

Provider Inspection Summary

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

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 59.00 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

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 06/22/2018 12:00:00AM

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

Survey History

Survey ID: 0147706 **End Date:** 08/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0YXM11 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES		
89.23(6)	SERVICES		

Enforcement History (APARTMENTS AT ELIZABETH RESIDENCE (THE)--0017168)

Date: 09/30/2024 **SOD #**0YXM11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(d)

Complaint History (APARTMENTS AT ELIZABETH RESIDENCE (THE)--0017168)

Date Complaint Received: 07/25/2024 **Date Investigation Completed:** 08/20/2024

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

This is Page 2 of 59 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 01/21/2022 to 01/20/2025
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 08/23/2010 12:00:00AM

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

Survey History

Survey ID: 0147285 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145783 **End Date:** 02/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141473 **End Date:** 12/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (DEERWOOD CROSSING SENIOR RESIDENCE--0013351)

Date Complaint Received: 05/07/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2023

Date Investigation Completed: 02/26/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/24/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 4 of 59 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 01/21/2022 to 01/20/2025
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 07/19/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147021 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K29U11 Served 07/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS		

Survey ID: 0144696 **End Date:** 10/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142697 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138776 **End Date:** 02/03/2022 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (NEW PERSPECTIVE NORTH SHORE--0016216)

Date: 07/22/2024 **SOD #**K29U11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (NEW PERSPECTIVE NORTH SHORE--0016216)

Date Complaint Received: 02/28/2024 **Date Investigation Completed:** 06/18/2024

Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 09/18/2023 **Date Investigation Completed:** 10/26/2023

Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 02/21/2023 **Date Investigation Completed:** 03/15/2023

Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED

Date Complaint Received: 02/16/2023 **Date Investigation Completed:** 03/15/2023

Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 10/11/2022 **Date Investigation Completed:** 03/15/2023

Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED

This is Page 6 of 59 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 01/21/2022 to 01/20/2025
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 07/17/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147288 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147287 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (NEW PERSPECTIVE FRANKLIN--0018067)

Date Complaint Received: 07/15/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/14/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/29/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 8 of 59 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 01/21/2022 to 01/20/2025
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 06/01/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147537 **End Date:** 09/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145737 **End Date:** 02/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143468 **End Date:** 04/07/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9YM711 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(2)(a)1	RISK AGREEMENT	2/23/24	Yes

Survey ID: 0139699 **End Date:** 06/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 9 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (LAUREL OAKS--0018811)

Date: 06/26/2023 **SOD #9YM711** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.28 (2)(a)1.

Complaint History (LAUREL OAKS--0018811)

Date Complaint Received: 08/22/2024

Date Investigation Completed: 09/09/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/13/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/11/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/10/2023

Date Investigation Completed: 04/07/2023

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 9YM711

This is Page 10 of 59 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 01/21/2022 to 01/20/2025

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 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0146102 **End Date:** 04/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144988 **End Date:** 11/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142934 **End Date:** 04/20/2023 **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

This is Page 11 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (REGISTERED)

Complaint History (HARBOUR VILLAGE--0017797)

Date Complaint Received: 12/25/2023

Date Investigation Completed: 04/02/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2023

Date Investigation Completed: 11/07/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/03/2023

Date Investigation Completed: 04/20/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2022

Date Investigation Completed: 11/29/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 12 of 59 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 01/21/2022 to 01/20/2025
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 07/01/1997 12:00:00AM

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

Survey History

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

This is Page 13 of 59 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 01/21/2022 to 01/20/2025
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 02/15/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146985 **End Date:** 06/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144269 **End Date:** 03/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DNI011 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS		

Enforcement History (HICKORY PARK--0018347)

Date: 09/19/2023 **SOD #**DNI011 **Appealed:** No

Sanctions
ORDER TO COMPLY

This is Page 14 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HICKORY PARK--0018347)

Date Complaint Received: 02/08/2024

Date Investigation Completed: 06/25/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/27/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/11/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

This is Page 15 of 59 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 01/21/2022 to 01/20/2025

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 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0143466 **End Date:** 06/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141981 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139702 **End Date:** 06/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 16 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (LAYTON TERRACE--0018809)

Date Complaint Received: 05/24/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/20/2023

Date Investigation Completed: 06/14/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/07/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 17 of 59 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 01/21/2022 to 01/20/2025
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

Survey ID: 0147737 **End Date:** 09/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Woods - North Building (The) (0019449)

Address: 11802 W Edgerton Ave, Greenfield, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 07/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143671 **End Date:** 07/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Woods - South Building (The) (0019408)

Address: 11800 W Edgerton Ave, Greenfield, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 07/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143672 **End Date:** 07/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 20 of 59 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 01/21/2022 to 01/20/2025
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 03/09/2004 12:00:00AM

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

Survey History

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

This is Page 21 of 59 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 01/21/2022 to 01/20/2025
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 03/25/1997 12:00:00AM

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

Survey History

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

This is Page 22 of 59 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 01/21/2022 to 01/20/2025
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 10/01/2002 12:00:00AM

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

Survey History

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

This is Page 23 of 59 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 01/21/2022 to 01/20/2025
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 11/04/2022 12:00:00AM

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

Survey History

Survey ID: 0141285 **End Date:** 11/04/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 of 59 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 01/21/2022 to 01/20/2025
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 02/29/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 25 of 59 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 01/21/2022 to 01/20/2025
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 11/01/2018 12:00:00AM

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

Survey History

Survey ID: 0140039 **End Date:** 06/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 26 of 59 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 01/21/2022 to 01/20/2025

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 09/20/2004 12:00:00AM

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

Survey History

Survey ID: 0139640 **End Date:** 02/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

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

This is Page 27 of 59 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 01/21/2022 to 01/20/2025
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 01/14/2020 12:00:00AM

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

Survey History

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

This is Page 28 of 59 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 01/21/2022 to 01/20/2025
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 08/28/2013 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

This is Page 29 of 59 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 01/21/2022 to 01/20/2025
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 01/25/2001 12:00:00AM

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

Survey History

Survey ID: 0141205 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 05/25/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 30 of 59 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 01/21/2022 to 01/20/2025
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 10/04/2022 12:00:00AM

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

Survey History

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

This is Page 31 of 59 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 01/21/2022 to 01/20/2025
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 12/01/2000 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 32 of 59 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 01/21/2022 to 01/20/2025

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 06/26/2013 12:00:00AM

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

Survey History

Survey ID: 0144019 **End Date:** 08/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WESLEY PARK--0014694)

Date Complaint Received: 06/05/2023

Date Investigation Completed: 08/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 33 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Willow View (0019938)

Address: 3553 S 41st St, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 04/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147325 **End Date:** 06/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146242 **End Date:** 04/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Willow View--0019938)

Date Complaint Received: 05/28/2024

Date Investigation Completed: 06/17/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 34 of 59 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 01/21/2022 to 01/20/2025
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 03/29/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0145570 **End Date:** 02/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144554 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RFZJ11 Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(2)(a)1	RISK AGREEMENT		
89.35(3)	GRIEVANCES		

This is Page 35 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0144505 End Date: 05/15/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VS211 Served 10/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(2)(b)2	BUILDING REQUIREMENTS		
89.23(3)(f)	SERVICES		
89.26(2)(b)	COMPREHENSIVE ASSESSMENT		

Survey ID: 0140912 End Date: 09/16/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140673 End Date: 08/24/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140341 End Date: 02/01/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6VF011 Served 08/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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 36 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (CORNERSTONE OF OAK CREEK--0017530)

Date: 10/17/2023 **SOD #**RFZJ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 10/13/2023 **SOD #**9VS211 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 08/02/2022 **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)

This is Page 37 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (CORNERSTONE OF OAK CREEK--0017530)

Date Complaint Received: 01/09/2024

Date Investigation Completed: 02/06/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/13/2023

Date Investigation Completed: 02/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/06/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/19/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

RFZJ11

Date Complaint Received: 03/23/2023

Date Investigation Completed: 05/15/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 38 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 07/22/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 08/24/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 39 of 59 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 01/21/2022 to 01/20/2025
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 01/01/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 40 of 59 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 01/21/2022 to 01/20/2025
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 01/01/2020 12:00:00AM

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

Survey History

Survey ID: 0147695 **End Date:** 09/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144618 **End Date:** 10/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144666 **End Date:** 10/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 41 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (MEADOWMERE OAK CREEK--0017778)

Date Complaint Received: 06/25/2024

Date Investigation Completed: 09/27/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/10/2023

Date Investigation Completed: 10/23/2023

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

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/04/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/08/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

This is Page 42 of 59 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 01/21/2022 to 01/20/2025

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 04/03/2019 12:00:00AM

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

Survey History

Survey ID: 0142607 **End Date:** 03/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 12/01/2022

Date Investigation Completed: 03/10/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

This is Page 43 of 59 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 01/21/2022 to 01/20/2025
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 12/08/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147845 **End Date:** 10/08/2024 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147622 **End Date:** 06/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145403 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145239 **End Date:** 10/23/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Survey ID: 0142262 **End Date:** 02/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 44 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0141841 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0LSC11 Served 01/13/2023

<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:** 07/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HARBORCHASE OF SHOREWOOD--0015905)

Date: 01/11/2024 **SOD #**FS5211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 04/29/2022 **SOD #**B7MP11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89023(1)

This is Page 45 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HARBORCHASE OF SHOREWOOD--0015905)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/08/2022

Date Investigation Completed: 02/14/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/22/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
0LSC11

This is Page 46 of 59 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 01/21/2022 to 01/20/2025
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 08/17/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142773 **End Date:** 04/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FRANCISCAN COURTS--0016763)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 01/25/2023	Date Investigation Completed: 04/05/2023	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

This is Page 47 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Franciscan Shore (0020020)

Address: 3221 S Lake Dr, St Francis, WI 53235

License Status: REGULAR

Licensed/Certified/Registered 04/22/2024 12:00:00AM

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

Survey History

Survey ID: 0146244 **End Date:** 04/22/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 48 of 59 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 01/21/2022 to 01/20/2025
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 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0139701 **End Date:** 06/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 49 of 59 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 01/21/2022 to 01/20/2025
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 06/01/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146927 **End Date:** 05/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4GI011 Served 07/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(c)	SERVICES		

Survey ID: 0144647 **End Date:** 09/05/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CNV811 Served 10/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.25(1)(c)	SCHEDULE OF FEES FOR SERVICES.	12/12/23	Yes

Survey ID: 0139700 **End Date:** 06/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 50 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (CERTIFIED)

Enforcement History (HART PARK SQUARE--0018813)

Date: 07/12/2024 **SOD #**4GI011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HART PARK SQUARE--0018813)

Date Complaint Received: 02/19/2024

Date Investigation Completed: 05/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/14/2023

Date Investigation Completed: 09/05/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CNV811

This is Page 51 of 59 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 01/21/2022 to 01/20/2025
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 04/25/2006 12:00:00AM

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

Survey History

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

This is Page 52 of 59 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 01/21/2022 to 01/20/2025
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 01/20/2006 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144835 **End Date:** 11/13/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LUTHER MANOR--0011107)

Date Complaint Received: 08/29/2023	Date Investigation Completed: 11/13/2023
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 53 of 59 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 01/21/2022 to 01/20/2025
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 04/12/2021 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148583 **End Date:** 01/17/2025 **Type:** ABBREVIATED **Purpose:** COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145503 **End Date:** 01/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #SCTQ11 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	1/17/25	Yes

Survey ID: 0143134 **End Date:** 05/17/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140989 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 54 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0140556 End Date: 08/02/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140321 End Date: 02/15/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #51CX11 Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	10/6/22	Yes

Enforcement History (EUPHORIA OF WEST ALLIS--0018355)

Date: 02/07/2024 SOD #SCTQ11 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 07/29/2022 SOD #51CX11 Appealed: No

Sanctions
 ORDER TO COMPLY

This is Page 55 of 59 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 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (CERTIFIED)

Complaint History (EUPHORIA OF WEST ALLIS--0018355)

Date Complaint Received: 11/29/2024	Date Investigation Completed: 01/17/2025	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 10/14/2024	Date Investigation Completed: 01/17/2025	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 09/11/2024	Date Investigation Completed: 01/17/2025	
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 01/05/2024	Date Investigation Completed: 01/18/2024	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 08/14/2023	Date Investigation Completed: 01/18/2024	
<u>Subject Area(s)</u> ADMINISTRATION PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 01/24/2023	Date Investigation Completed: 05/17/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>

This is Page 56 of 59 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 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 08/23/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/06/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/05/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 07/28/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 57 of 59 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 01/21/2022 to 01/20/2025
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 06/01/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140969 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HERITAGE 6 LLC--0016238)

Date Complaint Received: 08/31/2022	Date Investigation Completed: 10/06/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 58 of 59 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 01/21/2022 to 01/20/2025
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 06/01/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142932 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139705 **End Date:** 06/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (LIBRARY SQUARE--0018804)

Date Complaint Received: 02/17/2023

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 59 of 59 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.