

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 WEST ALLIS. 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 50.00 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 AA (AMBULATORY)

Facility Information

Facility Name: 2ND CENTURY (0013598)

Address: 2187 S 85TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 03/01/2012 12:00:00AM

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

Survey History

Survey ID: 0143924 **End Date:** 03/02/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6SRI11 Served 08/24/2023

Deficiencies Cited
83.12(2)(a)

Subject Area
CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance
Verified

Corrected

Enforcement History (2ND CENTURY--0013598)

Date: 08/24/2023 **SOD #**6SRI11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)

Date: 04/21/2022 **SOD #**9MGZ11 **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 (2ND CENTURY--0013598)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 03/02/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

6SRI11

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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: Angels Hearth (0020206)

Address: 3468 S 119TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0147497 **End Date:** 08/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146438 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Angels Hearth--0020206)

Date Complaint Received: 05/24/2024

Date Investigation Completed: 08/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARIA WEST ALLIS (0018335)

Address: 5301 W LINCOLN AVE, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 11/10/2021 12:00:00AM

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

Survey History

Survey ID: 0148552 **End Date:** 11/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PHK15 Served 01/23/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.45(3)	TOXIC SUBSTANCES		
83.54(1)(b)	BEDROOM WALLS AND DOORS		

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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: 0146853 End Date: 04/15/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PHK14 Served 07/03/2024

<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	10/25/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/25/24	Yes
83.54(1)(b)	BEDROOM WALLS AND DOORS	11/7/24	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: 0144531 End Date: 07/21/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PHK13 Served 10/17/2023

<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	4/15/24	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/5/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/5/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/5/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/5/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/15/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/5/24	Yes
83.41(2)(b)	NUTRITION: MEALS	4/5/24	Yes
83.41(3)(b)	FOOD SAFETY	4/5/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/5/24	Yes
83.54(1)(b)	BEDROOM WALLS AND DOORS	4/15/24	No
83.54(1)(c)	BEDROOMS: OPEN TO CORRIDOR OR LIVING AREA	4/5/24	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	4/15/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142155 End Date: 08/05/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PHK12 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	7/12/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/21/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/21/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/21/23	No
83.41(2)(b)	NUTRITION: MEALS	7/21/23	No
83.45(3)	TOXIC SUBSTANCES	7/12/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/12/23	Yes

Survey ID: 0139889 End Date: 04/22/2022 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6PHK11 Served 06/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	8/2/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/2/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ARIA WEST ALLIS--0018335)

Date: 07/03/2024 **SOD #**6PHK14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.54(1)(b)

Date: 10/17/2023 **SOD #**6PHK13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.22(1-4)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.41(2)(b)

Date: 02/14/2023 **SOD #**6PHK12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(2)(c)
FORFEITURE---83.41(2)(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 (ARIA WEST ALLIS--0018335)

Date Complaint Received: 08/15/2024

Date Investigation Completed: 11/07/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
 PROGRAM SERVICES
 RESIDENT RIGHTS

NOT SUBSTANTIATED
 SUBSTANTIATED
 NOT SUBSTANTIATED

6PHK15

Date Complaint Received: 08/02/2024

Date Investigation Completed: 11/07/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 11/08/2023

Date Investigation Completed: 04/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6PHK14

Date Complaint Received: 07/14/2023

Date Investigation Completed: 07/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
 PROGRAM SERVICES
 STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
 SUBSTANTIATED
 NOT SUBSTANTIATED

6PHK13

Date Complaint Received: 06/05/2023

Date Investigation Completed: 07/21/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

6PHK13

Date Complaint Received: 07/05/2022

Date Investigation Completed: 08/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
 PROGRAM SERVICES

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: 06/28/2022

Date Investigation Completed: 08/05/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 04/28/2022

Date Investigation Completed: 08/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/14/2022

Date Investigation Completed: 08/05/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/15/2022

Date Investigation Completed: 04/22/2022

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 AA (AMBULATORY)

Facility Information

Facility Name: CHI CARES WEST ALLIS (0018894)

Address: 2355 S 68th ST, West Allis, WI 53219

License Status: REGULAR

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

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

Survey History

Survey ID: 0144408 **End Date:** 09/29/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141686 **End Date:** 12/23/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: GREENFIELD HOUSE (0015031)

Address: 10521 W GREENFIELD AVENUE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 08/07/2014 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE WEST ALLIS HERITAGE 7 LLC (0012725)

Address: 7801 W NATIONAL AVE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 11/01/2010 12:00:00AM

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

Survey History

Survey ID: 0148185 **End Date:** 11/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141830 **End Date:** 01/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140970 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HERITAGE WEST ALLIS HERITAGE 7 LLC--0012725)

Date: 01/21/2022 **SOD #**280G11 **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 (HERITAGE WEST ALLIS HERITAGE 7 LLC--0012725)

Date Complaint Received: 11/15/2024

Date Investigation Completed: 11/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/04/2022

Date Investigation Completed: 01/04/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/31/2022

Date Investigation Completed: 10/06/2022

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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: HILLCREST HOMES 75 LLC (0018687)

Address: 1467 S 75TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 01/10/2023 12:00:00AM

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

Survey History

Survey ID: 0147592 **End Date:** 08/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O8FL11 Served 09/16/2024

<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		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(2)(c)	NUTRITION: MENUS		
83.41(3)(b)	FOOD SAFETY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

- 83.43(1) ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
- 83.45(3) TOXIC SUBSTANCES
- 83.46(1)(c) HEATING SYSTEM MAINTENANCE
- 83.47(4)(b) FIRE EXTINGUISHERS: LOCATIONS
- 83.48(3)(a) FIRE DETECTION SYSTEMS INSPECTED ANNUALLY
- 83.48(8)(b) SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE
- 83.59(1)(f) EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED

Survey ID: 0145784 End Date: 02/27/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143417 End Date: 06/16/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141160 End Date: 10/20/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7JMZ11 Served 10/27/2022

<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	12/11/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (HILLCREST HOMES 75 LLC--0018687)

Date: 09/16/2024

SOD #O8FL11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.22(1-4)

FORFEITURE---83.46(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (HILLCREST HOMES 75 LLC--0018687)

Date Complaint Received: 07/12/2024

Date Investigation Completed: 08/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/23/2024

Date Investigation Completed: 08/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

O8FL11
O8FL11

Date Complaint Received: 09/14/2023

Date Investigation Completed: 02/27/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/17/2023

Date Investigation Completed: 06/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2022

Date Investigation Completed: 10/20/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

7JMZ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: INFINITY ASSISTED LIVING HOME (0015779)

Address: 1665 SOUTH 64TH STREET, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 03/15/2016 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: LINCOLN TERRACE GROUP HOME (0014399)

Address: 2416 S 60TH ST, WEST ALLIS, WI 53219

License Status: REGULAR

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

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE SOUTH (THE) (0012681)

Address: 2526 S 85TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0141734 **End Date:** 08/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBIL11 Served 01/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		
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 CA (AMBULATORY)

Enforcement History (MARANATHA HOUSE SOUTH (THE)--0012681)

Date: 01/05/2023

SOD #QBIL11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES WEST ALLIS (0016596)

Address: 2577 S 118TH STREET, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 05/09/2017 12:00:00AM

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

Survey History

Survey ID: 0140823 **End Date:** 09/16/2022 **Type:** INITIAL **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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: NOBLE SENIOR LIVING AT WEST ALLIS (0018017)

Address: 7400 W GREENFIELD AVENUE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 04/01/2021 12:00:00AM

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

Survey History

Survey ID: 0148283 **End Date:** 10/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OL4E11 Served 12/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
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 CS (SEMIAMBULATORY)

83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.37(2)(a)	SELF-ADMINISTERED BY RESIDENT
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET
83.38(1)(a)	PERSONAL CARE
83.38(1)(g)	HEALTH MONITORING
83.38(1)(h)	MEDICATION ADMINISTRATION
83.39(1)	INFECTION CONTROL PROGRAM
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS
83.44(2)(b)	TOILET AND BATHING AREA
83.45(3)	TOXIC SUBSTANCES
83.45(4)	PEST CONTROL
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES

Survey ID: 0146775 End Date: 06/18/2024 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 CS (SEMIAMBULATORY)

Survey ID: 0146059 **End Date: 02/26/2024** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VC4813 Served 04/05/2024

<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	6/18/24	Yes

Survey ID: 0145093 **End Date: 11/10/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VC4812 Served 12/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(i)	PERSONAL POSSESSIONS	2/23/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/23/24	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	2/23/24	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	2/23/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/23/24	Yes
83.43(2)(a)	BED OF PROPER SIZE	2/23/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	2/26/24	No
83.45(4)	PEST CONTROL	2/23/24	Yes

Survey ID: 0143443 **End Date: 06/20/2023** **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 CS (SEMIAMBULATORY)

Survey ID: 0143502 End Date: 03/23/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IDMM12 Served 06/30/2023

<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	11/10/23	No
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	11/10/23	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/10/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/10/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/10/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/10/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/10/23	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	11/10/23	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	11/10/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/10/23	No
83.44(2)(b)	TOILET AND BATHING AREA	11/10/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	11/10/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	11/10/23	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	11/10/23	Yes
83.60(3)	HABITABLE ROOM WINDOW COVERINGS	11/10/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0141723 End Date: 11/10/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IDMM11 Served 01/09/2023

<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	3/23/23	No
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	6/23/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	3/23/23	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	3/23/23	No
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	3/23/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/23/23	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/23/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/23/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/23/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/23/23	No
83.38(1)(g)	HEALTH MONITORING	3/23/23	No
83.38(1)(k)	TRANSPORTATION	3/23/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/23/23	Yes
83.41(3)(b)	FOOD SAFETY	3/23/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/23/23	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	3/23/23	No
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	3/23/23	No
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	3/23/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/23/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.44(2)(b)	TOILET AND BATHING AREA	3/23/23	No
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	3/23/23	No
83.45(3)	TOXIC SUBSTANCES	3/23/23	Yes
83.45(4)	PEST CONTROL	3/23/23	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	3/23/23	No
83.60(3)	HABITABLE ROOM WINDOW COVERINGS	3/23/23	No

Survey ID: 0140956 End Date: 06/22/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VC4811 Served 10/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/10/23	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	11/10/23	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	11/10/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/10/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/10/23	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	11/11/23	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	11/10/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	11/10/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	12/21/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/10/23	Yes
83.38(1)(g)	HEALTH MONITORING	11/10/23	Yes
83.47(2)(d)	FIRE DRILLS	11/10/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/10/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (NOBLE SENIOR LIVING AT WEST ALLIS--0018017)

Date: 12/11/2024 **SOD #**OL4E11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE---83.14(2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.25
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.39(1)
FORFEITURE---83.44(2)(a)
FORFEITURE---83.44(2)(b)
FORFEITURE---83.45(3)
FORFEITURE---83.45(4)

Date: 04/05/2024 **SOD #**VC4813 **Appealed:** **Decision:** PENDING

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date: 12/21/2023 **SOD #VC4812** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---VC4812
FORFEITURE---VC4812
FORFEITURE---VC4812
FORFEITURE---VC4812
FORFEITURE---VC4812
FORFEITURE---VC4812

Date: 06/29/2023 **SOD #IDMM12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)

Date: 01/04/2023 **SOD #IDMM11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date: 10/07/2022

SOD #VC4811

Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(b)

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 CS (SEMIAMBULATORY)

Complaint History (NOBLE SENIOR LIVING AT WEST ALLIS--0018017)

Date Complaint Received: 10/16/2024

Date Investigation Completed: 10/29/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	OL4E11

Date Complaint Received: 09/26/2024

Date Investigation Completed: 10/29/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	OL4E11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	OL4E11
PROGRAM SERVICES	SUBSTANTIATED	OL4E11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	OL4E11

Date Complaint Received: 09/19/2024

Date Investigation Completed: 10/29/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	OL4E11
PROGRAM SERVICES	SUBSTANTIATED	OL4E11
RESIDENT RIGHTS	SUBSTANTIATED	OL4E11

Date Complaint Received: 08/30/2024

Date Investigation Completed: 10/29/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	OL4E11

Date Complaint Received: 06/10/2024

Date Investigation Completed: 06/18/2024

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

Date Complaint Received: 05/27/2024

Date Investigation Completed: 06/18/2024

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 10/26/2023

Date Investigation Completed: 11/10/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	VC4812
PROGRAM SERVICES	SUBSTANTIATED	VC4812
RESIDENT RIGHTS	SUBSTANTIATED	VC4812

Date Complaint Received: 10/11/2023

Date Investigation Completed: 11/10/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	VC4812
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 09/14/2023

Date Investigation Completed: 11/10/2023

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

Date Complaint Received: 08/17/2023

Date Investigation Completed: 11/10/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	VC4812
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	VC4812
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/20/2023

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 04/05/2023

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

Date Investigation Completed: 06/20/2023

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

Date Complaint Received: 01/31/2023

Subject Area(s)
LICENSE CAPACITY OR CLASS
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/23/2023

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

Date Complaint Received: 01/23/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/23/2023

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

Date Complaint Received: 01/09/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 03/23/2023

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

Date Complaint Received: 10/26/2022

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

Date Investigation Completed: 11/10/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	IDMM11
SUBSTANTIATED	IDMM11
SUBSTANTIATED	IDMM11
NOT SUBSTANTIATED	
SUBSTANTIATED	IDMM11
SUBSTANTIATED	IDMM11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 09/15/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11

Date Complaint Received: 08/25/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
ADMINISTRATION	SUBSTANTIATED	IDMM11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
RESIDENT RIGHTS	SUBSTANTIATED	IDMM11

Date Complaint Received: 08/19/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11

Date Complaint Received: 07/11/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 06/29/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	IDMM11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
PROGRAM SERVICES	SUBSTANTIATED	IDMM11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 03/30/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

VC4811

Date Complaint Received: 03/08/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/17/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED

VC4811

Date Complaint Received: 02/09/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
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 AA (AMBULATORY)

Facility Information

Facility Name: OHIO HOUSE (0015016)

Address: 3309 S 112TH STREET, WEST ALLIS, WI 53227

License Status: REGULAR

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

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

Survey History

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RAINBOW PARK HOUSE (0017600)

Address: 1217 S 118TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 06/18/2019 12:00:00AM

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

Survey History

Survey ID: 0146893 **End Date:** 05/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L80J11 Served 07/10/2024

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

Survey ID: 0138814 **End Date:** 02/08/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RAINBOW PARK HOUSE--0017600)

Date: 07/10/2024 **SOD #**L80J11 **Appealed:** **Decision:** PENDING

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RAINBOW PARK HOUSE--0017600)

Date Complaint Received: 02/07/2024

Date Investigation Completed: 05/20/2024

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 AA (AMBULATORY)

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR (0017577)

Address: 11101 W LINCOLN AVE, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 07/10/2019 12:00:00AM

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

Survey History

Survey ID: 0143912 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FISO11 Served 08/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		

Enforcement History (ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR--0017577)

Date: 08/15/2023 **SOD #**FISO11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---FISO11

Date: 05/18/2022 **SOD #**O8VZ11 **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 (ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR--0017577)

Date Complaint Received: 12/22/2022

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

FISO11

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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: Root River Haven (0020207)

Address: 3161 S 112th St, West Allis, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0146435 **End Date:** 05/14/2024 **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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: TALL OAKS OF WEST ALLIS (0018221)

Address: 2825 SOUTH WAUKESHA ROAD, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 08/02/2021 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: TREE OF LIFE ASSISTED LIVING WEST ALLIS (0018462)

Address: 3050 WAUKESHA ROAD, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 06/27/2022 12:00:00AM

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

Survey History

Survey ID: 0140162 **End Date:** 06/27/2022 **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: VILLAGE AT MANOR PARK PALMER HOUSE (310053)
Address: 3023 S 84TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 05/26/1981 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147518 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5FSG13 Served 09/06/2024

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

Survey ID: 0144100 **End Date:** 02/24/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5FSG12 Served 09/05/2023

<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	8/6/24	Yes
83.45(3)	TOXIC SUBSTANCES	8/6/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VILLAGE AT MANOR PARK PALMER HOUSE--310053)

Date: 09/06/2024 **SOD #**5FSG13 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 09/01/2023 **SOD #**5FSG12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---5FSG12
FORFEITURE---5FSG12

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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 (VILLAGE AT MANOR PARK PALMER HOUSE--310053)

Date Complaint Received: 06/28/2024	Date Investigation Completed: 08/06/2024	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 04/08/2024	Date Investigation Completed: 08/06/2024	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 02/15/2023	Date Investigation Completed: 02/24/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 5FSG12
Date Complaint Received: 02/02/2023	Date Investigation Completed: 02/24/2023	
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY	<u>Result</u> -migrated data -	<u>SOD #</u> NOT RECORDED
Date Complaint Received: 01/13/2023	Date Investigation Completed: 02/24/2023	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 5FSG12
Date Complaint Received: 09/19/2022	Date Investigation Completed: 02/24/2023	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED -migrated data - NOT SUBSTANTIATED	<u>SOD #</u> NOT RECORDED

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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: 08/30/2022

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/24/2022

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/19/2022

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 06/29/2022

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
-migrated data - NOT RECORDED

Date Complaint Received: 06/22/2022

Date Investigation Completed: 02/24/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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