

Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Waukesha

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 68.00 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 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUBERGE AT BROOKFIELD A MEMORY CARE COMM (THE) (0017799)

Address: 1105 DAVIDSON RD, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 08/31/2021 12:00:00AM

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

Survey History

Survey ID: 0146667 **End Date:** 06/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146069 **End Date:** 02/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y77R15 Served 04/09/2024

<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	6/4/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/10/24	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144890 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y77R14 Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/13/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/13/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/13/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/13/24	Yes
83.38(1)(g)	HEALTH MONITORING	2/13/24	Yes

Survey ID: 0143510 **End Date:** 04/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y77R13 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/13/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/13/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/13/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/13/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	9/13/23	Yes

Survey ID: 0142570 **End Date:** 03/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142086 **End Date:** 10/21/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y77R12 Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/20/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/20/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/20/23	Yes
83.25	CONTINUING EDUCATION	4/20/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/20/23	Yes
83.41(1)(b)	EQUIPMENT	4/20/23	Yes
83.47(2)(d)	FIRE DRILLS	4/20/23	Yes

Survey ID: 0140635 **End Date:** 05/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y77R11 Served 09/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/21/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AUBERGE AT BROOKFIELD A MEMORY CARE COMM (THE)--0017799)

Date: 04/09/2024 **SOD #**Y77R15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(i)

Date: 11/28/2023 **SOD #**Y77R14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(g)

Date: 06/28/2023 **SOD #**Y77R13 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)

Date: 02/08/2023 **SOD #**Y77R12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 09/01/2022

SOD #Y77R11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUBERGE AT BROOKFIELD A MEMORY CARE COMM (THE)--0017799)

Date Complaint Received: 04/01/2024

Date Investigation Completed: 06/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/14/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

Y77R14

Date Complaint Received: 04/10/2023

Date Investigation Completed: 04/19/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

Y77R13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Y77R13

Date Complaint Received: 01/30/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/14/2022

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2022

Date Investigation Completed: 10/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/24/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 05/25/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/05/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 05/25/2022

Result

SUBSTANTIATED

SOD #

Y77R11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA AT MIEROW FARM BROOKFIELD BUILDING A-Mierow (0018261)

Address: 16040 WASHINGTON DRIVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 01/08/2021 12:00:00AM

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

Survey History

Survey ID: 0142507 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141139 **End Date:** 10/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WYVI11 Served 10/26/2022

Deficiencies Cited

83.37(2)(d)

Subject Area

DOCUMENTATION OF MEDICATION
ADMINISTRATION

Compliance

Verified

12/9/22

Corrected

Yes

Survey ID: 0138082 **End Date:** 11/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: HCBS COMPLIANCE REPORT

Statement of Deficiency: #R84R11 Served 12/28/2021

Deficiencies Cited

83.12(5)(a)

Subject Area

NOTIFICATION: INCIDENT, INJURY, CHANGES

Compliance

Verified

1/16/22

Corrected

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA AT MIEROW FARM BROOKFIELD BUILDING A-Mierow--0018261)

Date: 10/26/2022 **SOD #** WYVI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/28/2021 **SOD #** R84R11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (AZURA AT MIEROW FARM BROOKFIELD BUILDING A-Mierow--0018261)

Date Complaint Received: 02/23/2023

Date Investigation Completed: 03/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/22/2022

Date Investigation Completed: 10/03/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/29/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

R84R11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA AT MIEROW FARM BROOKFIELD BUILDING B-Elmbroo (0018260)

Address: 16030 Washington Drive, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 10/14/2020 12:00:00AM

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

Survey History

Survey ID: 0146752 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143399 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142480 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142548 **End Date:** 01/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWU313 Served 03/23/2023

Deficiencies Cited
83.32(3)(n)

Subject Area
RIGHTS OF RESIDENTS: SAFE ENVIRONMENT

Compliance
Verified
6/7/23

Corrected
Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141338 **End Date:** 07/27/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWU312 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/27/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/27/22	Yes
83.38(1)(b)	SUPERVISION	12/27/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/27/22	Yes
83.47(2)(d)	FIRE DRILLS	12/27/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	12/27/22	Yes

Survey ID: 0139599 **End Date:** 03/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWU311 Served 05/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	7/27/22	Yes

Survey ID: 0139160 **End Date:** 12/09/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6VUC11 Served 04/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/27/22	Yes
83.38(1)(g)	HEALTH MONITORING	7/27/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137134 **End Date:** 08/17/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AZURA AT MIEROW FARM BROOKFIELD BUILDING B-Elmbroo--0018260)

Date: 03/23/2023 **SOD #**EWU313 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(n)

Date: 11/11/2022 **SOD #**EWU312 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 05/19/2022 **SOD #**EWU311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/05/2022 **SOD #**6VUC11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA AT MIEROW FARM BROOKFIELD BUILDING B-Elmbrook--0018260)

Date Complaint Received: 05/02/2024

Date Investigation Completed: 06/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/15/2023

Date Investigation Completed: 03/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/08/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

EWU313

Date Complaint Received: 02/25/2022

Date Investigation Completed: 03/15/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/07/2021

Date Investigation Completed: 12/09/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

6VUC11

PROGRAM SERVICES

SUBSTANTIATED

6VUC11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/12/2021

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 12/09/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/05/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/17/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA AT MIEROW FARM BROOKFIELD BUILDING C-Broadwa (0018259)

Address: 16020 WASHINGTON DRIVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 11/09/2020 12:00:00AM

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

Survey History

Survey ID: 0143406 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142485 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141743 **End Date:** 09/26/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #34OQ12 Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(g)	HEALTH MONITORING	3/7/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	3/7/23	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	3/7/23	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139286 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VMF011 Served 04/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/10/23	Yes
83.38(1)(a)	PERSONAL CARE	3/10/23	Yes
83.38(1)(g)	HEALTH MONITORING	3/10/23	Yes

Survey ID: 0139724 **End Date:** 03/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #34OQ11 Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/26/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/28/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/28/22	Yes

Survey ID: 0137800 **End Date:** 11/04/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA AT MIEROW FARM BROOKFIELD BUILDING C-Broadwa--0018259)

Date: 01/04/2023 **SOD #**34OQ12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

Date: 06/02/2022 **SOD #**34OQ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(a)

Date: 04/18/2022 **SOD #**VMF011 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA AT MIEROW FARM BROOKFIELD BUILDING C-Broadwa--0018259)

Date Complaint Received: 05/15/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

H1H511

Date Complaint Received: 09/08/2022

Date Investigation Completed: 09/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

34OQ12

Date Complaint Received: 07/27/2022

Date Investigation Completed: 09/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

34OQ12

Date Complaint Received: 01/25/2022

Date Investigation Completed: 03/02/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

34OQ11

Date Complaint Received: 12/07/2021

Date Investigation Completed: 12/09/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2021

Date Investigation Completed: 12/09/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

VMF011

RESIDENT RIGHTS

SUBSTANTIATED

VMF011

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/11/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/09/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

VMF011
VMF011
VMF011
VMF011

Date Complaint Received: 10/18/2021

Subject Area(s)

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

Date Investigation Completed: 11/04/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA AT MIEROW FARM BROOKFIELD BUILDING D-Wirth (0018258)

Address: 16010 WASHINGTON DRIVE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 01/08/2021 12:00:00AM

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

Survey History

Survey ID: 0144940 **End Date:** 11/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142136 **End Date:** 02/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141287 **End Date:** 08/08/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CZRT12 Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/2/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/2/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	2/2/23	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139727 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CZRT11 Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/8/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/8/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/8/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/8/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/8/22	Yes
83.38(1)(g)	HEALTH MONITORING	8/8/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/8/22	Yes

Survey ID: 0139106 **End Date:** 11/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TUTE11 Served 03/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(g)	HEALTH MONITORING	8/8/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (AZURA AT MIEROW FARM BROOKFIELD BUILDING D-Wirth--0018258)

Date: 11/09/2022 **SOD #**CZRT12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 06/02/2022 **SOD #**CZRT11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)

Date: 03/31/2022 **SOD #**TUTE11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AZURA AT MIEROW FARM BROOKFIELD BUILDING D-Wirth--0018258)

Date Complaint Received: 11/03/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/01/2022

Date Investigation Completed: 08/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CZRT12

Date Complaint Received: 01/25/2022

Date Investigation Completed: 03/03/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

CZRT11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/07/2021

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TUTE11

PROGRAM SERVICES

SUBSTANTIATED

TUTE11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TUTE11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BONNIE LANE (0018184)

Address: 18535 BONNIE LANE, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 07/14/2020 12:00:00AM

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

Survey History

Survey ID: 0144359 **End Date:** 09/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141911 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141171 **End Date:** 09/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PEZ611 Served 11/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/18/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/18/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	1/18/23	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (BONNIE LANE--0018184)

Date: 11/01/2022 **SOD #**PEZ611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BONNIE LANE--0018184)

Date Complaint Received: 09/06/2023

Date Investigation Completed: 09/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

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) 264-9888

Survey History

Survey ID: 0146451 **End Date:** 04/11/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z21G14 Served 05/20/2024

Deficiencies Cited

83.32(3)(i)

83.35(3)(d)

Subject Area

RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified

Corrected

Survey ID: 0145533 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145477 **End Date:** 11/13/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z21G13 Served 02/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/11/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/11/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/11/24	Yes
83.38(1)(g)	HEALTH MONITORING	4/11/24	Yes
83.46(1)(f)	COMBUSTIBLES	4/11/24	Yes

Survey ID: 0143974 **End Date:** 06/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z21G12 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/8/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/8/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/8/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/8/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/8/23	Yes
83.46(1)(f)	COMBUSTIBLES	11/8/23	Yes

Survey ID: 0142310 **End Date:** 02/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142072 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z21G11 Served 02/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)	ASSISTANCE WITH GRIEVANCE PROCEDURES	6/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/21/23	Yes

Survey ID: 0140797 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140997 **End Date:** 06/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KJC911 Served 10/12/2022

<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	2/24/23	Yes

Survey ID: 0139764 **End Date:** 05/05/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138418 **End Date:** 01/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138618 **End Date:** 10/04/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D23H11 Served 02/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/5/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE BROOKFIELD AL--0013589)

Date: 05/20/2024 **SOD #**Z21G14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32 (3)(i)
FORFEITURE---83.35(3)(d)

Date: 02/07/2024 **SOD #**Z21G13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

Date: 08/21/2023 **SOD #**Z21G12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)

Date: 02/08/2023 **SOD #**Z21G11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 10/12/2022 **SOD #**KJC911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 02/07/2022

SOD #D23H11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE BROOKFIELD AL--0013589)

Date Complaint Received: 03/12/2024

Date Investigation Completed: 04/03/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/08/2024

Date Investigation Completed: 04/04/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2024

Date Investigation Completed: 01/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/25/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

Z21G13

Date Complaint Received: 04/13/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Z21G12

PROGRAM SERVICES

SUBSTANTIATED

Z21G12

Date Complaint Received: 09/14/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Z21G11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

Z21G11

PROGRAM SERVICES

SUBSTANTIATED

Z21G11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Z21G11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/13/2022

Date Investigation Completed: 08/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/18/2022

Date Investigation Completed: 06/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KJC911

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/09/2021

Date Investigation Completed: 10/04/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

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) 264-9888

Survey History

Survey ID: 0142481 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141589 **End Date:** 09/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L5FU11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/1/23	Yes
83.47(2)(b)	EXIT DIAGRAM	3/1/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/1/23	Yes

Survey ID: 0138579 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138405 **End Date:** 10/07/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WT7211 Served 01/27/2022

<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	2/2/22	Yes

Enforcement History (BROOKDALE BROOKFIELD CAPITOL DRIVE--310345)

Date: 12/13/2022 **SOD #**L5FU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/21/2022 **SOD #**WT7211 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Complaint History (BROOKDALE BROOKFIELD CAPITOL DRIVE--310345)

Date Complaint Received: 02/17/2023 **Date Investigation Completed:** 03/01/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

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) 264-9888

Survey History

Survey ID: 0146470 **End Date:** 05/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144833 **End Date:** 11/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144184 **End Date:** 07/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KD4U12 Served 09/13/2023

Deficiencies Cited
83.46(1)(f)

Subject Area
COMBUSTIBLES

Compliance
Verified
11/8/23

Corrected
Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143137 **End Date:** 03/09/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KD4U11 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	7/21/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/21/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/21/23	Yes
83.39(3)	HAND WASHING	7/21/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/21/23	Yes
83.46(1)(f)	COMBUSTIBLES	7/21/23	No

Enforcement History (BROOKDALE BROOKFIELD MC--0014569)

Date: 09/13/2023 **SOD #KD4U12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

Date: 05/23/2023 **SOD #KD4U11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BROOKDALE BROOKFIELD MC--0014569)

Date Complaint Received: 04/05/2024

Date Investigation Completed: 05/14/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/07/2022

Date Investigation Completed: 03/07/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
KD4U11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Comfort Care Group Home 2 (0019091)

Address: 17150 Ruby Lane, Brookfield, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 09/14/2022 12:00:00AM

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

Survey History

Survey ID: 0142963 **End Date:** 05/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140780 **End Date:** 09/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Congregational Home Inc (0019070)

Address: 13900 W. Burleigh Rd, Brookfield, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 09/14/2022 12:00:00AM

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

Survey History

Survey ID: 0143559 **End Date:** 06/28/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140865 **End Date:** 09/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTIS VILLAGE BROOKFIELD (0017775)
Address: 16040 W GREENFIELD AVE, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 10/10/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146831 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145794 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q1F311 Served 03/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/14/24	Yes
83.25	CONTINUING EDUCATION	6/14/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/14/24	Yes

Survey ID: 0144635 **End Date:** 10/25/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143552 **End Date:** 06/20/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142203 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140389 **End Date:** 08/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140974 **End Date:** 06/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RMF513 Served 10/10/2022

<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	1/25/23	
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	1/25/23	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139657 End Date: 04/18/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FRSR12 Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/4/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	8/4/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/4/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/4/22	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/4/22	Yes
83.19	ORIENTATION	8/4/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/4/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	8/4/22	Yes
83.25	CONTINUING EDUCATION	8/4/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/4/22	Yes
83.29(2)	ADMISSION AGREEMENT	8/4/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	8/4/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	8/4/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/4/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/4/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/4/22	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	8/4/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	8/4/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/4/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b)	FOOD SAFETY	8/4/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/4/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/4/22	Yes
83.45(3)	TOXIC SUBSTANCES	8/4/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/4/22	Yes
83.47(2)(d)	FIRE DRILLS	8/4/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/4/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/4/22	Yes

Survey ID: 0138990 End Date: 11/08/2021 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RMF512 Served 03/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/15/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/15/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138112 End Date: 08/25/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FRSR11 Served 01/03/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/18/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/18/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/18/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/18/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/18/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HEARTIS VILLAGE BROOKFIELD--0017775)

Date: 03/05/2024 **SOD #**Q1F311 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.25

FORFEITURE---83.37(1)(i)

Date: 10/10/2022 **SOD #**RMF513 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

Date: 05/26/2022 **SOD #**FRSR12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.19

FORFEITURE---83.21(1-3)

FORFEITURE---83.22 (1-4)

FORFEITURE---83.25

FORFEITURE---83.28(4)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.44(2)(a)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 03/17/2022

SOD #RMF512

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(c)

Date: 08/23/2021

SOD #RMF511

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEARTIS VILLAGE BROOKFIELD--0017775)

Date Complaint Received: 11/27/2023

Date Investigation Completed: 01/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/08/2023

Date Investigation Completed: 10/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/19/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/24/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/18/2022

Date Investigation Completed: 06/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

RMF513
RMF513
RMF513

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/08/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/18/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

FRSR12
FRSR12
FRSR12

Date Complaint Received: 02/14/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 05/26/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

FRSR12

Date Complaint Received: 02/09/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 04/16/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

FRSR12
FRSR12

Date Complaint Received: 01/14/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
OTHER

Date Investigation Completed: 04/18/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

FRSR12
FRSR12

Date Complaint Received: 10/07/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/08/2021

Result

SUBSTANTIATED

SOD #

RMF512

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/27/2021

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 08/25/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

FRSR11

Date Complaint Received: 07/12/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/25/2021

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

FRSR11
FRSR11
FRSR11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Hillsdale Home (0019211)

Address: 2310 Hillsdale Dr E, Brookfield, WI 530054407

License Status: REGULAR

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

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

Survey History

Survey ID: 0143696 **End Date:** 07/17/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141574 **End Date:** 12/09/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Housing Matters 2 LLC (0019389)

Address: 21470 Lees Ct, Brookfield, WI 53045

License Status: PROBATIONARY

Licensed/Certified/Registered 08/25/2023 12:00:00AM

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

Survey History

Survey ID: 0146705 **End Date:** 06/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144191 **End Date:** 08/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKEWOOD ALZHEIMERS SPECIAL CARE CENTER (0017722)

Address: 4065 N CALHOUN RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 09/29/2020 12:00:00AM

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

Survey History

Survey ID: 0142746 **End Date:** 04/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141146 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140465 **End Date:** 07/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0PP11 Served 08/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/20/22	Yes
83.25	CONTINUING EDUCATION	10/20/22	Yes
83.47(2)(d)	FIRE DRILLS	10/20/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/20/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAKEWOOD ALZHEIMERS SPECIAL CARE CENTER--0017722)

Date: 08/22/2022 SOD #G0PP11 Appealed:

Sanctions
ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (LAKEWOOD ALZHEIMERS SPECIAL CARE CENTER--0017722)

Date Complaint Received: 03/02/2023 Date Investigation Completed: 04/04/2023

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 08/09/2022 Date Investigation Completed: 10/20/2022

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 04/01/2022 Date Investigation Completed: 07/07/2022

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REGENCY BROOKFIELD MEMORY CARE (0018369)

Address: 777 NORTH BROOKFIELD ROAD, BROOKFIELD, WI 53045

License Status: REGULAR

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

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

Survey History

Survey ID: 0144759 **End Date:** 11/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KLNMI1 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/23/23	Yes

Survey ID: 0139276 **End Date:** 12/23/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137555 **End Date:** 09/22/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWK011 Served 10/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/23/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/23/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/23/22	Yes

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (REGENCY BROOKFIELD MEMORY CARE--0018369)

Date: 11/08/2023 **SOD #**KLNM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/25/2021 **SOD #**EWK011 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST ANGELA MERICI CBRF (0018391)

Address: 16780 WEST NORTH AVENUE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 06/11/2021 12:00:00AM

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

Survey History

Survey ID: 0142520 **End Date:** 03/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST ANGELA MERICI CBRF--0018391)

Date Complaint Received: 02/23/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST COLETTA OF WI FATHER SOLANUS CASEY CBRF (0018360)

Address: 16790 WEST NORTH AVENUE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 06/18/2021 12:00:00AM

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

Survey History

Survey ID: 0145538 **End Date:** 01/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST MARIA CRESCENTIA CBRF (0018392)

Address: 16770 WEST NORTH AVENUE, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 06/11/2021 12:00:00AM

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

Survey History

Survey ID: 0145111 **End Date:** 12/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144166 **End Date:** 07/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z59J11 Served 09/11/2023

<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	12/18/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	12/18/23	Yes

Survey ID: 0142519 **End Date:** 03/14/2023 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141845 **End Date:** 12/19/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUMT11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/27/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/27/23	Yes

Survey ID: 0138730 **End Date:** 02/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ST MARIA CRESCENTIA CBRF--0018392)

Date: 09/11/2023 **SOD #**Z59J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 01/13/2023 **SOD #**WUMT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ST MARIA CRESCENTIA CBRF--0018392)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 07/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

Z59J11

Date Complaint Received: 02/23/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 12/19/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/01/2022

Date Investigation Completed: 02/07/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sunrise Meadows Senior Living (0019533)

Address: 2800 North Calhoun Rd, Brookfield, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 09/13/2023 12:00:00AM

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

Survey History

Survey ID: 0146596 **End Date:** 05/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145828 **End Date:** 02/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YXPQ11 Served 03/08/2024

Deficiencies Cited

83.32(3)(h)

83.38(1)(a)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION
PERSONAL CARE

Compliance
Verified

Corrected

Survey ID: 0144760 **End Date:** 10/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144185 **End Date:** 09/12/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Sunrise Meadows Senior Living--0019533)

Date: 03/08/2024 **SOD #** YXPQ11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.38(1)(a)

Complaint History (Sunrise Meadows Senior Living--0019533)

Date Complaint Received: 12/28/2023 **Date Investigation Completed:** 02/06/2024

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/09/2023

Date Investigation Completed: 10/31/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: SUNRISE TERRACE (ASSISTED LIVING) LLC (0018699)

Address: 470 SCARLET HAWTHORNE COURT, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 06/29/2022 12:00:00AM

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

Survey History

Survey ID: 0141893 **End Date:** 01/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O64L11 Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	3/5/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/5/23	Yes

Survey ID: 0140141 **End Date:** 06/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (SUNRISE TERRACE (ASSISTED LIVING) LLC--0018699)

Date: 01/19/2023 **SOD #**O64L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (SUNRISE TERRACE (ASSISTED LIVING) LLC--0018699)

Date Complaint Received: 10/26/2022

Date Investigation Completed: 01/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

O64L11

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VESTA MEMORY CARE (0017742)

Address: 3965 BRADEE RD, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 10/02/2019 12:00:00AM

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

Survey History

Survey ID: 0146728 **End Date:** 06/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146134 **End Date:** 03/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OP4G11 Served 04/15/2024

Deficiencies Cited

83.32(3)(h)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance

Verified

6/13/24

Corrected

Yes

Survey ID: 0140270 **End Date:** 06/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/30/2021 to 06/29/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139138 **End Date:** 03/03/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F0XU11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.04(2)(e)	CLASS C SEMI-AMBULATORY (CS)	6/28/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/28/22	Yes
83.39(3)	HAND WASHING	6/28/22	Yes

Enforcement History (VESTA MEMORY CARE--0017742)

Date: 04/15/2024 **SOD #**OP4G11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 04/01/2022 **SOD #**F0XU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (VESTA MEMORY CARE--0017742)

Date Complaint Received: 01/04/2022 **Date Investigation Completed:** 03/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

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