

## 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 includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 38.00 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:** Bliss Homes (0019783)

**Address:** 215 South Moreland Blvd, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146515      **End Date:** 05/10/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Bliss Homes (0019817)

**Address:** 1012 North Bel Ayr Dr, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146517      **End Date:** 05/10/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Bonding Love Waukesha (0019723)

**Address:** 2165 Laura Lane, Waukesha, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/20/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144953      **End Date:** 11/20/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BROOKFIELD ADORABLE HOMES LLC (0018436)

**Address:** 21850 DAVIDSON ROAD, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0147403      **End Date:** 08/16/2024      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BROWN HOUSE (THE) (0018378)

**Address:** 1519 PLEASANTVIEW AVENUE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/12/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0145120    **End Date:** 12/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144523    **End Date:** 08/23/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FMHV12    Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	12/13/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/13/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

Survey ID: 0143445 End Date: 05/24/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMHV11 Served 06/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	8/23/23	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/23/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/23/23	No
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	8/23/23	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	8/23/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/23/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/23/23	Yes

### Enforcement History (BROWN HOUSE (THE)--0018378)

Date: 10/16/2023 SOD #FMHV12 Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

Date: 06/22/2023 SOD #FMHV11 Appealed: No

#### Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BROWN HOUSE LUXURY LIVING HOME A (0019067)

**Address:** 421 CENTURY OAK DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/16/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140708      **End Date:** 08/16/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BROWN HOUSE LUXURY LIVING HOME B (0019161)

**Address:** 419 CENTURY OAK DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/16/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140707      **End Date:** 08/16/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Brown Independent Living (0019738)

**Address:** 111 4th St, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/17/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0144986      **End Date:** 11/17/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Carriage House (0020369)

**Address:** 1301 E Moreland Blvd, Waukesha, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147762      **End Date:** 10/01/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** CCLS OAKDALE 2 (0011899)

**Address:** 1737 OAKDALE DR, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/18/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0142377      **End Date:** 03/01/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** COMFORT CARE GROUP HOME LLC (0018357)

**Address:** 2020 CHAPMAN DRIVE, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/09/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0148568    **End Date:** 11/18/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147092    **End Date:** 06/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4UDZ11    Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)2	DEATH DUE TO INCIDENT OR ACCIDENT	11/18/24	Yes
88.07(2)(b)5	MONITORING HEALTH	11/18/24	No

**Survey ID:** 0144462    **End Date:** 09/20/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2KMB11    Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/23/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/23/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/23/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (COMFORT CARE GROUP HOME LLC--0018357)

**Date:** 07/25/2024      **SOD #**4UDZ11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 10/09/2023      **SOD #**2KMB11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (COMFORT CARE GROUP HOME LLC--0018357)

**Date Complaint Received:** 04/29/2024

**Date Investigation Completed:** 05/23/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

4UDZ11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** CONNECTED FAMILY HOME CARE (0018788)

**Address:** 336 RICHARD STREET, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/02/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0148380    **End Date:** 10/30/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3LFH11    Served 01/03/2025

<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		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
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		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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## Provider Inspection Summary

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

Adult Family Home

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**Survey ID:** 0138934    **End Date:** 03/02/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

<b>Enforcement History (CONNECTED FAMILY HOME CARE--0018788)</b>
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**Date:** 01/03/2025    **SOD #**3LFH11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** GREEN VALLEY (390147)

**Address:** 1128 GREEN VALLEY DR, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/03/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0144587      **End Date:** 10/09/2023      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143386      **End Date:** 05/23/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Greenfield Home (0019884)

**Address:** 334 S Greenfield Ave, Waukesha, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/04/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145799      **End Date:** 03/04/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HIL Canaan (0019392)

**Address:** 443 Freeman St, Waukesha, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/14/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142227      **End Date:** 02/14/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## 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 (0019377)

**Address:** 1007 Aurora St., Waukesha, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/17/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143969      **End Date:** 08/16/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141958      **End Date:** 01/26/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

### Complaint History (Holmes Adult Family Home LLC--0019377)

**Date Complaint Received:** 07/17/2023

**Date Investigation Completed:** 08/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Joy Home Care (0019550)

**Address:** 1908 N Chapman Dr, Waukesha, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/21/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0146490      **End Date:** 05/16/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143458      **End Date:** 06/21/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

### Complaint History (Joy Home Care--0019550)

**Date Complaint Received:** 04/12/2024

**Date Investigation Completed:** 05/16/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Joy Home Care (0019979)

**Address:** 903 Summit Ave, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/11/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145854      **End Date:** 03/11/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** KINGDOM HOMES CLEVELAND (0014151)

**Address:** 1434 CLEVELAND AVE, WAUKESHA, WI 531863875

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/06/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0146903    **End Date:** 06/24/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QI8Z11    Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/23/24	Yes

**Survey ID:** 0139056    **End Date:** 12/22/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1WY111    Served 04/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	7/12/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/12/22	Yes

**Survey ID:** 0140163    **End Date:** 07/07/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (KINGDOM HOMES CLEVELAND--0014151)

**Date:** 08/23/2024      **SOD #**QI8Z11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 03/25/2022      **SOD #**1WY111      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** MANHATTAN (390229)

**Address:** 2031 MANHATTAN DR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/08/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0141497    **End Date:** 11/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W24811    Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/2/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/2/22	Yes

**Survey ID:** 0140630    **End Date:** 08/31/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (MANHATTAN--390229)

**Date:** 12/07/2022    **SOD #**W24811    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Complaint History (MANHATTAN--390229)

**Date Complaint Received: 09/27/2022**

**Date Investigation Completed: 11/02/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

W24811

PROGRAM SERVICES

SUBSTANTIATED

W24811

RESIDENT RIGHTS

SUBSTANTIATED

W24811

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** MICHIGAN (0009604)

**Address:** 1505 MICHIGAN AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/25/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0144438      **End Date:** 09/29/2023      **Type:** OTHER      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (MICHIGAN--0009604)

**Date Complaint Received:** 08/16/2023

**Date Investigation Completed:** 09/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Moore Love And Care LLC (0020601)

**Address:** 2126 Rambling Rose Rd, Waukesha, WI 53186

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148257      **End Date:** 12/06/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## 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 CATHERINE (0015181)

**Address:** 1132 CATHERINE STREET, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/11/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0143258      **End Date:** 05/25/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RILEYS HOUSE (0014830)

**Address:** 1010 OAKLAND AVENUE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/14/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0148137    **End Date:** 11/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147619    **End Date:** 08/21/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KDL111    Served 09/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/8/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/8/24	Yes
88.05(3)(b)	FREE OF HAZARDS	11/8/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/8/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/8/24	Yes
88.05(5)	TELEPHONE	11/8/24	Yes
88.06(3)(f)	REVIEW OF ISP	11/8/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/8/24	Yes

**Survey ID:** 0139089    **End Date:** 03/07/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (RILEYS HOUSE--0014830)

**Date:** 09/19/2024      **SOD #**KDL111      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (RILEYS HOUSE--0014830)

**Date Complaint Received:** 09/22/2024

**Date Investigation Completed:** 11/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** ST COLETTA OF WI GRACE HOME AFH (0016054)

**Address:** 2812 SUMMIT AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0141164      **End Date:** 10/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140637      **End Date:** 08/31/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ST COLETTA OF WI GRACE HOME AFH--0016054)

**Date Complaint Received:** 09/14/2022

**Date Investigation Completed:** 10/14/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** ST COLETTA OF WI ST JULIAN AFH (0015924)

**Address:** 2812 SUMMIT AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/28/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0148747    **End Date:** 01/21/2025    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PU8N11    Served 02/26/2025

Deficiencies Cited

88.05(3)(a)

88.10(3)(q)

Subject Area

HOME ENVIRONMENT

MEDICATIONS

Compliance  
Verified

Corrected

**Survey ID:** 0141318    **End Date:** 10/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140638    **End Date:** 08/31/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Complaint History (ST COLETTA OF WI ST JULIAN AFH--0015924)

**Date Complaint Received:** 09/30/2022

**Date Investigation Completed:** 10/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Summit House (0020306)

**Address:** 910 Summit Ave, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/25/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147113      **End Date:** 07/25/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** WRIGHT STRIDE LLC (0017802)

**Address:** 316 HARRISON AVENUE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/19/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148334    **End Date:** 11/13/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YZG011    Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/31/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	12/17/24	Yes

**Survey ID:** 0143291    **End Date:** 06/06/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

**Survey ID:** 0142701    **End Date:** 01/18/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ANV512    Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	6/6/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/6/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	6/6/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/6/23	Yes

**Survey ID:** 0140776    **End Date:** 06/13/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ANV511    Served 09/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	1/18/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/18/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/18/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/18/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/18/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/18/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/18/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/18/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/18/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/18/23	Yes
88.06(3)(f)	REVIEW OF ISP	1/18/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	1/18/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/18/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (WRIGHT STRIDE LLC--0017802)

**Date:** 12/17/2024      **SOD #**YZG011      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 04/11/2023      **SOD #**ANV512      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 09/16/2022      **SOD #**ANV511      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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