	1/18/23	Yes
83.41(3)(b)	FOOD SAFETY	1/18/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	1/18/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	1/18/23	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 (UNCAS HOUSE--0015900)

Date: 12/27/2024 **SOD #**928N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/08/2022 **SOD #**1H4Q13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
ACCRUING FORFEITURE
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(l)
FORFEITURE---83.60(l)

Date: 02/22/2022 **SOD #**1H4Q12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.3283.32(3)(l)
FORFEITURE---83.45(3)
FORFEITURE---83.59(4)(e)
FORFEITURE---83.60(l)

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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 (UNCAS HOUSE--0015900)

Date Complaint Received: 09/09/2024

Date Investigation Completed: 12/17/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITED COMMUNITY CENTER ART 1 (0012894)

Address: 604 W SCOTT ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

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

Survey History

Survey ID: 0140046 **End Date:** 03/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TLGU11 Served 07/07/2022

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified

Corrected

Enforcement History (UNITED COMMUNITY CENTER ART 1--0012894)

Date: 07/07/2022 **SOD #**TLGU11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITED COMMUNITY CENTER LATINAS UNIDAS 2 (0016573)

Address: 614 W SCOTT ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 04/27/2017 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

Enforcement History (UNITED COMMUNITY CENTER LATINAS UNIDAS 2--0016573)

Date: 03/29/2022

SOD #D7MC11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

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

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

FORFEITURE---83.25

FORFEITURE---83.37(1)(e)

FORFEITURE---83.47(2)(e)

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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: UNITY SENIOR LIVING LLC (0018998)

Address: 11017 W APPLETON AVE, MILWAUKEE, WI 53225

License Status: REGULAR

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

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

Survey History

Survey ID: 0147476 **End Date:** 08/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143040 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142259 **End Date:** 11/01/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I7NU11 Served 02/22/2023

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified
5/10/23

Corrected
Yes

Survey ID: 0139825 **End Date:** 06/09/2022 **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 (UNITY SENIOR LIVING LLC--0018998)

Date: 02/22/2023

SOD #I7NU11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.17(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)

Facility Information

Facility Name: VILLA ST FRANCIS (310120)

Address: 1910 W OHIO AVE, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 10/18/1991 12:00:00AM

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

Survey History

Survey ID: 0148053 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147567 **End Date:** 09/10/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145722 **End Date:** 02/27/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143917 **End Date:** 08/04/2023 **Type:** OTHER **Purpose:** 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)

Survey ID: 0144170 **End Date:** 04/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YZD112 Served 09/11/2023

<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	2/20/24	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/20/24	Yes
83.45(3)	TOXIC SUBSTANCES	2/20/24	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/20/24	Yes

Survey ID: 0141341 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BGY711 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	12/26/22	Yes

Survey ID: 0139013 **End Date:** 02/24/2022 **Type:** OTHER **Purpose:** 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)

Enforcement History (VILLA ST FRANCIS--310120)

Date: 09/11/2023 **SOD #**YZD112 **Appealed:**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---YZD112

Date: 02/24/2022 **SOD #**YZDI11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

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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 ST FRANCIS--310120)

Date Complaint Received: 09/06/2024

Date Investigation Completed: 11/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/29/2024

Date Investigation Completed: 09/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/05/2024

Date Investigation Completed: 02/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/06/2023

Date Investigation Completed: 02/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/15/2023

Date Investigation Completed: 08/04/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/21/2023

Date Investigation Completed: 08/04/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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: 03/22/2023

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Date Investigation Completed: 04/11/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/16/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 04/11/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/07/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 03/17/2022

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 AA (AMBULATORY)

Facility Information

Facility Name: VILLARD CRC (0015017)

Address: 5409 VILLARD AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 08/11/2014 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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: WABASH HOME (0017608)

Address: 7716 W WABASH CT, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/01/2020 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 AA (AMBULATORY)

Facility Information

Facility Name: WASHINGTON HEIGHTS MANOR II (0016797)

Address: 10620 W GREENWOOD TERRACE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/15/2017 12:00:00AM

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

Survey History

Survey ID: 0147697 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IYX214 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.45(3)	TOXIC SUBSTANCES		
83.47(3)	FIRE INSPECTION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0144824 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1YX213 Served 11/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/28/24	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/28/24	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/28/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/28/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/28/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	6/28/24	Yes

Survey ID: 0141935 **End Date:** 09/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #80WS11 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140977 End Date: 06/28/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1YX212 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/9/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/9/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/9/23	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/9/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/9/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/9/23	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/9/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/9/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/9/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/9/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (WASHINGTON HEIGHTS MANOR II--0016797)

Date: 09/30/2024 **SOD #**IYX214 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.47(3)

Date: 11/15/2023 **SOD #**1YX213 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---1XY213

Date: 01/30/2023 **SOD #**80WS11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Date: 10/10/2022

SOD #1YX212

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.44(1)(c)

FORFEITURE---83.46(1)(c)

Date: 04/22/2022

SOD #1YX211

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.19

FORFEITURE---83.37(2)(e)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (WASHINGTON HEIGHTS MANOR II--0016797)

Date Complaint Received: 02/23/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/13/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/06/2022

Date Investigation Completed: 09/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

80WS11

80WS11
80WS11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WASHINGTON HEIGHTS MANOR (0012706)

Address: 1506 1510 N 48TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010 12:00:00AM

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

Survey History

Survey ID: 0147700 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #68BL13 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
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)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.38(1)(g)	HEALTH MONITORING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.41(2)(c)	NUTRITION: MENUS
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES
83.47(2)(b)	EXIT DIAGRAM
83.47(3)	FIRE INSPECTION
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE
83.59(2)(f)	STAFF IN CHARGE CAN OPEN ALL LOCKS
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED

Survey ID: 0139706 **End Date:** 05/24/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139969 **End Date:** 03/30/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #68BL12 Served 06/28/2022

<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	6/28/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/28/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/28/24	Yes
83.47(2)(b)	EXIT DIAGRAM	6/28/24	No
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	6/28/24	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	6/28/24	No
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	6/28/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (WASHINGTON HEIGHTS MANOR--0012706)

Date: 09/30/2024 **SOD #**68BL13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.47(3)

FORFEITURE---83.48(1)(b)

Date: 06/28/2022 **SOD #**68BL12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.47(4)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (WASHINGTON HEIGHTS MANOR--0012706)

Date Complaint Received: 06/17/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

68BL13

Date Complaint Received: 05/30/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

68BL13
68BL13

Date Complaint Received: 02/23/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

68BL13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WHOLE HEALTH CLINICAL GROUP (0018128)

Address: 5566 NORTH 69TH STREET, MILWAUKEE, WI 53203

License Status: REGULAR

Licensed/Certified/Registered 01/28/2022 12:00:00AM

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

Survey History

Survey ID: 0144629 **End Date:** 08/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JP6311 Served 10/26/2023

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified

Corrected

Complaint History (WHOLE HEALTH CLINICAL GROUP--0018128)

Date Complaint Received: 05/17/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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