

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 is a PDF (Adobe Acrobat) document and includes a total of 161.00 pages. If you wish to read the profile for a particular

facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.

Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BAYSIDE GROUP HOME (0018245)

Address: 8820 N REXLEIGH DR, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 11/10/2021 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: CREATIVE LIVING ENVIRONMENTS HAVEN BAYSIDE (0015802)

Address: 225 E BROWN DEER RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 11/01/2016 12:00:00AM

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

Survey History

Survey ID: 0148260 **End Date:** 12/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145397 **End Date:** 01/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECQJ14 Served 01/26/2024

<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	12/3/24	Yes

Survey ID: 0144818 **End Date:** 11/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144520 **End Date: 06/21/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECQJ13 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/23/24	No

Survey ID: 0141916 **End Date: 01/17/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142883 **End Date: 10/21/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECQJ12 Served 04/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/21/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/21/23	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	6/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/21/23	Yes
83.38(1)(g)	HEALTH MONITORING	6/21/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/21/23	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 (CREATIVE LIVING ENVIRONMENTS HAVEN BAYSIDE--0015802)

Date: 01/26/2024 **SOD #**ECQJ14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/16/2023 **SOD #**ECQJ13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.44(2)(a)

Date: 04/26/2023 **SOD #**ECQJ12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.22 (1)-(4)
FORFEITURE---83.25 (3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.41 (4)(a)
FORFEITURE---83.44(2)(a)

Date: 03/24/2022 **SOD #**YU2L12 **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 (CREATIVE LIVING ENVIRONMENTS HAVEN BAYSIDE--0015802)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/28/2023

Date Investigation Completed: 01/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ECQJ14

Date Complaint Received: 09/11/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/31/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/09/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/18/2023

Date Investigation Completed: 06/21/2023

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 CNA (NONAMBULATORY)

Date Complaint Received: 06/06/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 10/21/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	ECQJ12
NOT SUBSTANTIATED	

Date Complaint Received: 04/12/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/21/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRU GROUP HOME BAYSIDE MANOR II (0010524)
Address: 9020 N PORT WASHINGTON RD, BAYSIDE, WI 53217
License Status: REGULAR
Licensed/Certified/Registered 11/01/2004 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147753 **End Date:** 06/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9P4F13 Served 10/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.44(2)(b)	TOILET AND BATHING AREA		

Survey ID: 0143793 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9P4F12 Served 07/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	6/7/24	Yes
83.46(1)(f)	COMBUSTIBLES	6/7/24	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: 0142199 **End Date:** 09/23/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9P4F11 Served 02/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/4/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/4/23	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	4/4/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/4/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/4/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/4/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/4/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/4/23	No
83.46(1)(f)	COMBUSTIBLES	4/4/23	No
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	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 CNA (NONAMBULATORY)

Enforcement History (CRU GROUP HOME BAYSIDE MANOR II--0010524)

Date: 10/03/2024 **SOD #**9P4F13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.43(2)(b)

Date: 07/31/2023 **SOD #**9P4F12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)
FORFEITURE---83.46(1)(f)

Date: 02/16/2023 **SOD #**9P4F11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(5)(b)

Complaint History (CRU GROUP HOME BAYSIDE MANOR II--0010524)

Date Complaint Received: 02/27/2024

Date Investigation Completed: 06/07/2024

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

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)

Facility Information

Facility Name: CRU GROUP HOME BAYSIDE MANOR (0009511)

Address: 9010 N PORT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003 12:00:00AM

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

Survey History

Survey ID: 0144325 **End Date:** 04/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142669 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142787 **End Date:** 11/11/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V01212 Served 04/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.48(6)(d)

INTEGRATED HEAT DETECTOR IN FURNACE
ROOM

Enforcement History (CRU GROUP HOME BAYSIDE MANOR--0009511)

Date: 04/17/2023 **SOD #** V01212 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(3)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)
FORFEITURE---83.48(6)(d)

Complaint History (CRU GROUP HOME BAYSIDE MANOR--0009511)

Date Complaint Received: 04/03/2023 **Date Investigation Completed:** 04/26/2023

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

Date Complaint Received: 01/30/2023 **Date Investigation Completed:** 04/04/2023

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE OF BAYSIDE (0010952)

Address: 9289 N PORT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

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

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

Survey History

Survey ID: 0147755 **End Date:** 08/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EKPK13 Served 10/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.45(3)	TOXIC SUBSTANCES		

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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: 0142660 **End Date: 01/17/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EKPK12 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/26/24	No

Survey ID: 0140472 **End Date: 03/15/2022** **Type: STANDARD** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DIT611 Served 08/17/2022

<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	1/17/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ELIZABETH RESIDENCE OF BAYSIDE--0010952)

Date: 10/03/2024 **SOD #**EKPK13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25

Date: 04/05/2023 **SOD #**EKPK12 **Appealed:**

Sanctions

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

Date: 08/17/2022 **SOD #**DIT611 **Appealed:**

Sanctions

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

Date: 01/21/2022 **SOD #**EKPK11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
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 (ELIZABETH RESIDENCE OF BAYSIDE--0010952)

Date Complaint Received: 07/25/2024

Date Investigation Completed: 08/26/2024

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2022

Date Investigation Completed: 03/15/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
DIT611

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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: WHITE BIRCH TERRACE (310653)

Address: 8500 N GREENVALE RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998 12:00:00AM

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

Survey History

Survey ID: 0139834 **End Date:** 05/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WHITE BIRCH TERRACE--310653)

Date: 03/31/2022 **SOD #**JKKI11 **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)

Facility Information

Facility Name: Atlas Assisted Living II (0020277)

Address: 4015 W Woodale Ave, Brown Deer, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/01/2024 12:00:00AM

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

Survey History

Survey ID: 0146301 **End Date:** 05/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: CCLS - BRADLEY (310090)

Address: 8010 N 51ST ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/01/1982 12:00:00AM

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

Survey History

Survey ID: 0140725 **End Date:** 08/23/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CCLS - BRADLEY--310090)

Date Complaint Received: 03/15/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRU GROUP HOME INC BROWN DEER MANOR (0012325)

Address: 8238 N 44TH ST, BROWN DEER, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 05/31/2009 12:00:00AM

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

Survey History

Survey ID: 0146878 **End Date:** 05/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KJ5213 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

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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: 0144664 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KJ5Z12 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	5/1/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/1/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/1/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/1/24	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	5/1/24	Yes
83.38(1)(b)	SUPERVISION	5/1/24	No
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	5/1/24	No

Survey ID: 0144500 **End Date:** 06/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SHQI11 Served 10/12/2023

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

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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: 0143306 End Date: 01/25/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KJ5Z11 Served 06/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/26/23	Yes
83.29(2)	ADMISSION AGREEMENT	7/26/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/26/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	8/1/23	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/27/23	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	7/27/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/1/23	No
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	8/1/23	No
83.38(1)(b)	SUPERVISION	8/1/23	No
83.47(5)	SMOKING POLICY	7/27/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/26/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	8/1/23	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 (CRU GROUP HOME INC BROWN DEER MANOR--0012325)

Date: 07/09/2024 **SOD #KJ5213** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(b)
FORFEITURE---83.47(4)(a)
FORFEITURE---83.59(2)(a)

Date: 10/30/2023 **SOD #KJ5Z12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(k)
FORFEITURE---83.37(1)(g)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.37(3)(d)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.59(2)(a)

Date: 10/12/2023 **SOD #SHQI11** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(c)
FORFEITURE---83.37(3)(d)

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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: 06/09/2023

SOD #KJ5Z11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.32(3)(k)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.37(3)(d)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.59(1)(g)

FORFEITURE---83.59(2)(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)

Complaint History (CRU GROUP HOME INC BROWN DEER MANOR--0012325)

Date Complaint Received: 04/18/2024

Date Investigation Completed: 05/01/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KJ5213

Date Complaint Received: 06/29/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KJ5Z12

Date Complaint Received: 05/02/2023

Date Investigation Completed: 06/12/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/08/2023

Date Investigation Completed: 06/12/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/20/2023

Date Investigation Completed: 06/12/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/18/2023

Date Investigation Completed: 06/12/2023

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

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: 11/10/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KJ5Z11

Date Complaint Received: 10/03/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KJ5Z11

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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: NEW PERSPECTIVE NORTH SHORE (0016219)

Address: 8875 N 60TH ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 07/19/2016 12:00:00AM

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

Survey History

Survey ID: 0147466 **End Date:** 07/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LEFP13 Served 08/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/7/25	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/7/25	Yes
83.38(1)(b)	SUPERVISION	2/7/25	Yes

Survey ID: 0146965 **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 CNA (NONAMBULATORY)

Survey ID: 0146109 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LEFP12 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/18/24	No
83.38(1)(b)	SUPERVISION	7/18/24	No

Survey ID: 0144973 **End Date:** 10/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LEFP11 Served 12/06/2023

<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	3/13/24	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	3/13/24	Yes

Survey ID: 0144612 **End Date:** 07/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HDNL11 Served 10/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/13/24	No

Survey ID: 0141418 **End Date:** 11/22/2022 **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: 0140233 **End Date:** 07/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEW PERSPECTIVE NORTH SHORE--0016219)

Date: 08/30/2024 **SOD #**LEFP13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 04/10/2024 **SOD #**LEFP12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(b)

Date: 12/06/2023 **SOD #**LEFP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/24/2023 **SOD #**HDNL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/21/2022 **SOD #**6LD711 **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 (NEW PERSPECTIVE NORTH SHORE--0016219)

Date Complaint Received: 09/10/2024

Date Investigation Completed: 02/07/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/02/2024

Date Investigation Completed: 02/07/2025

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/04/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
LEFP13
LEFP13

Date Complaint Received: 05/10/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
LEFP13

Date Complaint Received: 01/08/2024

Date Investigation Completed: 03/13/2024

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
LEFP12
LEFP12
LEFP12

Date Complaint Received: 11/16/2023

Date Investigation Completed: 03/13/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
LEFP12

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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: 10/17/2023

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

Date Investigation Completed: 10/28/2023

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	LEFP11
SUBSTANTIATED	LEFP11

Date Complaint Received: 10/11/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/28/2023

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

Date Complaint Received: 09/18/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/28/2023

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

Date Complaint Received: 09/13/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/28/2023

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

Date Complaint Received: 09/05/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/26/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LEFP11

Date Complaint Received: 07/14/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 07/20/2023

<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: 06/30/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/20/2023

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	HDNL11
NOT SUBSTANTIATED	

Date Complaint Received: 05/19/2023

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

Date Investigation Completed: 07/20/2023

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

Date Complaint Received: 05/03/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/20/2023

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

Date Complaint Received: 08/23/2022

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

Date Investigation Completed: 11/23/2022

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

Date Complaint Received: 05/16/2022

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

Date Investigation Completed: 07/13/2022

<u>Result</u>	<u>SOD #</u>
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: NOUVELLE HOME ONE (0019309)

Address: 7909 N 47TH ST, BROWN DEER, WI 53223

License Status: REGULAR

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

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

Survey History

Survey ID: 0144987 **End Date:** 12/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144722 **End Date:** 07/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSCG11 Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/4/23	Yes
83.29(2)	ADMISSION AGREEMENT	12/4/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	12/4/23	Yes

Survey ID: 0141995 **End Date:** 01/12/2023 **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)

Enforcement History (NOUVELLE HOME ONE--0019309)

Date: 11/06/2023 **SOD #**OSCG11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.35(1)(c)

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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: NOUVELLE HOME TWO (0019349)

Address: 7911 N 47TH ST, BROWN DEER, WI 532234475

License Status: REGULAR

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

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

Survey History

Survey ID: 0144993 **End Date:** 12/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144595 **End Date:** 07/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OGN811 Served 10/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/4/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/4/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	12/4/23	Yes

Survey ID: 0141994 **End Date:** 01/12/2023 **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)

Enforcement History (NOUVELLE HOME TWO--0019349)

Date: 10/20/2023 **SOD #** OGN811 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (NOUVELLE HOME TWO--0019349)

Date Complaint Received: 07/06/2023 **Date Investigation Completed:** 07/26/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	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: Rogers Memorial Hospital (0018983)

Address: 4600 West Schroeder Drive, Brown Deer, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 09/07/2022 12:00:00AM

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

Survey History

Survey ID: 0140687 **End Date:** 09/07/2022 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: STONERIDGE (0019415)

Address: 8511 N STONERIDGE CT, BROWN DEER, WI 53223

License Status: REGULAR

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

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

Survey History

Survey ID: 0144597 **End Date:** 09/06/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CCMJ11 Served 10/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		

Survey ID: 0142409 **End Date:** 03/08/2023 **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: WAHNER HOUSE (310648)

Address: 5765 W WAHNER DR, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998 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 (UNDERWOOD) (0009082)

Address: 3146 E UNDERWOOD AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001 12:00:00AM

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

Survey History

Survey ID: 0144967 **End Date:** 09/08/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2T1013 Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.41(1)(b)	EQUIPMENT		
83.45(1)(b)	BUILDING INTEGRITY		
83.45(3)	TOXIC SUBSTANCES		
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM		

Survey ID: 0141180 **End Date:** 10/25/2022 **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 AA (AMBULATORY)

Survey ID: 0142009 **End Date:** 09/02/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2T1012 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/8/23	No
83.41(1)(b)	EQUIPMENT	9/8/23	No
83.45(1)(b)	BUILDING INTEGRITY	9/8/23	No
83.45(3)	TOXIC SUBSTANCES	9/8/23	No
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	9/8/23	No

Enforcement History (BROADSTEP-WISCONSIN, INC (UNDERWOOD)--0009082)

Date: 12/05/2023 **SOD #**2T1013 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37(1)(e)
FORFEITURE---83.41(1)(b)
FORFEITURE---83.45(1)(b)

Date: 02/07/2023 **SOD #**2T1012 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(e)
FORFEITURE---83.45(1)(b)
FORFEITURE---84.41(1)(b)

Date: 01/27/2022 **SOD #**2T1011 **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)

Complaint History (BROADSTEP-WISCONSIN, INC (UNDERWOOD)--0009082)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 09/08/2023

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

Date Complaint Received: 06/19/2023

Date Investigation Completed: 09/08/2023

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

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

Date Complaint Received: 06/02/2023

Date Investigation Completed: 09/08/2023

Subject Area(s)
 ADMINISTRATION
 PROGRAM SERVICES
 RESIDENT RIGHTS

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 09/29/2022

Date Investigation Completed: 10/25/2022

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

Result SOD #
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

Date Complaint Received: 07/19/2022

Date Investigation Completed: 09/02/2022

Subject Area(s)
 PROGRAM SERVICES

Result SOD #
 NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CUDAHY PLACE (0016798)

Address: 3460 E BARNARD AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 01/30/2020 12:00:00AM

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

Survey History

Survey ID: 0145840 **End Date:** 03/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144577 **End Date:** 05/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #974N11 Served 10/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	3/8/24	Yes

Survey ID: 0139393 **End Date:** 04/04/2022 **Type:** STANDARD **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CUDAHY PLACE--0016798)

Date: 10/19/2023 **SOD #**974N11 **Appealed:** No

Sanctions

ORDER TO COMPLY
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 (CUDAHY PLACE--0016798)

Date Complaint Received: 11/07/2023

Date Investigation Completed: 03/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/09/2023

Date Investigation Completed: 05/26/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

974N11

Date Complaint Received: 04/04/2023

Date Investigation Completed: 05/26/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

974N11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/28/2022

Date Investigation Completed: 04/06/2022

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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: HAMMOND HOUSE (0018658)

Address: 3750 EAST HAMMOND AVENUE, CUDAHY, WI 53110

License Status: REGULAR

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

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

Survey History

Survey ID: 0145590 **End Date:** 02/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140894 **End Date:** 09/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140501 **End Date:** 07/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IRPD11 Served 08/18/2022

<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	9/23/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/23/22	Yes
83.39(5)	PETS VACCINATED	9/23/22	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	9/23/22	Yes
83.47(2)(d)	FIRE DRILLS	9/23/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/23/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (HAMMOND HOUSE--0018658)

Date: 08/18/2022 **SOD #**IRPD11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.47(2)(d)

Complaint History (HAMMOND HOUSE--0018658)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 02/08/2024

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: RAMSEY WOODS RESIDENCE (0017132)

Address: 3210 E RAMSEY AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 02/28/2019 12:00:00AM

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

Survey History

Survey ID: 0147399 **End Date:** 08/19/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146484 **End Date:** 04/15/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145957 **End Date:** 02/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07GM12 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/16/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/16/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/16/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/16/24	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: 0144602 End Date: 06/20/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07GM11 Served 10/23/2023

<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	2/1/24	Yes

Survey ID: 0143800 End Date: 04/05/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BKRO11 Served 08/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/2/24	No
83.41(3)(b)	FOOD SAFETY	2/2/24	Yes
83.45(3)	TOXIC SUBSTANCES	2/2/24	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 (RAMSEY WOODS RESIDENCE--0017132)

Date: 03/22/2024 **SOD #**07GM12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---07GM12
FORFEITURE---07GM12

Date: 10/23/2023 **SOD #**07GM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/01/2023 **SOD #**BKRO11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---BRKO11

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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 (RAMSEY WOODS RESIDENCE--0017132)

Date Complaint Received: 06/26/2024

Date Investigation Completed: 08/19/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/10/2024

Date Investigation Completed: 08/19/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/20/2024

Date Investigation Completed: 08/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/13/2024

Date Investigation Completed: 08/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/08/2024

Date Investigation Completed: 04/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED
07GM12

Date Complaint Received: 10/10/2023

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
07GM12

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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: 10/02/2023

Date Investigation Completed: 02/02/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/25/2023

Date Investigation Completed: 04/15/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 07GM12

Date Complaint Received: 04/21/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 07GM11

Date Complaint Received: 06/24/2022

Date Investigation Completed: 04/04/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: SOUTH SHORE HOUSE (0019494)

Address: 6168 S SWIFT AVENUE, CUDAHY, WI 53110

License Status: PROBATIONARY

Licensed/Certified/Registered 07/19/2023 12:00:00AM

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

Survey History

Survey ID: 0146545 **End Date:** 05/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5WFX12 Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0145973 **End Date: 03/08/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5WFX11 Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	5/13/24	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/13/24	No
83.45(3)	TOXIC SUBSTANCES	5/10/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	5/10/24	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	5/13/24	No
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	5/13/24	No

Survey ID: 0143804 **End Date: 07/19/2023** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

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)

Enforcement History (SOUTH SHORE HOUSE--0019494)

Date: 06/14/2024 **SOD #5WFX12** **Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.18(1)
FORFEITURE---83.43(1)
FORFEITURE---83.59(1)(a)
FORFEITURE---83.59(2)(a)

Date: 03/25/2024 **SOD #5WFX11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
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: SYLVAN CROSSINGS AT CREEKSIDE ESTATES (0009038)
Address: 6180 S CREEKSIDE DR, CUDAHY, WI 53110
License Status: REGULAR
Licensed/Certified/Registered 04/01/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147146 **End Date:** 07/25/2024 **Type:** ABBREVIATED **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143780 **End Date:** 03/30/2023 **Type:** STANDARD **Purpose:** COMPLAINT/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #12PC12 Served 07/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/25/24	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: 0142421 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #12PC11 Served 03/09/2023

<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	3/29/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/29/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/29/23	Yes
83.38(1)(g)	HEALTH MONITORING	3/29/23	Yes
83.40	OXYGEN STORAGE	3/29/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/29/23	No

Enforcement History (SYLVAN CROSSINGS AT CREEKSIDE ESTATES--0009038)

Date: 07/31/2023 **SOD #**12PC12 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY
FORFEITURE---83.44 (1)(c)

Date: 03/09/2023 **SOD #**12PC11 **Appealed:**

Sanctions

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

Complaint History (SYLVAN CROSSINGS AT CREEKSIDE ESTATES--0009038)

Date Complaint Received: 01/09/2023

Date Investigation Completed: 03/29/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/16/2022

Date Investigation Completed: 10/12/2022

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: AZURA MEMORY CARE OF FOX POINT (0018262)

Address: 7770 NORTH PORT WASHINGTON RD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 11/02/2020 12:00:00AM

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

Survey History

Survey ID: 0147572 **End Date:** 09/10/2024 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146639 **End Date:** 04/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XIEX12 Served 06/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/10/24	Yes
83.45(3)	TOXIC SUBSTANCES	9/10/24	Yes

Survey ID: 0144648 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XIEX11 Served 10/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	4/12/24	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: 0144518 **End Date: 06/30/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #97IK11 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	12/1/23	Yes

Survey ID: 0142953 **End Date: 02/24/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9NTP13 Served 05/09/2023

<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		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	12/20/23	Withdrawn
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	12/20/23	Withdrawn

Survey ID: 0141713 **End Date: 06/24/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9NTP12 Served 12/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/8/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/8/23	Yes
83.38(1)(b)	SUPERVISION	2/8/23	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 (AZURA MEMORY CARE OF FOX POINT--0018262)

Date: 06/06/2024 **SOD #**XIEX12 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 10/27/2023 **SOD #**XIEX11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 05/04/2023 **SOD #**9NTP13 **Appealed:** Yes **Decision:** STIPULATION

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.59(2)(a)

Date: 12/29/2022 **SOD #**9NTP12 **Appealed:**

Sanctions
ORDER TO COMPLY
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 (AZURA MEMORY CARE OF FOX POINT--0018262)

Date Complaint Received: 12/13/2023

Date Investigation Completed: 04/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

XIEX11

Date Complaint Received: 07/24/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XIEX11

Date Complaint Received: 06/13/2023

Date Investigation Completed: 06/30/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/14/2023

Date Investigation Completed: 06/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

97IK11

Date Complaint Received: 01/11/2023

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

9NTP13

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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: 09/01/2022

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

Date Investigation Completed: 02/24/2023

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

Date Complaint Received: 02/14/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 06/24/2022

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

Date Complaint Received: 02/07/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 06/24/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	9NTP12

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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: BERGEN MANOR CBRF (0017968)

Address: 522 WEST BERGEN DRIVE, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 01/23/2020 12:00:00AM

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

Survey History

Survey ID: 0148170 **End Date:** 10/03/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUOK15 Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	2/7/25	Yes

Survey ID: 0146263 **End Date:** 02/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUOK14 Served 04/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	9/10/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/10/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/10/24	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	9/10/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/10/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/10/24	Yes
83.38(1)(a)	PERSONAL CARE	9/10/24	Yes
83.41(1)(c)	DISHWASHING	9/10/24	Yes
83.41(2)(a)	NUTRITION: DIET	9/10/24	Yes
83.41(2)(c)	NUTRITION: MENUS	9/10/24	Yes
83.41(3)(b)	FOOD SAFETY	9/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/10/24	Yes
83.45(3)	TOXIC SUBSTANCES	9/10/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/10/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/10/24	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	9/10/24	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	10/3/24	No

Survey ID: 0144656 End Date: 05/23/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUOK13 Served 10/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/29/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/22/24	No
83.41(3)(b)	FOOD SAFETY	2/22/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/22/24	No
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	2/22/24	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: 0142505 End Date: 12/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YGSU11 Served 03/20/2023

<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	5/23/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/23/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	5/23/23	Yes

Survey ID: 0141345 End Date: 05/10/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CUOK12 Served 11/14/2022

<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	5/23/23	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/23/23	No
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	5/23/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/23/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	5/23/23	Yes
83.41(3)(b)	FOOD SAFETY	5/23/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/23/23	No
83.45(5)	GARBAGE & REFUSE	5/23/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/23/23	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 (BERGEN MANOR CBRF--0017968)

Date: 11/26/2024 **SOD #**CUOK15 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.59(1)(g)

Date: 04/29/2024 **SOD #**CUOK14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.45(3)
FORFEITURE---83.59(1)(g)

Date: 10/27/2023 **SOD #**CUOK13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(4)(b)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.59(1)(g)

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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: 03/20/2023

SOD #YGSU11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

Date: 11/14/2022

SOD #CUOK12

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

FORFEITURE---83.59(1)(g)

Date: 03/18/2022

SOD #CUOK11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(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 (BERGEN MANOR CBRF--0017968)

Date Complaint Received: 09/25/2024

Date Investigation Completed: 02/07/2025

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/20/2024

Date Investigation Completed: 02/07/2025

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/07/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/18/2023

Date Investigation Completed: 02/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
CUOK14

Date Complaint Received: 06/14/2023

Date Investigation Completed: 02/22/2024

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/19/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
CUOK13

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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: 05/09/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CUOK13

Date Complaint Received: 04/28/2022

Date Investigation Completed: 05/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CUOK12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CUOK12

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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: FOX POINT MANOR (0009113)

Address: 7450 N PORT WASHINGTON RD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001 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: NORTH SHORE HOUSE (0012761)

Address: 6807 N SANTA MONICA BLVD, FOX POINT, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010 12:00:00AM

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

Survey History

Survey ID: 0142448 **End Date:** 11/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OJOI15 Served 03/13/2023

<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		
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR		
83.64(7)	SMALL CBRF: CLEAR-WIDTH DOOR OPENINGS		

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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: 0140821 End Date: 08/10/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OJOI14 Served 09/22/2022

<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	11/30/22	No
83.45(3)	TOXIC SUBSTANCES	11/30/22	Yes
83.45(5)	GARBAGE & REFUSE	11/30/22	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	11/30/22	No
83.64(7)	SMALL CBRF: CLEAR-WIDTH DOOR OPENINGS	11/30/22	No

Survey ID: 0138900 End Date: 02/23/2022 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 CS (SEMIAMBULATORY)

Enforcement History (NORTH SHORE HOUSE--0012761)

Date: 03/13/2023 **SOD #**OJOI15 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.59(1)(c)
FORFEITURE---83.64(7)

Date: 09/22/2022 **SOD #**OJOI14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.45(3)
FORFEITURE---83.45(5)
FORFEITURE---83.59(1)(c)

Date: 05/10/2022 **SOD #**OJOI13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.19
FORFEITURE---83.47(2)(b)
FORFEITURE---83.59(1)(c)

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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: Adava Care of Glendale I (0020461)

Address: 7325 N Port Washington Road, Glendale, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 09/12/2024 12:00:00AM

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

Survey History

Survey ID: 0147583 **End Date:** 09/13/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of Glendale II (0020468)

Address: 7335 N Port Washington Road, Glendale, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 10/14/2024 12:00:00AM

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

Survey History

Survey ID: 0147841 **End Date:** 10/15/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTIS VILLAGE NORTH SHORE (0017670)

Address: 100 W RIVER WOODS PKWY, GLENDALE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 12/17/2020 12:00:00AM

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

Survey History

Survey ID: 0146948 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146952 **End Date:** 06/24/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145023 **End Date:** 11/29/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9E0T11 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/26/24	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: 0144771 **End Date:** 09/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C9W212 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	12/24/23	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	12/24/23	Yes

Survey ID: 0141898 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C9W211 Served 01/19/2023

<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	9/1/23	Yes

Survey ID: 0138819 **End Date:** 02/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HEARTIS VILLAGE NORTH SHORE--0017670)

Date: 01/19/2023 **SOD #**C9W211 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/27/2022 **SOD #**KI7U11 **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 (HEARTIS VILLAGE NORTH SHORE--0017670)

Date Complaint Received: 12/12/2024

Date Investigation Completed: 01/30/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/05/2024

Date Investigation Completed: 06/24/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/05/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/28/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/09/2023

Date Investigation Completed: 09/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

C9W212

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/08/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/08/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/05/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/26/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/05/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

C9W211
C9W211

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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: PARKWOOD ASSISTED LIVING GREEN HOUSE (0015217)

Address: 6370 N GREEN BAY AVE, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0148336 **End Date:** 10/02/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD4Y18 Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
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)

83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN
83.38(1)(g)	HEALTH MONITORING
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 CNA (NONAMBULATORY)

Survey ID: 0147342 End Date: 06/28/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD4Y17 Served 08/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/2/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	10/2/24	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/2/24	Yes
83.25	CONTINUING EDUCATION	10/2/24	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	10/2/24	No
83.28(5)	TEMPORARY SERVICE PLAN	10/2/24	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	10/2/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/2/24	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/2/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	10/2/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	10/2/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/2/24	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/2/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/2/24	Yes
83.38(1)(g)	HEALTH MONITORING	10/2/24	No
83.38(1)(h)	MEDICATION ADMINISTRATION	10/2/24	Yes
83.39(3)	HAND WASHING	10/2/24	Yes
83.41(1)(c)	DISHWASHING	10/2/24	Yes
83.41(3)(b)	FOOD SAFETY	10/2/24	Yes
83.45(3)	TOXIC SUBSTANCES	10/2/24	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)

83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	10/2/24	Yes
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Survey ID: 0143941 **End Date:** 04/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WR6G11 Served 08/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/27/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/27/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	6/27/24	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: 0142945 End Date: 01/03/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD4Y16 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	6/28/24	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/28/24	No
83.25	CONTINUING EDUCATION	6/28/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/18/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/18/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/28/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/28/24	No
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	6/18/24	Yes
83.41(3)(b)	FOOD SAFETY	6/18/24	No
83.45(3)	TOXIC SUBSTANCES	6/18/24	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 (PARKWOOD ASSISTED LIVING GREEN HOUSE--0015217)

Date: 12/17/2024 **SOD #**XD4Y18 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.28(3)

FORFEITURE---83.28(6)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(5)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

Date: 08/16/2024 **SOD #**XD4Y17 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(4)(c)

FORFEITURE---83.15(3)(a)

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

FORFEITURE---83.25

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.41(3)(b)

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 CNA (NONAMBULATORY)

Date: 08/15/2023 **SOD #**WR6G11 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---WR6G11
FORFEITURE---WR6G11

Date: 05/08/2023 **SOD #**XD4Y16 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(4)(c)
FORFEITURE---83.25
FORFEITURE---83.35(1)(a)
FORFEITURE---83.37 (3)(d)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45 (3)

Date: 03/16/2022 **SOD #**XD4Y15 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.29(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.38(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 (PARKWOOD ASSISTED LIVING GREEN HOUSE--0015217)

Date Complaint Received: 09/05/2024

Date Investigation Completed: 10/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/26/2024

Date Investigation Completed: 10/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/15/2024

Date Investigation Completed: 10/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/01/2024

Date Investigation Completed: 10/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD4Y18

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/09/2024

Date Investigation Completed: 06/28/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD4Y17

Date Complaint Received: 03/20/2023

Date Investigation Completed: 04/25/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WR6G11

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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: 06/29/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

XD4Y16
XD4Y16

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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: PARKWOOD ASSISTED LIVING MILL HOUSE (0015216)

Address: 6378 N GREEN BAY AVE, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0146302 **End Date:** 03/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6YWN12 Served 05/03/2024

<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		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Survey ID: 0143193 **End Date:** 01/19/2023 **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: 0141917 **End Date:** 12/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6YWN11 Served 03/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	3/15/24	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/26/24	No
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Enforcement History (PARKWOOD ASSISTED LIVING MILL HOUSE--0015216)

Date: 05/03/2024 **SOD #**6YWN12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(c)

Date: 03/20/2023 **SOD #**6YWN11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(1)(c)
FORFEITURE---83.38(1)(c)

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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 (PARKWOOD ASSISTED LIVING MILL HOUSE--0015216)

Date Complaint Received: 12/27/2022

Date Investigation Completed: 12/30/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 12/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/15/2022

Date Investigation Completed: 12/09/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

6YWN11

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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: SILVERADO NORTH SHORE (0017408)

Address: 7800 N GREEN BAY RD, GLENDALE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 04/18/2019 12:00:00AM

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

Survey History

Survey ID: 0147358 **End Date:** 08/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146029 **End Date:** 02/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TQ5314 Served 03/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

Survey ID: 0141316 **End Date:** 11/08/2022 **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: 0141128 End Date: 04/12/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TQ5313 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	2/21/24	No
83.47(2)(e)	OTHER EVACUATION DRILLS	2/21/24	No
83.60(1)	TOTAL/OPENABLE WINDOW AREA	2/21/24	No

Enforcement History (SILVERADO NORTH SHORE--0017408)

Date: 04/01/2024 SOD #TQ5314 Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---TQ5314

Date: 10/25/2022 SOD #TQ5313 Appealed: No

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.47(2)(d)
 FORFEITURE---83.47(2)(e)
 FORFEITURE---83.60(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SILVERADO NORTH SHORE--0017408)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 02/21/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/08/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/15/2022

Date Investigation Completed: 04/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2022

Date Investigation Completed: 04/12/2022

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: CLIFDEN COURT NORTH (0016972)

Address: 6801 W LOOMIS RD, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 04/19/2018 12:00:00AM

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

Survey History

Survey ID: 0145646 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143643 **End Date:** 03/22/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VZE812 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.45(3)	TOXIC SUBSTANCES		
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL		

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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: 0141802 End Date: 08/25/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VZE811 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/21/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/21/23	Yes

Survey ID: 0138917 End Date: 02/24/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CLIFDEN COURT NORTH--0016972)

Date: 07/17/2023 SOD #VZE812 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.32(3)(I)
 FORFEITURE---83.35(3)(d)

Date: 01/11/2023 SOD #VZE811 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 03/11/2022 SOD #R97U11 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 (CLIFDEN COURT NORTH--0016972)

Date Complaint Received: 02/05/2024

Date Investigation Completed: 02/12/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/16/2022

Date Investigation Completed: 03/21/2023

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
VZE812

Date Complaint Received: 07/29/2022

Date Investigation Completed: 08/25/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
VZE811

Date Complaint Received: 06/21/2022

Date Investigation Completed: 08/25/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
VZE811
VZE811

Date Complaint Received: 05/26/2022

Date Investigation Completed: 08/25/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
VZE811

Date Complaint Received: 01/28/2022

Date Investigation Completed: 02/24/2022

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: FINCH HOUSE (0012715)

Address: 5762 FINCH LANE, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 07/01/2010 12:00:00AM

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

Survey History

Survey ID: 0148328 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44E015 Served 12/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM		

Survey ID: 0145305 **End Date:** 12/08/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44E014 Served 01/18/2024

<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	10/3/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	10/3/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/7/24	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)

83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/7/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/7/24	Yes
83.34(1)	LIMITATIONS ON CONTROL OF RESIDENT FUNDS	8/7/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	8/7/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/7/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/7/24	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	8/7/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/7/24	Yes
83.45(3)	TOXIC SUBSTANCES	8/7/24	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	10/23/24	No
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	8/7/24	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: 0144118 End Date: 03/01/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44E013 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/30/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/8/23	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/8/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/23	No
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	12/5/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/30/23	Yes
83.41(1)(c)	DISHWASHING	11/30/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	11/30/23	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	12/8/23	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: 0141229 End Date: 09/14/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44E012 Served 11/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	3/1/23	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/1/23	Yes
83.41(1)(b)	EQUIPMENT	3/1/23	Yes
83.41(1)(c)	DISHWASHING	3/1/23	No
83.41(3)(b)	FOOD SAFETY	3/1/23	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	3/1/23	Yes
83.47(2)(d)	FIRE DRILLS	3/1/23	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	3/1/23	No
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	3/1/23	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: 0139850 End Date: 04/25/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44E011 Served 06/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	9/14/22	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/14/22	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/14/22	Yes
83.41(1)(b)	EQUIPMENT	9/14/22	No
83.41(1)(c)	DISHWASHING	9/14/22	No
83.41(3)(b)	FOOD SAFETY	9/14/22	No
83.42(2)	RESIDENT RECORDS SAFEGUARDED	9/14/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/14/22	Yes
83.45(3)	TOXIC SUBSTANCES	9/14/22	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	9/14/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	9/14/22	Yes
83.47(2)(d)	FIRE DRILLS	9/14/22	No
83.47(2)(e)	OTHER EVACUATION DRILLS	9/14/22	Yes
83.47(3)	FIRE INSPECTION	9/14/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/14/22	No
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/14/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	9/14/22	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	9/14/22	No
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	9/14/22	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	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 CNA (NONAMBULATORY)

Survey ID: 0138751 **End Date:** 02/02/2022 **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 (FINCH HOUSE--0012715)

Date: 12/16/2024 **SOD #44E015** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/18/2024 **SOD #44E014** **Appealed:** Yes **Decision:** STIPULATION

Sanctions

NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.48(6)(e)

Date: 09/05/2023 **SOD #44E013** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.41(1)(c)
FORFEITURE---83.47(4)(a)
FORFEITURE---83.48(6)(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)

Date: 11/03/2022 **SOD #**44E012 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.15(3)(a)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.41(1)(b)
FORFEITURE---83.41(1)(c)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(4)(a)

Date: 06/16/2022 **SOD #**44E011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a) 2nd Cite
FORFEITURE---83.41(3)(b) 2nd Cite
FORFEITURE---83.43(1) 2nd cite
FORFEITURE---83.45(3) 2nd cite

Complaint History (FINCH HOUSE--0012715)

Date Complaint Received: 10/24/2022

Date Investigation Completed: 03/01/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

44E013

Date Complaint Received: 08/31/2022

Date Investigation Completed: 03/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

44E013

Date Complaint Received: 02/09/2022

Date Investigation Completed: 04/25/2022

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: HARBOUR ASSISTED LIVING RESIDENCES (0017872)
Address: 5800 MOCKINGBIRD LN, GREENDALE, WI 53129
License Status: REGULAR
Licensed/Certified/Registered 10/01/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147372 **End Date:** 08/14/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145874 **End Date:** 03/12/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142414 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G36211 Served 03/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	3/7/24	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	3/7/24	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 (HARBOUR ASSISTED LIVING RESIDENCES--0017872)

Date: 03/09/2023 **SOD #**G36211 **Appealed:**

Sanctions

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

Complaint History (HARBOUR ASSISTED LIVING RESIDENCES--0017872)

Date Complaint Received: 04/30/2024

Date Investigation Completed: 08/14/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/24/2024

Date Investigation Completed: 03/12/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/30/2023

Date Investigation Completed: 03/12/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOUR VILLAGE (0017825)

Address: 5900 MOCKINGBIRD LN, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

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

Survey History

Survey ID: 0147394 **End Date:** 08/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146609 **End Date:** 04/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LGQ911 Served 06/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/13/24	Yes

Survey ID: 0144963 **End Date:** 11/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143060 **End Date:** 04/20/2023 **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: 0141565 **End Date: 11/29/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139129 **End Date: 03/01/2022** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HARBOUR VILLAGE--0017825)

Date: 06/04/2024 **SOD #LGQ911** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (HARBOUR VILLAGE--0017825)

Date Complaint Received: 12/06/2023

Date Investigation Completed: 04/04/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
LGQ911

Date Complaint Received: 10/17/2023

Date Investigation Completed: 11/07/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/20/2023

Date Investigation Completed: 04/20/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2022

Date Investigation Completed: 11/29/2022

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: RIVERSIDE TERRACE (0018660)

Address: 5883 WEST RIVERSIDE DRIVE, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 09/26/2022 12:00:00AM

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

Survey History

Survey ID: 0145354 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QNLT11 Served 01/24/2024

Deficiencies Cited
83.41(2)(a)

Subject Area
NUTRITION: DIET

Compliance
Verified

Corrected

Survey ID: 0140852 **End Date:** 09/23/2022 **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 CS (SEMIAMBULATORY)

Survey ID: 0140115 **End Date:** 07/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8S3B11 Served 07/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	9/23/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/23/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/23/22	Yes
83.40	OXYGEN STORAGE	9/23/22	Yes

Enforcement History (RIVERSIDE TERRACE--0018660)

Date: 01/24/2024 **SOD #** QNLT11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---QNLT11

Date: 07/12/2022 **SOD #** 8S3B11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RIVERSIDE TERRACE--0018660)

Date Complaint Received: 10/19/2023 **Date Investigation Completed:** 11/29/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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 CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL WHITNALL HOUSE (0009798)

Address: 6275 S 106TH ST, HALES CORNERS, WI 53130

License Status: REGULAR

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

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

Survey History

Survey ID: 0141609 **End Date:** 08/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HIL WHITNALL HOUSE--0009798)

Date: 02/25/2022 **SOD #**MYSR11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(g)

FORFEITURE---83.45(3) 2nd Cite

Complaint History (HIL WHITNALL HOUSE--0009798)

Date Complaint Received: 05/23/2022

Date Investigation Completed: 08/11/2022

Subject Area(s)

ADMINISTRATION

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

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)

Facility Information

Facility Name: PARK HILLS WEST (0017154)

Address: 5910 S 118TH ST, HALES CORNERS, WI 53130

License Status: REGULAR

Licensed/Certified/Registered 07/13/2018 12:00:00AM

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

Survey History

Survey ID: 0146393 **End Date:** 05/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144573 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RMNI11 Served 10/19/2023

<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	1/18/24	Withdrawn
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	5/3/24	Yes

Survey ID: 0143055 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141474 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PARK HILLS WEST--0017154)

Date: 10/19/2023 **SOD #** RMNI11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

Complaint History (PARK HILLS WEST--0017154)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RMNI11

RESIDENT RIGHTS

SUBSTANTIATED

RMNI11

Date Complaint Received: 03/31/2023

Date Investigation Completed: 05/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/13/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2022

Date Investigation Completed: 11/30/2022

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: Adava Care of Oak Creek (0020475)

Address: 7550 S 13th Street, Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 09/12/2024 12:00:00AM

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

Survey History

Survey ID: 0147582 **End Date:** 09/13/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: AUTUMN CREEK CQS LLC (0014863)

Address: 8035 S CECILY DRIVE, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 12/05/2014 12:00:00AM

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

Survey History

Survey ID: 0148591 **End Date:** 10/31/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PLC11 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.41(3)(b)	FOOD SAFETY		
83.46(1)(f)	COMBUSTIBLES		

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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 (AUTUMN CREEK CQS LLC--0014863)

Date Complaint Received: 05/28/2024

Date Investigation Completed: 10/31/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/25/2024

Date Investigation Completed: 10/31/2024

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 ANA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN CREEK II CQS LLC (0016326)

Address: 1326 WILLOW DR, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 10/01/2017 12:00:00AM

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

Survey History

Survey ID: 0144276 **End Date:** 08/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142160 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AUTUMN CREEK II CQS LLC--0016326)

Date: 03/09/2022 **SOD #**DDIN11 **Appealed:**

Sanctions

ORDER TO COMPLY

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 ANA (NONAMBULATORY)

Complaint History (AUTUMN CREEK II CQS LLC--0016326)

Date Complaint Received: 02/02/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/21/2022

Date Investigation Completed: 02/01/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/27/2022

Date Investigation Completed: 02/01/2023

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

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)

Facility Information

Facility Name: AZURA MEMORY CARE OF OAK CREEK II (0016676)

Address: 8774 S MAYHEW DR, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 10/01/2018 12:00:00AM

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

Survey History

Survey ID: 0141061 **End Date:** 06/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S74C11 Served 10/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(f)	COMBUSTIBLES		

Enforcement History (AZURA MEMORY CARE OF OAK CREEK II--0016676)

Date: 10/18/2022 **SOD #**S74C11 **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)

Facility Information

Facility Name: AZURA MEMORY CARE OF OAK CREEK (0016675)

Address: 8772 S MAYHEW DR, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/27/2017 12:00:00AM

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

Survey History

Survey ID: 0141724 **End Date:** 06/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QCH511 Served 01/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	3/9/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/9/23	Yes
83.46(1)(f)	COMBUSTIBLES	3/9/23	Yes

Enforcement History (AZURA MEMORY CARE OF OAK CREEK--0016675)

Date: 01/23/2023 **SOD #**QCH511 **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)

Facility Information

Facility Name: Country View (0019630)

Address: 10507 S Chicago Road, Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 06/25/2024 12:00:00AM

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

Survey History

Survey ID: 0145798 **End Date:** 02/09/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #A4GI11 Served 03/05/2024

<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	4/20/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/20/24	Yes

Survey ID: 0143448 **End Date:** 06/20/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Creek Side Manor (0019634)

Address: 8841 S 13th Street, Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/19/2023 12:00:00AM

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

Survey History

Survey ID: 0148403 **End Date:** 10/14/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNFI12 Served 12/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		

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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: 0145673 **End Date: 01/22/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNFI11 Served 02/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/16/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/14/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/14/24	No
83.46(1)(f)	COMBUSTIBLES	9/16/24	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	9/16/24	Yes

Survey ID: 0143699 **End Date: 07/19/2023** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Creek Side Manor--0019634)

Date: 12/27/2024 **SOD #NNFI12** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(d)

Date: 02/21/2024 **SOD #NNFI11** **Appealed:**

Sanctions

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

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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 (Creek Side Manor--0019634)

Date Complaint Received: 08/29/2024

Date Investigation Completed: 10/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2024

Date Investigation Completed: 01/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NNF111

Date Complaint Received: 12/25/2023

Date Investigation Completed: 01/22/2024

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

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
NNF111
NNF111
NNF111
NNF111

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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: Creek Side Terrace (0019635)

Address: 8861 S 13th Street, Oak Creek, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/19/2023 12:00:00AM

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

Survey History

Survey ID: 0143701 **End Date:** 07/19/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE OAK CREEK (0013620)
Address: 10441 S NICHOLSON RD, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 03/01/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146772 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146178 **End Date:** 04/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139495 **End Date:** 02/01/2022 **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 CNA (NONAMBULATORY)

Complaint History (ELIZABETH RESIDENCE OAK CREEK--0013620)

Date Complaint Received: 05/21/2024

Date Investigation Completed: 06/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/08/2023

Date Investigation Completed: 04/16/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: IVY TERRACE (0019429)

Address: 6606 S CRANE DRIVE, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/17/2024 12:00:00AM

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

Survey History

Survey ID: 0146958 **End Date:** 07/15/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146838 **End Date:** 06/18/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EHSC12 Served 07/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/15/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0146165 **End Date: 04/08/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EHSC11 Served 04/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/14/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/14/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/18/24	No
83.47(2)(d)	FIRE DRILLS	6/14/24	Yes

Survey ID: 0143802 **End Date: 07/19/2023** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (IVY TERRACE--0019429)

Date: 07/02/2024 **SOD #EHSC12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.44(1)(c)

Date: 04/18/2024 **SOD #EHSC11** **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)

Facility Information

Facility Name: MITCHELL MANOR OAK CREEK (0017782)
Address: 8740 S OAK PARK DR, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 01/01/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147084 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CGZB12 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0143032 **End Date:** 05/09/2023 **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: 0141972 End Date: 10/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CGZB11 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	6/14/24	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/14/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	6/14/24	Yes
83.47(3)	FIRE INSPECTION	6/14/24	Yes

Enforcement History (MITCHELL MANOR OAK CREEK--0017782)

Date: 07/25/2024 SOD #CGZB12 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 01/30/2023 SOD #CGZB11 Appealed: No

Sanctions
 ORDER TO COMPLY

Complaint History (MITCHELL MANOR OAK CREEK--0017782)

Date Complaint Received: 02/19/2024 Date Investigation Completed: 06/18/2024

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

Date Complaint Received: 10/11/2022 Date Investigation Completed: 10/31/2022

<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: OAK PARK PLACE OF OAK CREEK (0017746)

Address: 1980 WEST RAWSON AVENUE, Oak Creek, WI 53154

License Status: REGULAR

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

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

Survey History

Survey ID: 0147907 **End Date:** 08/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZWH712 Served 10/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144730 **End Date: 08/23/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZWH711 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/22/24	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/22/24	Yes

Survey ID: 0144316 **End Date: 04/11/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92LE12 Served 09/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/22/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/22/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/22/24	Yes
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT	7/22/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/22/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/22/24	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: 0140960 End Date: 05/06/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92LE11 Served 10/07/2022

<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	4/11/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	4/11/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/11/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/11/23	Yes
83.38(1)(b)	SUPERVISION	4/11/23	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 (OAK PARK PLACE OF OAK CREEK--0017746)

Date: 10/21/2024 **SOD #**ZWH712 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.45(3)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 11/07/2023 **SOD #**ZWH711 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---ZWH711

Date: 09/22/2023 **SOD #**92LE12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---92LE12
FORFEITURE---92LE12
FORFEITURE---92LE12
FORFEITURE---92LE12
FORFEITURE---92LE12

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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: 10/07/2022 **SOD #**92LE11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(b)

Date: 05/31/2022 **SOD #**814W11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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)

Complaint History (OAK PARK PLACE OF OAK CREEK--0017746)

Date Complaint Received: 02/06/2024

Date Investigation Completed: 08/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZWH712

Date Complaint Received: 06/13/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZWH711

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZWH711

Date Complaint Received: 03/20/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/13/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

92LE12

RESIDENT RIGHTS

SUBSTANTIATED

92LE12

Date Complaint Received: 02/16/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

92LE12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

92LE12

Date Complaint Received: 01/03/2023

Date Investigation Completed: 04/10/2023

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 CNA (NONAMBULATORY)

Date Complaint Received: 12/16/2022

Date Investigation Completed: 04/10/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/08/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

92LE11
92LE11

Date Complaint Received: 02/21/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
92LE11
92LE11

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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: TRINITY HOME (0019496)

Address: 10320 S HUMMINGBIRD LN, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 07/19/2023 12:00:00AM

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

Survey History

Survey ID: 0148581 **End Date:** 12/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ESP11 Served 01/24/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.31(4)(b)	ALLOWABLE REASONS FOR INVOLUNTARY DISCHARGE		
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: 0147159 **End Date: 07/26/2024** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146980 **End Date: 07/02/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X83J11 Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	7/26/24	Yes

Survey ID: 0145787 **End Date: 02/20/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SU7211 Served 03/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0143805 **End Date: 07/19/2023** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (TRINITY HOME--0019496)

Date: 07/17/2024 **SOD #X83J11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
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 (TRINITY HOME--0019496)

Date Complaint Received: 10/21/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2024

Date Investigation Completed: 07/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X83J11

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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: WATERS OF OAK CREEK (THE) (0017496)

Address: 8000 S MARKET ST, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 03/29/2019 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: HARBORCHASE OF SHOREWOOD (0015906)

Address: 1111 E CAPITOL DR, SHOREWOOD, WI 53211

License Status: REGULAR

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

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

Survey History

Survey ID: 0148261 **End Date:** 10/08/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HYC914 Served 12/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.42(1)	RESIDENT RECORD MAINTAINED		

Survey ID: 0143230 **End Date:** 05/19/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HYC913 Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/8/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/8/24	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: 0141697 **End Date:** 07/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HYC912 Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/19/23	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	5/19/23	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 (HARBORCHASE OF SHOREWOOD--0015906)

Date: 12/11/2024 **SOD #**HYC914 **Appealed:** No

Sanctions

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

Date: 05/31/2023 **SOD #**HYC913 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/27/2022 **SOD #**HYC912 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.26(2)

Date: 01/28/2022 **SOD #**HYC911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.26(2)

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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 (HARBORCHASE OF SHOREWOOD--0015906)

Date Complaint Received: 09/26/2024

Date Investigation Completed: 10/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/20/2024

Date Investigation Completed: 10/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 05/19/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: FRANCIS HOUSE (0016783)

Address: 3601 S CHICAGO AVENUE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 08/14/2017 12:00:00AM

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

Survey History

Survey ID: 0144480 **End Date:** 04/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8TU711 Served 10/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.39(3)	HAND WASHING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (FRANCIS HOUSE--0016783)

Date: 10/10/2023 **SOD #**8TU711 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Complaint History (FRANCIS HOUSE--0016783)

Date Complaint Received: 03/13/2023 **Date Investigation Completed:** 04/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	8TU711

Date Complaint Received: 12/20/2022 **Date Investigation Completed:** 04/17/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: FRANCISCAN GARDENS (0016782)

Address: 1000 WILLIAMS AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 08/14/2017 12:00:00AM

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

Survey History

Survey ID: 0144352 **End Date:** 07/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FXT313 Served 09/26/2023

<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		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

Survey ID: 0142744 **End Date:** 11/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FXT312 Served 04/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	7/7/23	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 (FRANCISCAN GARDENS--0016782)

Date: 09/26/2023 **SOD #**FXT313 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.47(2)(e)
FORFEITURE---83.59(7)(a)

Date: 04/14/2023 **SOD #**FXT312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.59(7)(a)

Complaint History (FRANCISCAN GARDENS--0016782)

Date Complaint Received: 06/21/2023 **Date Investigation Completed:** 07/07/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	FXT313

Date Complaint Received: 06/10/2022 **Date Investigation Completed:** 11/09/2022

<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: Oak Crest Blakewood Home (0016631)

Address: 3407 BLAKEWOOD AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 05/02/2017 12:00:00AM

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

Survey History

Survey ID: 0140874 **End Date:** 09/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140742 **End Date:** 09/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (Oak Crest Blakewood Home--0016631)

Date: 04/06/2022 **SOD #TLL311** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.065(2)(b)intro

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

FORFEITURE---83.48(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 (Oak Crest Blakewood Home--0016631)

Date Complaint Received: 09/20/2022

Date Investigation Completed: 09/27/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2022

Date Investigation Completed: 09/07/2022

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: REM WISCONSIN II INC NICHOLSON (0010403)

Address: 1009 NICHOLSON AVE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004 12:00:00AM

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

Survey History

Survey ID: 0141562 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141783 **End Date:** 09/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VE2911 Served 01/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	3/15/23	Yes

Complaint History (REM WISCONSIN II INC NICHOLSON--0010403)

Date Complaint Received: 09/27/2022

Date Investigation Completed: 11/29/2022

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: SOUTH MILWAUKEE GROUP HOME (0018711)
Address: 812 MARQUETTE AVE, SOUTH MILWAUKEE, WI 53172
License Status: REGULAR
Licensed/Certified/Registered 12/12/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146833 **End Date:** 06/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142586 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y1YV11 Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/27/24	Yes

Survey ID: 0141782 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5K0511 Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	6/27/24	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)

Enforcement History (SOUTH MILWAUKEE GROUP HOME--0018711)

Date: 03/28/2023 **SOD #**Y1YV11 **Appealed:**

Sanctions

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

Date: 01/11/2023 **SOD #**5K0511 **Appealed:**

Sanctions

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

Complaint History (SOUTH MILWAUKEE GROUP HOME--0018711)

Date Complaint Received: 04/18/2024 **Date Investigation Completed:** 06/27/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/20/2022 **Date Investigation Completed:** 10/27/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED Y1YV11

Date Complaint Received: 03/08/2022 **Date Investigation Completed:** 08/19/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED 5K0511

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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 MARYS MANOR (0015178)

Address: 1313 MISSOURI AVENUE, SOUTH MILWAUKEE, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 10/01/2015 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: Trustwell Living at Oak Creek Place (0020514)

Address: 3829 S Chicago Ave, South Milwaukee, WI 53172

License Status: REGULAR

Licensed/Certified/Registered 11/27/2024 12:00:00AM

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

Survey History

Survey ID: 0148171 **End Date:** 11/26/2024 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of St Francis I (0020463)

Address: 3660 E Denton Ave, St Francis, WI 532355951

License Status: REGULAR

Licensed/Certified/Registered 08/22/2024 12:00:00AM

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

Survey History

Survey ID: 0147409 **End Date:** 08/22/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of St Francis II (0020464)

Address: 3620 E Denton Ave, St Francis, WI 53235

License Status: REGULAR

Licensed/Certified/Registered 10/14/2024 12:00:00AM

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

Survey History

Survey ID: 0147836 **End Date:** 10/15/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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