

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Milwaukee

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Milwaukee County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 51.00 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 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** APARTMENTS AT ELIZABETH RESIDENCE (THE) (0017168)

**Address:** 9279 N PORT WASHINGTON RD, BAYSIDE, WI 53217

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/22/2018 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 2 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DEERWOOD CROSSING SENIOR RESIDENCE (0013351)  
**Address:** 4195 W BRADLEY RD, BROWN DEER, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/23/2010 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141473      **End Date:** 12/22/2022      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138410      **End Date:** 1/20/2022      **Type:** OTHER      **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (DEERWOOD CROSSING SENIOR RESIDENCE--0013351)

<b>Date Complaint Received:</b> 10/24/2022	<b>Date Investigation Completed:</b> 11/22/2022
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 3 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE NORTH SHORE (0016216)  
**Address:** 8875 N 60TH ST, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/19/2016 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142697    **End Date:** 3/15/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138776    **End Date:** 2/3/2022    **Type:** STANDARD    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137986    **End Date:** 8/17/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W6IY11    Served 12/16/2021

Deficiencies Cited  
89.23(3)(f)

Subject Area  
SERVICES

Compliance  
Verified  
1/11/22

Corrected  
Yes

**This is Page 4 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (NEW PERSPECTIVE NORTH SHORE--0016216)

**Date Complaint Received: 2/21/2023**

**Date Investigation Completed: 3/15/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 2/16/2023**

**Date Investigation Completed: 3/15/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/13/2021**

**Date Investigation Completed: 2/3/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 6/23/2021**

**Date Investigation Completed: 8/17/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/26/2020**

**Date Investigation Completed: 8/17/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**This is Page 5 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** NEW PERSPECTIVE FRANKLIN (0018067)  
**Address:** 7220 SOUTH BALLPARK DRIVE, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/17/2020 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134362      **End Date:** 7/15/2020      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 6 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LAUREL OAKS (0018811)

**Address:** 1700 W BENDER ROAD, GLENDALE, WI 53209

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139699      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 7 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** HARBOUR VILLAGE (0017797)  
**Address:** 5700 MOCKINGBIRD LN, GREENDALE, WI 53129  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/1/2019 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142934    **End Date:** 4/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141480    **End Date:** 11/29/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HARBOUR VILLAGE--0017797)

<b>Date Complaint Received:</b> 4/3/2023	<b>Date Investigation Completed:</b> 4/20/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
<b>Date Complaint Received:</b> 10/17/2022	<b>Date Investigation Completed:</b> 11/29/2022
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>

**This is Page 8 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CLEMENT MANOR RETIREMENT COMMUNITY (0010314)

**Address:** 9339 W HOWARD AVE, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/1997 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 9 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HICKORY PARK (0018347)

**Address:** 3933 SOUTH PRAIRIE HILL LANE, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/15/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0135803      **End Date:** 2/9/2021      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 10 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LAYTON TERRACE (0018809)  
**Address:** 9200 W LAYTON AVENUE, GREENFIELD, WI 53228  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2022 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141981      **End Date:** 1/18/2023      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139702      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (LAYTON TERRACE--0018809)

<b>Date Complaint Received:</b> 12/7/2022	<b>Date Investigation Completed:</b> 1/18/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

***This is Page 11 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LEXINGTON HERITAGE HERITAGE ASSISTED LIVING (0012864)

**Address:** 5020 S 107TH ST, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/16/2009 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 12 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** FOREST RIDGE LLC (0010542)  
**Address:** 11077 W FOREST HOME AVE, HALES CORNERS, WI 53130  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/9/2004 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 13 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** BRADFORD TERRACE (0010308)

**Address:** 2429 E BRADFORD AVE, MILWAUKEE, WI 53211

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/25/1997 12:00:00AM

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

### Survey History

**Survey ID:** 0138315      **End Date:** 12/9/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138309      **End Date:** 8/24/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 14 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (BRADFORD TERRACE--0010308)

**Date Complaint Received:** 7/14/2021

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed:** 8/24/2021

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 4/1/2021

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed:** 12/9/2021

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 7/14/2020

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed:** 12/9/2021

Result  
SUBSTANTIATED

SOD #  
QML411

**This is Page 15 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CHAI POINT (0010313)

**Address:** 1400 N PROSPECT AVE, MILWAUKEE, WI 53202

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2002 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 16 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** EASTCASTLE PLACE (0019280)

**Address:** 2505 E BRADFORD AVE, MILWAUKEE, WI 53211

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/4/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141285      **End Date:** 11/4/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 17 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** MILWAUKEE CATHOLIC HOME (0014038)  
**Address:** 2462 N PROSPECT AVE, MILWAUKEE, WI 53211  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 2/29/2012 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 18 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** POLONAISE (THE) (0017234)  
**Address:** 1500 W SONATA DR, MILWAUKEE, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/1/2018 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

<b>Survey ID:</b> 0140039	<b>End Date:</b> 6/24/2022	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0137348	<b>End Date:</b> 9/21/2021	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0134900	<b>End Date:</b> 9/24/2020	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0134530	<b>End Date:</b> 8/13/2020	<b>Type:</b> STANDARD	<b>Purpose:</b> SURVEY/COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

**This is Page 19 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (POLONAISE (THE)--0017234)

**Date Complaint Received: 5/13/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 9/21/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/5/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 6/24/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 9/14/2020**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 9/24/2020**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/26/2020**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 8/13/2020**

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 20 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** SAINT JOHNS ON THE LAKE CENTRAL TOWER (0010770)

**Address:** 1840 N PROSPECT AVE, MILWAUKEE, WI 53202

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/20/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0139640      **End Date:** 2/3/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SAINT JOHNS ON THE LAKE CENTRAL TOWER--0010770)

**Date Complaint Received:** 9/24/2021

**Date Investigation Completed:** 2/3/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 21 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** SAINT JOHNS ON THE LAKE NORTH TOWER (0017912)  
**Address:** 1858 N PROSPECT AVENUE, MILWAUKEE, WI 53202  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/14/2020 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 22 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** SAINT JOHNS ON THE LAKE SOUTH TOWER (0014774)  
**Address:** 1800 N PROSPECT AVE, MILWAUKEE, WI 53202  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/28/2013 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 23 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** TIVOLI TERRACE AT ST ANNES SALVATORIAN CAMPUS (0010362)

**Address:** 3800 N 92ND ST, MILWAUKEE, WI 532222589

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/25/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0141205      **End Date:** 11/1/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (TIVOLI TERRACE AT ST ANNES SALVATORIAN CAMPUS--0010362)

**Date Complaint Received:** 5/25/2022

**Date Investigation Completed:** 11/1/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 24 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** TRINITY WOODS (0018919)  
**Address:** 9525 WEST BURLEIGH STREET, MILWAUKEE, WI 53222  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/4/2022 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 25 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WATERTOWER ASSISTED LIVING (0010377)  
**Address:** 2425 N LAKE DR, MILWAUKEE, WI 53211  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/1/2000 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 26 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WESLEY PARK (0014694)  
**Address:** 8621 WEST BELOIT ROAD, MILWAUKEE, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/26/2013 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 27 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WILLOW VIEW (0018003)

**Address:** 3553 SOUTH 41ST STREET, MILWAUKEE, WI 53221

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/10/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0140494      **End Date:** 8/3/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139324      **End Date:** 3/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138807      **End Date:** 12/15/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137286      **End Date:** 5/21/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 28 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (WILLOW VIEW--0018003)

**Date Complaint Received: 7/19/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

**Date Investigation Completed: 8/3/2022**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/18/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 3/29/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/18/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 12/15/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/5/2021**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 5/12/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/27/2021**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 5/12/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 8/3/2020**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 5/12/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 29 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 7/21/2020**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 5/12/2021**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/24/2020**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 5/12/2021**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/1/2020**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 5/12/2021**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 30 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CORNERSTONE OF OAK CREEK (0017530)  
**Address:** 155 W SUNNYVIEW DR, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/29/2019 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140912    **End Date:** 9/16/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140673    **End Date:** 8/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140341    **End Date:** 2/1/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6VF011    Served 8/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.26(1)	COMPREHENSIVE ASSESSMENT	9/16/22	Yes
89.26(4)	ANNUAL REVIEW	9/16/22	Yes
89.27(3)(d)	SERVICE AGREEMENT	9/16/22	Yes
89.28(2)(a)1	RISK AGREEMENT	9/16/22	Yes
89.28(5)	RISK AGREEMENT	9/16/22	Yes
89.28(6)	RISK AGREEMENT	9/16/22	Yes
89.29(1)(b)	ADMISSION & RETENTION OF TENANTS	9/16/22	Yes
89.29(3)(c)1.a	ADMISSION & RETENTION OF TENANTS	9/16/22	Yes

**This is Page 31 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0137455    **End Date:** 5/19/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DE6U11    Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES		
89.33	TENANT RIGHTS		
89.34(16)	TENANT RIGHTS		

**Survey ID:** 0135038    **End Date:** 10/28/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (CORNERSTONE OF OAK CREEK--0017530)

**Date:** 8/2/2022    **SOD #**6VF011    **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---89.26(1)  
FORFEITURE---89.28(2)(a)(1)  
FORFEITURE---89.28(5)  
FORFEITURE---89.28(6)  
FORFEITURE---89.29(1)(b)  
FORFEITURE---89.29(3)(c)(1)(a)

**Date:** 10/13/2021    **SOD #**DE6U11    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(4)(d)1  
FORFEITURE---89.34(16)

***This is Page 32 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (CORNERSTONE OF OAK CREEK--0017530)

**Date Complaint Received: 7/22/2022**

**Date Investigation Completed: 8/24/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 1/20/2022**

**Date Investigation Completed: 2/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 1/3/2022**

**Date Investigation Completed: 2/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED  
6VF011  
6VF011

**Date Complaint Received: 10/14/2021**

**Date Investigation Completed: 2/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/25/2021**

**Date Investigation Completed: 5/19/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED  
DE6U11

**Date Complaint Received: 2/17/2021**

**Date Investigation Completed: 5/19/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED  
DE6U11

**This is Page 33 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 7/24/2020**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/28/2020**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 5/20/2020**

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed: 10/28/2020**

Result

NOT SUBSTANTIATED

SOD #

**This is Page 34 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** MANORPOINTE APARTMENTS (0017819)  
**Address:** 700 E STONEGATE DR, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/1/2020 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 35 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MEADOWMERE OAK CREEK (0017778)

**Address:** 701 E PUETZ ROAD, OAK CREEK, WI 53154

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0141658      **End Date:** 10/18/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136056      **End Date:** 3/18/2021      **Type:** STANDARD      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 36 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (MEADOWMERE OAK CREEK--0017778)

**Date Complaint Received: 4/8/2022**

**Date Investigation Completed: 10/18/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/8/2021**

**Date Investigation Completed: 10/18/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 8/10/2021**

**Date Investigation Completed: 10/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 6/1/2021**

**Date Investigation Completed: 10/18/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 1/4/2021**

**Date Investigation Completed: 3/18/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 12/7/2020**

**Date Investigation Completed: 10/18/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**This is Page 37 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WATERS OF OAK CREEK (THE) (0017561)  
**Address:** 8000 S MARKET ST, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/3/2019 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142607      **End Date:** 3/10/2023      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WATERS OF OAK CREEK (THE)--0017561)

<b>Date Complaint Received:</b> 12/1/2022	<b>Date Investigation Completed:</b> 3/10/2023
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 38 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HARBORCHASE OF SHOREWOOD (0015905)  
**Address:** 1111 E CAPITOL DR, SHOREWOOD, WI 53211  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/8/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142262    **End Date:** 2/14/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141841    **End Date:** 10/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0LSC11    Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.25(3)	SCHEDULE OF FEES FOR SERVICES.	3/21/23	Yes

**Survey ID:** 0140303    **End Date:** 7/15/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 39 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0139377 End Date: 12/29/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B7MP11 Served 4/27/2022

Deficiencies Cited  
89.23(1)

Subject Area  
SERVICES

Compliance  
Verified  
7/15/22

Corrected  
Yes

Survey ID: 0136346 End Date: 5/18/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (HARBORCHASE OF SHOREWOOD--0015905)

Date: 4/29/2022 SOD #B7MP11 Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---89023(1)

***This is Page 40 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HARBORCHASE OF SHOREWOOD--0015905)

**Date Complaint Received: 12/8/2022**

**Date Investigation Completed: 2/14/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/22/2022**

**Date Investigation Completed: 10/12/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

0LSC11

**Date Complaint Received: 12/3/2021**

**Date Investigation Completed: 12/29/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

B7MP11

RESIDENT RIGHTS

SUBSTANTIATED

B7MP11

**Date Complaint Received: 10/20/2020**

**Date Investigation Completed: 5/18/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 7/15/2020**

**Date Investigation Completed: 12/29/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 41 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** FRANCISCAN COURTS (0016763)  
**Address:** 1010 WILLIAMS AVE, SOUTH MILWAUKEE, WI 53172  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 8/17/2017 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142773      **End Date:** 4/5/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136039      **End Date:** 3/30/2021      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (FRANCISCAN COURTS--0016763)

<b>Date Complaint Received:</b> 1/25/2023	<b>Date Investigation Completed:</b> 4/5/2023
<u>Subject Area(s)</u>	<u>Result</u>
PROGRAM SERVICES	NOT SUBSTANTIATED
RESIDENT RIGHTS	NOT SUBSTANTIATED

SOD #

***This is Page 42 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HOWARD VILLAGE (0018812)

**Address:** 2500 E HOWARD AVE, ST FRANCIS, WI 53235

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139701      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 43 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HART PARK SQUARE (0018813)

**Address:** 6600 W RIVER PKWY, WAUWATOSA, WI 53213

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/1/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139700      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 44 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** HARWOOD PLACE (0011422)

**Address:** 8220 W HARWOOD AV, WAUWATOSA, WI 53213

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/25/2006 12:00:00AM

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

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

**This is Page 45 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** LUTHER MANOR (0011107)  
**Address:** 4545 N 92ND ST, WAUWATOSA, WI 53225  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/20/2006 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135973      **End Date:** 2/16/2021      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (LUTHER MANOR--0011107)

<b>Date Complaint Received:</b> 8/26/2020	<b>Date Investigation Completed:</b> 2/16/2021
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

**This is Page 46 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** EUPHORIA OF WEST ALLIS (0018355)

**Address:** 2330 S 54th Street, WEST ALLIS, WI 53219

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/12/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0140989    **End Date:** 10/6/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140556    **End Date:** 8/2/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140321    **End Date:** 2/15/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #51CX11    Served 7/29/2022

Deficiencies Cited  
89.23(3)(f)

Subject Area  
SERVICES

Compliance  
Verified  
10/6/22

Corrected  
Yes

**Survey ID:** 0136105    **End Date:** 4/12/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 47 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (EUPHORIA OF WEST ALLIS--0018355)

**Date:** 7/29/2022      **SOD #**51CX11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

### Complaint History (EUPHORIA OF WEST ALLIS--0018355)

<b>Date Complaint Received:</b> 1/24/2023	<b>Date Investigation Completed:</b> 5/17/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
<b>Date Complaint Received:</b> 8/23/2022	<b>Date Investigation Completed:</b> 10/6/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
<b>Date Complaint Received:</b> 7/5/2022	<b>Date Investigation Completed:</b> 7/28/2022
<u>Subject Area(s)</u> ADMINISTRATION PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED <u>SOD #</u>

**This is Page 48 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE 6 LLC (0016238)  
**Address:** 7901 W NATIONAL, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2017 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140969      **End Date:** 10/6/2022      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136058      **End Date:** 4/5/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 49 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HERITAGE 6 LLC--0016238)

**Date Complaint Received: 8/31/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/6/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/2/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/6/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/22/2021**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 4/5/2021**

Result  
NOT SUBSTANTIATED

SOD #

**This is Page 50 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** LIBRARY SQUARE (0018804)  
**Address:** 1820 S 75TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2022 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142932      **End Date:** 4/19/2023      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139705      **End Date:** 6/1/2022      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (LIBRARY SQUARE--0018804)

<b>Date Complaint Received:</b> 2/17/2023	<b>Date Investigation Completed:</b> 4/19/2023
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

***This is Page 51 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***