

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

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 65.00 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 01/30/2022 to 01/29/2025

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 08/04/2020 12:00:00AM

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

Survey History

Survey ID: 0148386 **End Date:** 11/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J7RJ12 Served 01/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(c)	MEDICATION ASSISTANCE		

This is Page 2 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0147205 **End Date:** 07/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J7RJ11 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/13/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/13/24	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/13/24	Yes
88.06(3)(f)	REVIEW OF ISP	11/13/24	No
88.07(3)(c)	MEDICATION ASSISTANCE	11/13/24	No

Survey ID: 0142146 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140802 **End Date:** 06/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9VZ111 Served 09/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</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:** 03/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (ALL FOR 1 INC--0018147)

Date: 01/03/2025 **SOD #**J7RJ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/05/2024 **SOD #**J7RJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/20/2022 **SOD #**9VZ111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

This is Page 4 of 65 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 01/30/2022 to 01/29/2025

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 02/21/2022 12:00:00AM

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

Survey History

Survey ID: 0146905 **End Date:** 06/20/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8IQO11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	8/24/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/24/24	

Survey ID: 0138828 **End Date:** 02/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (AT HOME RESIDENTIAL SERVICES LLC--0018887)

Date: 07/10/2024 **SOD #**8IQO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 5 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Castle Manor VI LLC (0019538)

Address: 3130 Sunny View Ln, Brookfield, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 11/28/2023 12:00:00AM

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

Survey History

Survey ID: 0147981 **End Date:** 09/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XO1B11 Served 10/31/2024

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
12/15/24

Corrected
Yes

Survey ID: 0144921 **End Date:** 11/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Castle Manor VI LLC--0019538)

Date: 10/31/2024 **SOD #**XO1B11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 6 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (Castle Manor VI LLC--0019538)

Date Complaint Received: 07/17/2024

Date Investigation Completed: 09/10/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

XO1B11

This is Page 7 of 65 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 01/30/2022 to 01/29/2025

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 08/20/2020 12:00:00AM

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

Survey History

Survey ID: 0148099 **End Date:** 11/12/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1E314 Served 11/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(q)	MEDICATIONS		

This is Page 8 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0147620 **End Date:** 08/19/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1E313 Served 09/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/12/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/12/24	No
88.10(3)(q)	MEDICATIONS	11/12/24	No

Survey ID: 0145292 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1E312 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(a)	RESPONSIBILITIES	8/19/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	8/19/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	8/19/24	Yes
88.06(3)(f)	REVIEW OF ISP	8/19/24	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	8/19/24	Yes
88.07(2)(a)	SERVICES	8/19/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/19/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/19/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/19/24	Yes
88.10(3)(q)	MEDICATIONS	8/19/24	No

This is Page 9 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0142330 End Date: 11/08/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1E311 Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	10/2/23	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/2/23	No
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/2/23	Yes
88.06(3)(f)	REVIEW OF ISP	10/2/23	No
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	10/2/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/2/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/2/23	No

This is Page 10 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

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

Date: 11/25/2024 **SOD #**Q1E314 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/19/2024 **SOD #**Q1E313 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/17/2024 **SOD #**Q1E312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/03/2023 **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: 10/04/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

Q1E311

PROGRAM SERVICES

SUBSTANTIATED

Q1E311

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Q1E311

This is Page 11 of 65 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 01/30/2022 to 01/29/2025

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 02/21/2022 12:00:00AM

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

Survey History

Survey ID: 0147144 **End Date:** 07/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2ZG411 Served 07/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/11/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/11/24	Yes
88.06(3)(f)	REVIEW OF ISP	7/11/24	Yes

Survey ID: 0138827 **End Date:** 02/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HAWTHORNE LANE HOUSE INC--0018600)

Date: 07/30/2024 **SOD #**2ZG411 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 12 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HOLMES ADULT FAMILY HOME LLC (0018825)

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

License Status: REGULAR

Licensed/Certified/Registered 04/18/2022 12:00:00AM

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

Survey History

Survey ID: 0148338 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147309 **End Date:** 08/08/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LHX14 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/10/24	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	12/10/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	12/10/24	Yes

This is Page 13 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0146452 End Date: 04/17/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LHX13 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	7/24/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	7/24/24	Yes

Survey ID: 0145298 End Date: 12/12/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LHX12 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	3/21/24	Yes
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/21/24	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/21/24	No
88.03(8)(a)	MONITORING OF HOME	3/21/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	3/21/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	3/21/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	3/21/24	No
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/21/24	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	3/21/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	3/21/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/21/24	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	3/21/24	Yes

This is Page 14 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0144333 **End Date:** 09/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LHX11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	11/30/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/30/23	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	11/30/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/30/24	No

Survey ID: 0139423 **End Date:** 04/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 15 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (HOLMES ADULT FAMILY HOME LLC--0018825)

Date: 08/13/2024 **SOD #5LHX14** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/17/2024 **SOD #5LHX12** **Appealed: No**

Sanctions

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

Date: 09/26/2023 **SOD #5LHX11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 05/20/2023 **SOD #5LHX13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 16 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (HOLMES ADULT FAMILY HOME LLC--0018825)

Date Complaint Received: 07/07/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 07/24/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/17/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 03/20/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/20/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 11/28/2023

Result
SUBSTANTIATED

SOD #
5LHX12

Date Complaint Received: 08/21/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/05/2023

Result
SUBSTANTIATED

SOD #
5LHX11

Date Complaint Received: 08/10/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 09/06/2023

Result
SUBSTANTIATED

SOD #
5LHX11

This is Page 17 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HOUSING MATTERS (0018595)

Address: 21450 Lees Ct, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 07/12/2021 12:00:00AM

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

Survey History

Survey ID: 0145624 **End Date:** 02/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144821 **End Date:** 10/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0F1K11 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/15/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	2/15/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	2/15/24	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	2/15/24	Yes

Survey ID: 0140482 **End Date:** 08/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0139663 End Date: 04/14/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3Q0S11 Served 05/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</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

Enforcement History (HOUSING MATTERS--0018595)

Date: 11/17/2023 SOD #0F1K11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 05/31/2022 SOD #3Q0S11 Appealed: No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Complaint History (HOUSING MATTERS--0018595)

Date Complaint Received: 02/17/2022

Date Investigation Completed: 04/14/2022

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

3Q0S11

This is Page 19 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: MARSHALL HOME (0012014)

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

License Status: REGULAR

Licensed/Certified/Registered 09/28/2007 12:00:00AM

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

Survey History

Survey ID: 0142783 **End Date:** 03/29/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 65 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 01/30/2022 to 01/29/2025

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 07/08/2020 12:00:00AM

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

Survey History

Survey ID: 0142189 **End Date:** 01/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: STAPLES ADULT FAMILY HOME LLC WILD CHERRY (0019796)

Address: 16760 WILD CHERRY CT, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 08/30/2023 12:00:00AM

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

Survey History

Survey ID: 0144070 **End Date:** 08/31/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 22 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

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 05/01/2014 12:00:00AM

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

Survey History

Survey ID: 0142973 **End Date:** 04/06/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 of 65 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 01/30/2022 to 01/29/2025

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 06/29/2021 12:00:00AM

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

Survey History

Survey ID: 0146570 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145287 **End Date:** 11/22/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U5EV11 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	5/28/24	Yes
88.05(3)(h)5	SPACE IN BEDROOMS	5/28/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	5/28/24	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	5/28/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	5/28/24	Yes
88.06(3)(f)	REVIEW OF ISP	5/28/24	Yes
88.07(2)(b)5	MONITORING HEALTH	5/28/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	5/28/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/28/24	Yes

This is Page 24 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Enforcement History (SHAYS SAFE HAVEN--0018538)

Date: 01/17/2024

SOD #U5EV11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 25 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Burke Home (0019097)

Address: 244 Wolf Drive, Dousman, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 09/02/2022 12:00:00AM

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

Survey History

Survey ID: 0140705 **End Date:** 09/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 26 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Richard Home (0019095)

Address: 242 Wolf Drive, Dousman, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 09/02/2022 12:00:00AM

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

Survey History

Survey ID: 0140704 **End Date:** 09/09/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 27 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Cherish Loved Ones (0020252)

Address: N8020 Woodland Ct, Ixonia, WI 53036

License Status: REGULAR

Licensed/Certified/Registered 10/16/2024 12:00:00AM

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

Survey History

Survey ID: 0147896 **End Date:** 10/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 28 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: A and D Adult Family Facility (0020155)

Address: N68W13246 Ranch Road, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/29/2024 12:00:00AM

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

Survey History

Survey ID: 0146650 **End Date:** 05/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 29 of 65 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 01/30/2022 to 01/29/2025

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 01/18/2023 12:00:00AM

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

Survey History

Survey ID: 0141903 **End Date:** 01/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 30 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: At Home Residential Services Mesa Ct (0020112)

Address: W152N5713 Mesa Ct, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 02/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145479 **End Date:** 02/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 31 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Brighter Days LLC (0019445)

Address: N91W16756 Laurel LN, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 06/15/2023 12:00:00AM

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

Survey History

Survey ID: 0143551 **End Date:** 06/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 32 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Community Living Of Menomonee Falls (0019584)

Address: W163N9442 Cheyenne Dr, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 09/25/2023 12:00:00AM

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

Survey History

Survey ID: 0144411 **End Date:** 09/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 33 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Eagle Paradise Living (0020314)

Address: W164N9548 Water Street, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 10/10/2024 12:00:00AM

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

Survey History

Survey ID: 0147879 **End Date:** 10/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 34 of 65 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 01/30/2022 to 01/29/2025

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:** 03/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YCQ712 Served 03/17/2023

<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 01/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	7/13/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/14/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/14/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/14/23	Yes

This is Page 35 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (ELIZABETHS LOVING CARE LLC--0018465)

Date: 03/17/2023 **SOD #**YCQ712 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/03/2023 **SOD #**YCQ711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ELIZABETHS LOVING CARE LLC--0018465)

Date Complaint Received: 11/02/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 36 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: EXCEPTIONAL LIVING AFH SITE 4 (0019757)

Address: W129N8465 REVERE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/30/2023 12:00:00AM

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

Survey History

Survey ID: 0144960 **End Date:** 11/30/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 37 of 65 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 01/30/2022 to 01/29/2025

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 08/23/2022 12:00:00AM

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

Survey History

Survey ID: 0140634 **End Date:** 08/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 38 of 65 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 01/30/2022 to 01/29/2025

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 05/25/2016 12:00:00AM

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

Survey History

Survey ID: 0142647 **End Date:** 03/29/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #381511 Served 04/04/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
5/19/23

Corrected

Enforcement History (LIBERTY HOUSE 5 LLC--0016066)

Date: 04/04/2023 **SOD #**381511 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 39 of 65 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 01/30/2022 to 01/29/2025

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: 0143404 **End Date:** 06/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142897 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WX9C11 Served 04/26/2023

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: 04/26/2023

SOD #WX9C11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 40 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

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

Date Complaint Received: 05/23/2023

Date Investigation Completed: 06/01/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/20/2023

Date Investigation Completed: 04/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WX9C11

This is Page 41 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Mahogany Heart Home 4 LLC (0020765)

Address: N89 W15935 Cleveland Ave, Menomonee Falls, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/03/2024 12:00:00AM

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

Survey History

Survey ID: 0148196 **End Date:** 12/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 42 of 65 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 01/30/2022 to 01/29/2025

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: 0148659 **End Date:** 01/22/2025 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147710 **End Date:** 08/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5SL011 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/22/25	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	1/22/25	Yes
88.10(3)(q)	MEDICATIONS	1/22/25	Yes

Survey ID: 0142306 **End Date:** 02/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 43 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0141241 **End Date:** 06/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UPI211 Served 11/07/2022

<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: 10/01/2024 **SOD #**SSL011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/07/2022 **SOD #**UPI211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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

Date Complaint Received: 10/01/2024

Date Investigation Completed: 01/22/2025

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/30/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

5SL011

This is Page 44 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Four A's Helping Lives (0020392)

Address: W299S8681 State Road 83, Mukwonago, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 01/17/2025 12:00:00AM

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

Survey History

Survey ID: 0148576 **End Date:** 01/17/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 45 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: SERENITY GARDENS (0017907)

Address: S65 W13866 SHERWOOD CIRCLE, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 01/02/2020 12:00:00AM

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

Survey History

Survey ID: 0148133 **End Date:** 11/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147214 **End Date:** 06/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9IK11 Served 08/05/2024

<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	11/14/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/14/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/14/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/14/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/14/24	Yes

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 46 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0140187 End Date: 04/14/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBGJ11 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	10/10/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/10/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/10/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/10/22	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/10/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/10/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/10/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/10/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/10/22	Yes
88.07(2)(d)	NURSING CARE 7 HOURS PER WEEK	10/10/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/10/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/10/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/10/22	Yes

Enforcement History (SERENITY GARDENS--0017907)

Date: 08/05/2024 SOD #S9IK11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/21/2022 SOD #QBGJ11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 47 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (SERENITY GARDENS--0017907)

Date Complaint Received: 03/07/2022

Date Investigation Completed: 04/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QBGJ11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QBGJ11

This is Page 48 of 65 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 01/30/2022 to 01/29/2025

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

Survey ID: 0145381 **End Date:** 11/28/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 49 of 65 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 01/30/2022 to 01/29/2025

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 03/01/2022 12:00:00AM

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

Survey History

Survey ID: 0147397 **End Date:** 08/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139097 **End Date:** 03/03/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 50 of 65 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 01/30/2022 to 01/29/2025

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 07/13/2021 12:00:00AM

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

Survey History

Survey ID: 0144233 **End Date:** 09/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138657 **End Date:** 02/09/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 51 of 65 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 01/30/2022 to 01/29/2025

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 02/08/2023 12:00:00AM

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

Survey History

Survey ID: 0142118 **End Date:** 02/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 52 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Castle Manor VII (0019718)

Address: 3680 S Brentwood Rd, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/08/2023 12:00:00AM

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

Survey History

Survey ID: 0144175 **End Date:** 09/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 53 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Castle Manor VIII White Rose LLC (0020371)

Address: 2824 S 128th Street, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 08/06/2024 12:00:00AM

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

Survey History

Survey ID: 0147249 **End Date:** 08/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 54 of 65 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 01/30/2022 to 01/29/2025

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 10/01/2004 12:00:00AM

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

Survey History

Survey ID: 0140795 **End Date:** 09/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 55 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Nieces Caring Hands 2 (0020279)

Address: 4595 S Raven Ln, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 11/05/2024 12:00:00AM

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

Survey History

Survey ID: 0148074 **End Date:** 11/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 56 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Rosies Homes Adult Family Home (0020556)

Address: 13000 W Brentwood Dr, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 11/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147989 **End Date:** 10/31/2024 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 57 of 65 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 01/30/2022 to 01/29/2025

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 07/26/2008 12:00:00AM

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

Survey History

Survey ID: 0139632 **End Date:** 04/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 58 of 65 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 01/30/2022 to 01/29/2025

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: 0145790 **End Date:** 02/02/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145030 **End Date:** 10/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D69W11 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/2/24	Yes

Enforcement History (DOUANG PHRASAVATH AFH--0014868)

Date: 12/11/2023 **SOD #**D69W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 59 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: MEADOWRIDGE HOMES LLC- Unit B (0014117)

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

License Status: REGULAR

Licensed/Certified/Registered 04/20/2012 12:00:00AM

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

Survey History

Survey ID: 0147332 **End Date:** 08/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140192 **End Date:** 04/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 60 of 65 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 01/30/2022 to 01/29/2025

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 01/03/2018 12:00:00AM

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

Survey History

Survey ID: 0147371 **End Date:** 08/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RGQQ11 Served 08/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/3/24	Yes
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/3/24	Yes

Survey ID: 0141900 **End Date:** 01/04/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #86XF11 Served 01/19/2023

<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

This is Page 61 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

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

Date: 08/19/2024 **SOD #**RGQQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/19/2023 **SOD #**86XF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 62 of 65 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 01/30/2022 to 01/29/2025

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 07/10/2012 12:00:00AM

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

Survey History

Survey ID: 0147673 **End Date:** 08/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139543 **End Date:** 04/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 63 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Yours Truly Adult Family (0019607)

Address: 823 Evert St, Pewaukee, WI 53072

License Status: REGULAR

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

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

Survey History

Survey ID: 0146433 **End Date:** 05/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 64 of 65 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ETERNAL ADULT FAMILY HOME LLC (0020607)

Address: N61W23963 SUMAC LN, SUSSEX, WI 53089

License Status: PENDING

Licensed/Certified/Registered 02/12/2025 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

This is Page 65 of 65 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.