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 50.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

**Survey ID:** 0127192  **End Date:** 6/22/2018  **Type:** ABBREVIATED  **Purpose:** CHOW--DESK REVIEW

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

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0128316   End Date: 9/4/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122119   End Date: 12/8/2016   Type: OTHER   Purpose: VERIFICATION VISIT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #74O513   Served 1/3/2017

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Enforcement History (DEERWOOD CROSSING SENIOR RESIDENCE--0013351)

Date: 8/22/2016   SOD #74O512   Appealed: No
Sanctions
PROVIDE TRAINING

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<td>RESIDENT RIGHTS</td>
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<td>SOD #</td>
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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

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

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: LAUREL OAKS (0010326)
Address: 1700 W BENDER RD, GLENDALE, WI 53209
License Status: REGULAR
Licensed/Certified/Registered 10/1/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127539 End Date: 7/23/2018 Type: OTHER Purpose: CHOW -- DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126342 End Date: 2/15/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #SM1711

<table>
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<tr>
<th>Deficiencies Cited</th>
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<td>89.35(3)</td>
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Complaint History (LAUREL OAKS--0010326)

Date Complaint Received: 1/23/2018 Date Investigation Completed: 2/14/2018

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**Facility Information**

Facility Name: CONCORD AT THE HARBOUR VILLAGE (THE) (0012468)
Address: 5700 MOCKINGBIRD LN, GREENDALE, WI 53129
License Status: REGULAR
Licensed/Certified/Registered 9/18/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

Survey ID: 0125921  End Date: 2/1/2018  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #LVTH11

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<td>Verified Corrected</td>
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</table>

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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 8/11/16 to 8/11/19
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HICKORY PARK (0014680)
Address: 3933 SOUTH PRAIRIE HILL LANE, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 7/10/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0127118 End Date: 6/13/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125950 End Date: 1/2/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #BM1Q11 Served 2/17/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<td>89.34(1)</td>
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Survey ID: 0125432 End Date: 10/13/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124558 End Date: 7/20/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0122277  End Date: 1/11/2017  Type: OTHER  Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HICKORY PARK--0014680)

Date: 2/15/2018  SOD #BM1Q11  Appealed: Yes  Decision: STIPULATION
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---89.23(4)(A)1. 2nd Cite Services
FORFEITURE---89.34(1) Tenant Rights

Complaint History (HICKORY PARK--0014680)

Date Complaint Received: 12/11/2017  Date Investigation Completed: 1/2/2018
Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  SUBSTANTIATED  BM1Q11

Date Complaint Received: 6/30/2017  Date Investigation Completed: 10/13/2017
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
RESIDENT RIGHTS  NOT SUBSTANTIATED

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### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>LAYTON TERRACE V LLC (0010327)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>9200 W LAYTON AVE, GREENFIELD, WI 53228</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>7/1/1999 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005</td>
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</table>

### Survey History

No survey activity during the period 8/11/16 to 8/11/19

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### 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:** 0125230 **End Date:** 10/9/2017 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M5B712 Served 12/4/2017

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<td>RISK AGREEMENT</td>
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### Enforcement History (LEXINGTON HERITAGE HERITAGE ASSISTED LIVING--0012864)

**Date:** 12/1/2017 **SOD #** M5B712 **Appealed:** No

**Sanctions**
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

### Complaint History (LEXINGTON HERITAGE HERITAGE ASSISTED LIVING--0012864)

**Date Complaint Received:** 8/23/2017 **Date Investigation Completed:** 10/9/2017

**Subject Area(s)**
- PHYSICAL ENVIRONMENT/SAFETY

**Result**
- NOT SUBSTANTIATED

**SOD #**
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 8/11/16 to 8/11/19
### Facility Information

- **Facility Name:** BECHER TERRACE (0013909)
- **Address:** 1800 W BECHER ST, MILWAUKEE, WI 53215
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 10/27/2011 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

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Ends: 9/11/2018 12:00:00AM

Ends: 3/15/2017 12:00:00AM

Ends: 10/18/2016 12:00:00AM

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## Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

<table>
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<th>Date Complaint Received: 8/9/2018</th>
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<td>PROGRAM SERVICES</td>
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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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
No survey activity during the period 8/11/16 to 8/11/19

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### Facility Information

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<th><strong>Facility Name:</strong></th>
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<td><strong>Address:</strong></td>
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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CLARKE SQUARE TERRACE (0015209)
Address: 1740 W PIERCE STREET, MILWAUKEE, WI 53204
License Status: REGULAR
Licensed/Certified/Registered 1/27/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0130025 End Date: 2/15/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: GARDEN PLACE (0011078)
Address: 8425 N 107TH ST, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 10/13/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123741 End Date: 4/26/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: GARDEN TERRACE (0012588)
Address: 10851 W DONNA DR, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 12/22/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124768 End Date: 8/17/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GARDEN TERRACE--0012588)

Date Complaint Received: 6/7/2017
Date Investigation Completed: 8/17/2017
Subject Area(s) Result SOD #
RESIDENT RIGHTS SUBSTANTIATED U2OV11

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MARIA LINDEN 72 LLC (0014593)
Address: 2735 W GREENFIELD AVE, MILWAUKEE, WI 53215
License Status: REGULAR
Licensed/Certified/Registered 8/2/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0129707  End Date: 1/28/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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

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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

| Survey ID: 0127344 | End Date: 7/1/2018 | Type: ABBREVIATED | Purpose: CHOW--DESK REVIEW |
| Results: LICENSE/CERT/REGISTRATION ISSUED |

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: SAINT JOHNS ON THE LAKE NORTH RESIDENCE (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
No survey activity during the period 8/11/16 to 8/11/19

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Facility Information

Facility Name: ST CLARE TERRACE (0010944)
Address: 3553 S 41ST ST, MILWAUKEE, WI 53221
License Status: REGULAR
Licensed/Certified/Registered 6/5/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
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<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tr>
<td>0131079</td>
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<td>0130619</td>
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<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<td>0128565</td>
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<td>COMPLAINT</td>
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Statement of Deficiency:

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>89.23(2)(a)2.c</td>
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<td>89.22(3)</td>
<td>BUILDING REQUIREMENTS</td>
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<td>Corrected</td>
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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0127535    End Date: 7/12/2018    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127359    End Date: 6/7/2018    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126713    End Date: 5/10/2018    Type: OTHER    Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126301    End Date: 2/22/2018    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #D85I11 Served 4/3/2018

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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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Survey ID: 0124809    End Date: 9/21/2017    Type: OTHER    Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124696    End Date: 8/30/2017    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST CLARE TERRACE--0010944)
Date: 6/24/2019    SOD #6C2Q11    Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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# Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

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<table>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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<td>SUBSTANTIATED</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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## Facility Information

- **Facility Name:** ST JOHNS ON THE LAKE SOUTH RESIDENCE (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 8/11/16 to 8/11/19
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

No survey activity during the period 8/11/16 to 8/11/19
Facility Information

Facility Name: TRINITY VILLAGE ASSISTED LIVING (0016117)
Address: 7300 W DEAN ROAD, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 5/26/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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<td>Results:</td>
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</table>

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 of 50 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Survey ID: 0126210  End Date: 1/12/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #B2JF11  Served 4/16/2018

Deficiencies Cited  Subject Area  Compliance  Verified  Corrected
12.04(1)  CONTRACTING BACKGROUND CHECKS  ALLOWED  8/10/18  No
89.34(16)  TENANT RIGHTS

Survey ID: 0124695  End Date: 8/29/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121694  End Date: 9/12/2016  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

### Complaint History (TRINITY VILLAGE ASSISTED LIVING--0016117)

<table>
<thead>
<tr>
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<tbody>
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<td>11/5/2018</td>
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**Subject Area(s)**

- PROGRAM SERVICES
- STAFF TRAINING AND PROFICIENCY

**Result**

- NOT SUBSTANTIATED

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<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<tbody>
<tr>
<td>8/23/2018</td>
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**Subject Area(s)**

- PHYSICAL ENVIRONMENT/SAFETY

**Result**

- NOT SUBSTANTIATED

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<th>Date Investigation Completed</th>
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**Subject Area(s)**

- PHYSICAL ENVIRONMENT/SAFETY

**Result**

- NOT SUBSTANTIATED

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<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<td>1/12/2018</td>
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**Subject Area(s)**

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

**Result**

- NOT SUBSTANTIATED

- SUBSTANTIATED

- B2JF11
Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
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 8/11/16 to 8/11/19
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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 8/11/16 to 8/11/19
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: 0129197 End Date: 3/29/2019 Type: ABBREVIATED Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: MANORPOINTE APARTMENTS (0012259)
Address: 700 E STONEGATE DR, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 1/18/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 8/11/16 to 8/11/19
## Facility Information

Facility Name: MEADOWMERE OAK CREEK (0012243)
Address: 701 E PUETZ RD, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 1/18/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## Survey History

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## Complaint History (MEADOWMERE OAK CREEK--0012243)

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<th>Date Investigation Completed: 9/14/2017</th>
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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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:  0129810         End Date:  3/29/2019          Type: INITIAL          Purpose: SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED
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

No survey activity during the period 8/11/16 to 8/11/19

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
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: 0124079   End Date: 8/17/2017   Type: INITIAL   Purpose: CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

Facility Information

Facility Name: HOWARD VILLAGE (0010322)
Address: 2500 E HOWARD AVE, ST FRANCIS, WI 53235
License Status: REGULAR
Licensed/Certified/Registered 7/26/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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Complaint History (HOWARD VILLAGE--0010322)

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Provider Inspection Summary
For the period 8/11/2016 to 8/11/2019
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HART PARK SQUARE (0010859)
Address: 6600 W RIVER PKWY, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 7/22/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0123493  End Date: 4/20/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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

Survey ID: 0124801 End Date: 9/19/2017 Type: OTHER Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARWOOD PLACE–0011422)

Date Complaint Received: 8/18/2017 Date Investigation Completed: 9/19/2017
Subject Area(s) Result SOD #
PROGRAM SERVICES SUBSTANTIATED 1YT411

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019
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: 0126024 End Date: 2/13/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LUTHER MANOR--0011107)

Date Complaint Received: 1/30/2018 Date Investigation Completed: 2/13/2018

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<th>SOD #</th>
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<tr>
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<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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## 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

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<td>0128919</td>
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<td>0123304</td>
<td>5/18/2017</td>
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### Complaint History (HERITAGE 6 LLC--0016238)

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<th>Date Investigation Completed:</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>7/24/2019</td>
<td>8/6/2019</td>
<td>RESIDENT RIGHTS NOT SUBSTANTIATED</td>
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</tr>
<tr>
<td>9/12/2018</td>
<td>12/11/2018</td>
<td>ADMINISTRATION NOT SUBSTANTIATED, PROGRAM SERVICES NOT SUBSTANTIATED</td>
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</tbody>
</table>

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LIBRARY SQUARE (0010329)
Address: 1820 S 75TH ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 5/1/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0124479 End Date: 8/23/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121705 End Date: 9/6/2016 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIBRARY SQUARE--0010329)

Date Complaint Received: 8/2/2017 Date Investigation Completed: 8/23/2017
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 6/16/2017 Date Investigation Completed: 8/23/2017
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

This is Page 48 of 50 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: MEADOWMERE WEST ALLIS (0012241)
Address: 2330 S 54TH ST, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 1/18/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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Results:

Statement of Deficiency: #KI9K11

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<td>89.23(4)(d)1</td>
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Statement of Deficiency: #9UZK11 Served 10/17/2018

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Statement of Deficiency: #7UZK11 Served 10/17/2018

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Provider Inspection Summary

For the period 8/11/2016 to 8/11/2019

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0125358  End Date: 9/27/2017  Type: OTHER  Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BJ4Z11  Served 12/13/2017

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Survey ID: 0121710  End Date: 8/31/2016  Type: OTHER  Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MEADOWMERE WEST ALLIS--0012241)

Date: 4/9/2019  SOD #KI9K11  Appealed: No

Sanctions

Complaint History (MEADOWMERE WEST ALLIS--0012241)

Date Complaint Received: 7/11/2018  Date Investigation Completed: 9/4/2018

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Date Complaint Received: 4/21/2017  Date Investigation Completed: 9/27/2017

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