

Provider Inspection Summary

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

Milwaukee

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Milwaukee County.

The report includes only facilities located within the City of WAUWATOSA. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 27.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARGONNE (0011364)

Address: 9835 W ARGONNE DR, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 03/31/2006 12:00:00AM

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

Survey History

Survey ID: 0147354 **End Date:** 07/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2TX611 Served 08/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(a)	PERSONAL CARE		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

Survey ID: 0139492 **End Date:** 01/27/2022 **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 (ARGONNE--0011364)

Date: 08/16/2024 **SOD #**2TX611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ARGONNE--0011364)

Date Complaint Received: 06/21/2024

Date Investigation Completed: 07/29/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2TX611
NOT SUBSTANTIATED	

Date Complaint Received: 06/13/2024

Date Investigation Completed: 07/29/2024

Subject Area(s)
PROGRAM SERVICES

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOSE TO HOME SENIOR LIVING - BLUEMOUND HOME (0017379)

Address: 12231 W BLUEMOUND ROAD, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 12/19/2019 12:00:00AM

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

Survey History

Survey ID: 0141947 **End Date:** 10/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H99F11 Served 01/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/31/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/31/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/31/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: DEWEY CENTER OF AURORA PSYCHIATRIC HOSPITAL (0017327)

Address: 1220 DEWEY AVE 11, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 07/23/2018 12:00:00AM

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

Survey History

Survey ID: 0144869 **End Date:** 11/17/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144182 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QQR211 Served 09/21/2023

<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	11/17/23	Yes

Survey ID: 0139760 **End Date:** 02/17/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DEWEY CENTER OF AURORA PSYCHIATRIC HOSPITAL--0017327)

Date: 09/13/2023 **SOD #**QQR211 **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: ELAINES HOPE MEMORY CARE (0017594)
Address: 7500 W NORTH AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 01/15/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146037 **End Date:** 03/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141479 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ELAINES HOPE MEMORY CARE--0017594)

Date Complaint Received: 01/16/2024

Date Investigation Completed: 03/29/2024

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: Gardens at Luther Manor (The) (0019637)

Address: 4603 N 92nd Street, Wauwatosa, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 07/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147096 **End Date:** 07/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146902 **End Date:** 07/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQ2L11 Served 07/10/2024

<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	7/25/24	Yes

Survey ID: 0146300 **End Date:** 04/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145696 **End Date: 02/15/2024** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U9UG11 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/30/24	Yes

Survey ID: 0143669 **End Date: 07/18/2023** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Gardens at Luther Manor (The)--0019637)

Date: 07/10/2024 **SOD #MQ2L11** **Appealed:**

Sanctions

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

Date: 02/22/2024 **SOD #U9UG11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (Gardens at Luther Manor (The)--0019637)

Date Complaint Received: 05/23/2024

Date Investigation Completed: 07/02/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	MQ2L11

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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: HARWOOD PLACE ASSISTED LIVING (0009947)

Address: 8220 W HARWOOD AVE, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004 12:00:00AM

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

Survey History

Survey ID: 0145982 **End Date:** 03/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARWOOD PLACE ASSISTED LIVING--0009947)

Date Complaint Received: 11/07/2023

Date Investigation Completed: 03/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL SUNSET HOME (0011194)

Address: 10212 W SUNSET AVE, WAUWATOSA, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006 12:00:00AM

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

Survey History

Survey ID: 0142198 **End Date:** 10/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJ3O11 Served 02/16/2023

<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		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		

Enforcement History (HIL SUNSET HOME--0011194)

Date: 02/16/2023 **SOD #**QJ3O11 **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: LUTHER MANOR COURTYARDS (310087)

Address: 4611 N 92ND ST, WAUWATOSA, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/27/1981 12:00:00AM

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

Survey History

Survey ID: 0147635 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144874 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144847 **End Date:** 11/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144366 **End Date:** 09/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143259 **End Date:** 06/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LUTHER MANOR COURTYARDS--310087)

Date Complaint Received: 03/19/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/13/2023

Date Investigation Completed: 11/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/28/2023

Date Investigation Completed: 09/06/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/28/2023

Date Investigation Completed: 11/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/06/2023

Date Investigation Completed: 06/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE OF WAUWATOSA (0014395)

Address: 1621 Rivers Bend, WAUWATOSA, WI 53226

License Status: REGULAR

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

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

Survey History

Survey ID: 0146912 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W0M015 Served 07/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN
83.38(1)(g)	HEALTH MONITORING
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS

Survey ID: 0145515 End Date: 02/06/2024 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144243 End Date: 04/27/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W0M014 Served 09/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/8/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/8/24	No
83.25	CONTINUING EDUCATION	5/8/24	No
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	5/8/24	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/8/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/2/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/2/24	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)

Survey ID: 0142020 End Date: 10/25/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W0M013 Served 02/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE	4/27/23	Yes
83.25	CONTINUING EDUCATION	4/27/23	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/27/23	Yes
83.28(6)	RESIDENT RIGHTS, GRIEVANCE PROCEDURE, RULES	4/27/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/27/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/27/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/27/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/27/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/27/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/27/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	4/27/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/27/23	Yes
83.47(2)(d)	FIRE DRILLS	4/27/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/27/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	4/27/23	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 WAUWATOSA--0014395)

Date: 07/11/2024 **SOD #**W0M015 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.19
FORFEITURE---83.25
FORFEITURE---83.28(6)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 09/15/2023 **SOD #**W0M014 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---W0M014
FORFEITURE---W0M014
FORFEITURE---W0M014
FORFEITURE---W0M014

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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: 02/02/2023

SOD #W0M013

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 01/21/2022

SOD #636D11

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 (OAK PARK PLACE OF WAUWATOSA--0014395)

Date Complaint Received: 03/20/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/25/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
W0M015

Date Complaint Received: 01/04/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
W0M015

Date Complaint Received: 04/18/2023

Date Investigation Completed: 04/27/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/09/2023

Date Investigation Completed: 04/27/2023

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/29/2022

Date Investigation Completed: 10/25/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
W0M013

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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: 05/18/2022

Date Investigation Completed: 10/25/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	W0M013

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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: RAVENSWOOD MANOR (0018659)
Address: 8454 RAVENSWOOD CIRCLE, WAUWATOSA, WI 53226
License Status: REGULAR
Licensed/Certified/Registered 10/06/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144749 **End Date:** 10/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140899 **End Date:** 09/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IRN812 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY	11/14/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0140431 **End Date:** 06/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IRN811 Served 08/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/19/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	9/19/22	Yes
83.41(3)(b)	FOOD SAFETY	9/19/22	Yes
83.45(1)(b)	BUILDING INTEGRITY	10/31/22	Yes
83.46(4)(c)	ELECTRICAL PROTECTION	9/19/22	Yes

Enforcement History (RAVENSWOOD MANOR--0018659)

Date: 08/16/2022 **SOD #**IRN811 **Appealed:** No

Sanctions

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

Complaint History (RAVENSWOOD MANOR--0018659)

Date Complaint Received: 07/14/2023 **Date Investigation Completed:** 10/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	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: ST CAMILLUS MEMORY CARE NORTH RESIDENCE (0016852)

Address: 10201 W WISCONSIN AVE, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 03/01/2019 12:00:00AM

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

Survey History

Survey ID: 0145578 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144097 **End Date:** 02/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LZE711 Served 09/01/2023

Deficiencies Cited
83.12(5)(a)

Subject Area
NOTIFICATION: INCIDENT, INJURY, CHANGES

Compliance
Verified

Corrected

Survey ID: 0140510 **End Date:** 08/10/2022 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139984 **End Date:** 06/14/2022 **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)

Enforcement History (ST CAMILLUS MEMORY CARE NORTH RESIDENCE--0016852)

Date: 03/29/2022 **SOD #**H1KM11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(3)(a)

Complaint History (ST CAMILLUS MEMORY CARE NORTH RESIDENCE--0016852)

Date Complaint Received: 08/15/2023

Date Investigation Completed: 02/09/2024

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/28/2022

Date Investigation Completed: 08/10/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/11/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

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: ST CAMILLUS (0011293)

Address: 10101 W WISCONSIN AVE, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006 12:00:00AM

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

Survey History

Survey ID: 0145561 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139995 **End Date:** 06/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST CAMILLUS--0011293)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 02/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WASHINGTON HEIGHTS IV (0018713)

Address: 2630 NORTH 118TH ST, WAUWATOSA, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 08/18/2022 12:00:00AM

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

Survey History

Survey ID: 0148416 **End Date:** 11/05/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9N0K13 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0145725 **End Date: 01/22/2024** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9N0K12 Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/23/24	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	10/23/24	Yes
83.47(3)	FIRE INSPECTION	10/23/24	Yes

Survey ID: 0143317 **End Date: 02/27/2023** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9N0K11 Served 06/12/2023

<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	1/26/24	No
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	1/26/24	No
83.47(3)	FIRE INSPECTION	1/26/24	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/26/24	Yes

Survey ID: 0140683 **End Date: 09/06/2022** **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 CS (SEMIAMBULATORY)

Enforcement History (WASHINGTON HEIGHTS IV--0018713)

Date: 01/02/2025 **SOD #**9N0K13 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 02/26/2024 **SOD #**9N0K12 **Appealed:** No

Sanctions
ORDER TO COMPLY
FORFEITURE---9N0K12
FORFEITURE---9N0K12
FORFEITURE---9N0K12

Date: 06/13/2023 **SOD #**9N0K11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (WASHINGTON HEIGHTS IV--0018713)

Date Complaint Received: 02/13/2023 **Date Investigation Completed:** 02/27/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	9N0K11

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