

Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Waukesha County.

The report includes only facilities located within the City of Brookfield. 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 21.00 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 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: APPLEWOOD OF BROOKFIELD (0014631)

Address: 2800 N CALHOUN RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 07/01/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115435 **End Date:** 04/30/2014 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE BROOKFIELD AL (0013589)
Address: 660 WOELFEL RD, BROOKFIELD, WI 53045
License Status: REGULAR
Licensed/Certified/Registered 03/02/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0119077 **End Date:** 11/05/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118762 **End Date:** 09/22/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0117207 **End Date:** 01/30/2015 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BMOE15 Served 02/28/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	9/22/15	Yes

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0115671 End Date: 06/10/2014 Type: OTHER Purpose: SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BM0E14 Served 07/09/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/30/15	Yes

Survey ID: 0115319 End Date: 04/24/2014 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BM0E13 Served 05/14/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	REFRIGERATED AT 40 DEGREES F. OR BELOW	6/10/14	Yes

Enforcement History (BROOKDALE BROOKFIELD AL--0013589)

Date: 02/26/2015 SOD #BMOE15 Appealed:

Sanctions

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE BROOKFIELD AL--0013589)

Date Complaint Received: 10/28/2015

Date Investigation Completed: 11/05/2015

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/15/2015

Date Investigation Completed: 11/05/2015

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 08/11/2015

Date Investigation Completed: 09/22/2015

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/20/2014

Date Investigation Completed: 04/24/2014

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE BROOKFIELD CAPITOL DRIVE (310345)

Address: 15100 W CAPITOL DR, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 10/31/1992 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118229 **End Date:** 06/04/2015 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HV0013 Served 08/24/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(g)	HEALTH MONITORING		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		
83.45(1)(d)	HAZARDS		
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED		

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE BROOKFIELD CAPITOL DRIVE--310345)

Date: 07/21/2015 **SOD #**HV0013 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.59(4)(a)

FORFEITURE---83.59(4)(b)

Complaint History (BROOKDALE BROOKFIELD CAPITOL DRIVE--310345)

Date Complaint Received: 05/06/2015

Date Investigation Completed: 05/21/2015

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HV0013

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE BROOKFIELD MC (0014569)
Address: 685 WOELFEL RD, BROOKFIELD, WI 53045
License Status: REGULAR
Licensed/Certified/Registered 05/01/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118786 **End Date:** 10/01/2015 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WY9S11 Served 10/09/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(a)	DELAYED EGRESS: ONLY ONE DEVICE PERMITTED		

Survey ID: 0115216 **End Date:** 04/24/2014 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0114952 End Date: 02/27/2014 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUL611 Served 04/03/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/24/14	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/24/14	Yes
83.38(1)(b)	SUPERVISION	4/24/14	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	4/24/14	Yes

Enforcement History (BROOKDALE BROOKFIELD MC--0014569)

Date: 04/01/2014 SOD #QUL611 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.41(2)(a)

Complaint History (BROOKDALE BROOKFIELD MC--0014569)

Date Complaint Received: 07/01/2015 Date Investigation Completed: 10/01/2015

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HILLSDALE HOUSE (0013303)

Address: 2310 HILLSDALE DRIVE EAST, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 07/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0115172 **End Date:** 03/21/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0114398 **End Date:** 01/14/2014 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5X4J11 Served 03/18/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	3/20/14	Yes

Enforcement History (HILLSDALE HOUSE--0013303)

Date: 01/24/2014 **SOD #**5X4J11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

OTHER SANCTION

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVES BROOKFIELD 1 (0011457)

Address: 16720 W GREENFIELD AVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0118905 **End Date:** 10/09/2015 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #71CZ12 Served 10/28/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(j)	PROOF-OF-USE RECORD		

Survey ID: 0117392 **End Date:** 02/25/2015 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #71CZ11 Served 03/26/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	10/6/15	Yes

Survey ID: 0115088 **End Date:** 03/05/2014 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEW PERSPECTIVES BROOKFIELD 2 (0011458)

Address: 16690 W GREENFIELD AVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0119626 **End Date:** 01/27/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0118724 **End Date:** 08/12/2015 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2WXB17 Served 10/01/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(b)	SUPERVISION		
83.38(1)(g)	HEALTH MONITORING		
83.41(2)(a)	BEDDING AND LAUNDRY		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0117551 **End Date: 02/25/2015** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2WXB16 Served 04/18/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/11/15	No
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	8/11/15	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/11/15	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/11/15	No
83.38(1)(g)	HEALTH MONITORING	8/11/15	No
83.39(3)	HAND WASHING	8/11/15	Yes
83.41(1)(c)	DISHWASHING	8/11/15	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	8/11/15	No

Survey ID: 0117088 **End Date: 02/05/2015** **Type: OTHER** **Purpose: DESK REVIEW**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GVGF11 Served 02/13/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/27/15	Yes

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0116536 **End Date: 08/27/2014** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2WXB15 Served 11/17/2014

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/25/15	Yes
83.35(3)(a)	MENU PLANNING	2/25/15	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/25/15	No
83.38(1)(g)	HEALTH MONITORING	2/25/15	No
83.41(2)(a)	BEDDING AND LAUNDRY	2/25/15	No
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	2/25/15	Yes
83.44(1)(a)	NO MORE THAN 4 CLASS C	2/25/15	Yes

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (NEW PERSPECTIVES BROOKFIELD 2--0011458)

Date: 09/25/2015 **SOD #**2WXB17 **Appealed:** No

Sanctions

NNAO EXTENDED

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(2)(a)

FORFEITURE---83.41(3)(b)

Date: 04/16/2015 **SOD #**2WXB16 **Appealed:**

Sanctions

NNAO EXTENDED

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(3)(d)

FORFEITURE---83.41(1)(c)

FORFEITURE---83.41(2)(a)

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 11/10/2014 **SOD #2WXB15** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.41(2)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.44(1)(a)

Complaint History (NEW PERSPECTIVES BROOKFIELD 2--0011458)

Date Complaint Received: 02/02/2015

Date Investigation Completed: 02/25/2015

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/14/2014

Date Investigation Completed: 08/26/2014

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

SUBSTANTIATED

2WXB15

ADMINISTRATION

SUBSTANTIATED

2WXB15

PROGRAM SERVICES

SUBSTANTIATED

2WXB15

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVERADO BROOKFIELD (0014706)

Address: 1105 DAVIDSON RD, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 10/01/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 266-8598

Survey History

Survey ID: 0120996 **End Date:** 07/14/2016 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N56314 Served 08/17/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS		
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(3)(a)	MENU PLANNING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.41(1)(b)	EQUIPMENT		
83.42(1)	SAFETY-FACILITY EVACUATION TIME		

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0119852 **End Date: 01/06/2016** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N56313 Served 03/07/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/7/16	No
83.38(1)(a)	PERSONAL CARE	7/7/16	Yes

Survey ID: 0118209 **End Date: 06/29/2015** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N56312 Served 07/18/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	1/5/16	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	1/5/16	Yes
83.38(1)(a)	PERSONAL CARE	1/5/16	No

Survey ID: 0117398 **End Date: 03/16/2015** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N56311 Served 03/27/2015

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING		

Survey ID: 0116046 **End Date: 08/20/2014** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SILVERADO BROOKFIELD--0014706)

Date: 08/16/2016 **SOD #N56314** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(c)

FORFEITURE---83.27(2)(b)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.41(1)(b)

FORFEITURE---83.42(1)

Date: 03/04/2016 **SOD #N56313** **Appealed:**

Sanctions

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(a)

Date: 07/17/2015 **SOD #N56312** **Appealed:**

Sanctions

FORFEITURE---83.35(1)(a)

FORFEITURE---83.38(1)(a)

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Provider Inspection Summary

For the period 10/11/2013 to 10/10/2016

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SILVERADO BROOKFIELD--0014706)

Date Complaint Received: 10/26/2015

Date Investigation Completed: 01/05/2016

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/12/2015

Date Investigation Completed: 06/29/2015

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
N56312

Date Complaint Received: 03/11/2015

Date Investigation Completed: 03/16/2015

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/18/2014

Date Investigation Completed: 08/20/2014

Subject Area(s)
NUTRITION & FOOD SERVICES

Result
NOT SUBSTANTIATED

SOD #

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