

Provider Inspection Summary

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

Waukesha

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Waukesha County.

The report is a PDF (Adobe Acrobat) document and includes a total of 51.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ALL FOR 1 INC (0018147)

Address: 1170 GEORGES AVENUE, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 8/4/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142146 **End Date:** 1/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140802 **End Date:** 6/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VZ111 Served 9/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	1/18/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/18/23	Yes
88.09(1)(a)	RESIDENT RECORDS	1/18/23	Yes

Survey ID: 0139015 **End Date:** 3/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134464 **End Date:** 8/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ALL FOR 1 INC--0018147)

Date: 9/20/2022 **SOD #**9VZ111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AT HOME RESIDENTIAL SERVICES LLC (0018887)

Address: 2385 N CALHOUN RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 2/21/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138828 **End Date:** 2/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: COMMUNITY LIVING OF BROOKFIELD LLC (0018097)

Address: 460 LEANORE LANE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 8/20/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142330 **End Date:** 11/8/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1E311 Served 4/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR		
	HARM		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0134707 **End Date:** 8/20/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (COMMUNITY LIVING OF BROOKFIELD LLC--0018097)

Date: 4/3/2023 SOD #Q1E311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (COMMUNITY LIVING OF BROOKFIELD LLC--0018097)

Date Complaint Received: 10/4/2022 Date Investigation Completed: 11/3/2022

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	Q1E311
PROGRAM SERVICES	SUBSTANTIATED	Q1E311
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	Q1E311

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HAWTHORNE LANE HOUSE INC (0018600)

Address: 1055 HAWTHORNE LANE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 2/21/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138827 **End Date:** 2/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: HOLMES ADULT FAMILY HOME LLC (0018825)

Address: 4465 N 144TH ST, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 4/18/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139423 **End Date:** 4/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HOUSING MATTERS (0018595)

Address: 21450 Lees Ct, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 7/12/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140482 **End Date:** 8/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0139663 **End Date:** 4/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3Q0S11 Served 5/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	8/17/22	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	8/17/22	Yes
88.04(2)(a)	RESPONSIBILITIES	8/17/22	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	8/17/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/17/22	Yes

Survey ID: 0137008 **End Date:** 7/9/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (HOUSING MATTERS--0018595)

Date: 5/31/2022 **SOD #**3Q0S11 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (HOUSING MATTERS--0018595)

Date Complaint Received: 2/17/2022

Date Investigation Completed: 4/14/2022

Subject Area(s)

OTHER

Result

SUBSTANTIATED

SOD #

3Q0S11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MARSHALL HOME (0012014)

Address: 2635 N 130TH ST, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 9/28/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142783 **End Date:** 3/29/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME LLC 148TH (0018139)

Address: 4455 NORTH 148TH STREET, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 7/8/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142189 **End Date:** 1/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134312 **End Date:** 7/8/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME LONE ELM (0015045)

Address: 3955 LONE ELM DR, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 5/1/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142973 **End Date:** 4/6/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: TENDER YEARS ADULT FAMILY HOME LLC (0018140)

Address: 16760 WILD CHERRY COURT, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 6/8/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141249 **End Date:** 9/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MXXL11 Served 11/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/20/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/20/22	Yes

Survey ID: 0135390 **End Date:** 6/8/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (TENDER YEARS ADULT FAMILY HOME LLC--0018140)

Date: 11/7/2022 **SOD #**MXXL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SHAYS SAFE HAVEN (0018538)

Address: 12835 WEST LANCASTER AVENUE, BUTLER, WI 53007

License Status: REGULAR

Licensed/Certified/Registered 6/29/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136833 **End Date:** 6/29/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: Burke Home (0019097)

Address: 244 Wolf Drive, Dousman, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 9/2/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140705 **End Date:** 9/2/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Richard Home (0019095)

Address: 242 Wolf Drive, Dousman, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 9/2/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140704 **End Date:** 9/9/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: FAMILY TO FAMILY AFH (0018573)

Address: 447 MERTON AVENUE APT 1, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 6/8/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142895 **End Date:** 4/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DUT11 Served 4/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142698 **End Date:** 3/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ILK311 Served 4/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Survey ID: 0142597 **End Date:** 1/4/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2KFZ11 Served 4/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(2)(a)	SERVICE PROVIDER RECORD		
88.10(3)(q)	MEDICATIONS		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139912 End Date: 6/8/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (FAMILY TO FAMILY AFH--0018573)

Date: 4/26/2023	SOD #4DUT11	Appealed: No
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Sanctions

ORDER TO COMPLY

Date: 4/3/2023	SOD #2KFZ11	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (FAMILY TO FAMILY AFH--0018573)

Date Complaint Received: 4/3/2023

Date Investigation Completed: 4/5/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

4DUT11

RESIDENT RIGHTS

SUBSTANTIATED

4DUT11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

4DUT11

Date Complaint Received: 2/3/2023

Date Investigation Completed: 3/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/21/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/16/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/8/2022

Date Investigation Completed: 1/3/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2KFZ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HOLMES ADULT FAMILY HOME (0018000)

Address: 409 HILL N DALE CIRCLE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 4/8/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142860 **End Date:** 3/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BGGU11 Served 4/20/2023

Deficiencies Cited

88.05(4)(c)1

88.06(3)(f)

88.10(3)(e)

Subject Area

EXITING FROM THE FIRST FLOOR

REVIEW OF ISP

SELF-DIRECTION

Compliance
Verified

Corrected

Survey ID: 0142142 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141273 **End Date:** 10/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZYA111 Served 11/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	2/8/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/3/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/8/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	2/8/23	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	2/8/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/8/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	2/8/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/8/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/8/23	Yes
88.10(3)(n)2	RESTRAINTS IN EMERGENCY	2/8/23	Yes

Enforcement History (HOLMES ADULT FAMILY HOME--0018000)

Date: 4/20/2023 **SOD #**BGGU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/7/2022 **SOD #**ZYA111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (HOLMES ADULT FAMILY HOME--0018000)

Date Complaint Received: 3/8/2023

Date Investigation Completed: 3/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

BGGU11

Date Complaint Received: 6/17/2022

Date Investigation Completed: 6/21/2022

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: At Home Residential Services Kings Highway (0019411)

Address: N87W15300 Kings Highway, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 1/18/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141903 **End Date:** 1/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ELIZABETHS LOVING CARE LLC (0018465)

Address: N92 W17353 FOREST DRIVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142491 **End Date:** 3/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YCQ712 Served 3/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/1/23	Yes

Survey ID: 0141719 **End Date:** 11/28/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YCQ711 Served 1/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (ELIZABETHS LOVING CARE LLC--0018465)

Date: 3/17/2023 **SOD #**YCQ712 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/3/2023 **SOD #**YCQ711 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HOME AGAIN ADULT FAMILY CARE LLC (0012521)

Address: W216 N5522 ADAMDALE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/17/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135814 **End Date:** 3/16/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOME AGAIN ADULT FAMILY CARE LLC--0012521)

Date: 7/2/2020 **SOD #**26YK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Home Cares Adult Facility Home (0019172)

Address: W152 N5480 Beaver Drive, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 8/23/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140634 **End Date:** 8/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LIBERTY HOUSE 4 (0014520)

Address: N89 W15935 CLEVELAND AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 2/26/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143167 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDQF15 Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0141543 **End Date:** 9/30/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDQF14 Served 12/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/18/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	4/18/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/18/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/18/23	Yes
88.06(3)(f)	REVIEW OF ISP	4/18/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (LIBERTY HOUSE 4--0014520)

Date: 12/12/2022 **SOD #**JDQF14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 7/10/2020 **SOD #**JDQF13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LIBERTY HOUSE 5 LLC (0016066)

Address: N62 W15681 SKYLINE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 5/25/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142647 **End Date:** 3/29/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #381511 Served 4/4/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
5/19/23

Corrected

Enforcement History (LIBERTY HOUSE 5 LLC--0016066)

Date: 4/4/2023

SOD #381511

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LIVING MADE EASY HOMES SITE 4 (0018970)

Address: N61 W14855 WIGWAM DRIVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/14/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142897 **End Date:** 4/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WX9C11 Served 4/26/2023

Deficiencies Cited
88.07(2)(b)6

Subject Area
NOTIFICATION OF CHANGES

Compliance
Verified
6/10/23

Corrected
Yes

Survey ID: 0141351 **End Date:** 11/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LIVING MADE EASY HOMES SITE 4--0018970)

Date: 4/26/2023 **SOD #**WX9C11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (LIVING MADE EASY HOMES SITE 4--0018970)

Date Complaint Received: 3/20/2023

Date Investigation Completed: 4/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WX9C11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES WATER (0015293)

Address: W164 N9470 WATER STREET, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 10/31/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142306 **End Date:** 2/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141241 **End Date:** 6/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UPI211 Served 11/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/24/23	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	2/24/23	Yes

Enforcement History (NEXT STEP IN RESIDENTIAL SERVICES WATER--0015293)

Date: 11/7/2022 **SOD #**UPI211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: SERENITY GARDENS (0017907)

Address: S65 W13866 SHERWOOD CIRCLE, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 1/2/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141056 **End Date:** 10/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140187 **End Date:** 4/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBGJ11 Served 7/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND		
	MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(d)	NURSING CARE 7 HOURS PER WEEK		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

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

Adult Family Home

88.07(3)(d) MEDICATION- WRITTEN ORDER
88.07(3)(e)1 MEDICATION- RECORD KEEPING

Enforcement History (SERENITY GARDENS--0017907)

Date: 7/21/2022 **SOD #**QBGJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (SERENITY GARDENS--0017907)

Date Complaint Received: 3/7/2022 **Date Investigation Completed:** 4/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	QBGJ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	QBGJ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ALL FOR 1 PHASE 1 INC (0019124)

Address: 12700 West Cleveland Ave, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 11/28/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BROOKFIELD ADORABLE HOMES LLC II (0018437)

Address: 1739 S CRAFTSMAN DR, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 3/1/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139097 **End Date:** 3/3/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CASTLE MANOR IV (0018472)

Address: 13720 WEST PARK AVENUE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 7/13/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138657 **End Date:** 2/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136844 **End Date:** 7/13/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Castle Manor V LLC (0019277)

Address: 1634 S Wildwood Dr, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 2/8/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142118 **End Date:** 2/8/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: JOHANNESSEN ADULT FAMILY HOME (0010209)

Address: 21400 W HIDDEN VALLEY DR, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 10/1/2004 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140795 **End Date:** 9/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MARGARETS PLACE LLC (0017163)

Address: 21530 W LOCHLEVEN LN, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 10/31/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140056 **End Date:** 6/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139950 **End Date:** 6/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139041 **End Date:** 12/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFLV13 Served 3/23/2022

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
6/20/22

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0137592 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFLV12 Served 10/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/29/21	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/29/21	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	12/29/21	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/29/21	No

Survey ID: 0136187 **End Date:** 4/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFLV11 Served 5/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	8/5/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/5/21	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/5/21	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	8/5/21	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/5/21	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	8/5/21	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/5/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/5/21	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/5/21	No

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (MARGARETS PLACE LLC--0017163)

Date: 3/23/2022 **SOD #**QFLV13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/28/2021 **SOD #**QFLV12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 5/10/2021 **SOD #**QFLV11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (MARGARETS PLACE LLC--0017163)

Date Complaint Received: 5/18/2022

Date Investigation Completed: 6/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/21/2021

Date Investigation Completed: 8/12/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

QFLV12

Date Complaint Received: 3/11/2021

Date Investigation Completed: 4/13/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QFLV11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MATT AND NANCY GARCIA (0012449)

Address: 778 BYRON DR, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 7/26/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139632 **End Date:** 4/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: DOUANG PHRASAVATH AFH (0014868)

Address: W269 N1933 MEADOWBROOK RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 11/25/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0135911 **End Date:** 3/23/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DOUANG PHRASAVATH AFH--0014868)

Date Complaint Received: 7/28/2020

Date Investigation Completed: 3/17/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC UNIT C (0016734)

Address: 1415 SUNNYRIDGE ROAD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 1/3/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141900 **End Date:** 1/4/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #86XF11 Served 1/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/5/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/5/23	Yes

Survey ID: 0135513 **End Date:** 1/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134777 **End Date:** 9/9/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0134725 End Date: 8/24/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I35411 Served 9/8/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(e)	RESIDENT'S RECORD RETENTION	8/24/20	

Enforcement History (MEADOWRIDGE HOMES LLC UNIT C--0016734)

Date: 1/19/2023 SOD #86XF11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MEADOWRIDGE HOMES LLC UNIT C--0016734)

Date Complaint Received: 1/6/2021 Date Investigation Completed: 1/20/2021

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

Date Complaint Received: 8/11/2020 Date Investigation Completed: 8/24/2020

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC (0014117)

Address: 1415 SUNNYRIDGE RD UNIT B, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 4/20/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140192 **End Date:** 4/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC (0014265)

Address: 1415 SUNNYRIDGE RD UNIT A, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 7/10/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139543 **End Date:** 4/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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