

Provider Inspection Summary

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

Waukesha

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 131.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BUTLER HOUSE (0017522)

Address: 12605 W COURTLAND AVE, BUTLER, WI 53007

License Status: REGULAR

Licensed/Certified/Registered 01/13/2020 12:00:00AM

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

Survey History

Survey ID: 0148633 **End Date:** 11/08/2024 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y3MR12 Served 01/31/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0147510 **End Date:** 07/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y3MR11 Served 09/05/2024

<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	11/8/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/8/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	11/8/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1) ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE 11/8/24 No

Survey ID: 0145011 End Date: 12/06/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144026 End Date: 07/13/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0OH712 Served 08/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.34(2)(a)	RESIDENT FUNDS UNDER \$200, NOT COMMINGLED	12/6/23	Yes
83.41(1)(b)	EQUIPMENT	12/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/6/23	Yes
83.45(2)	STORAGE AREAS	12/6/23	Yes
83.45(4)	PEST CONTROL	12/6/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142986 **End Date: 02/24/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00H711 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/12/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/12/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/12/23	Yes
83.38(1)(g)	HEALTH MONITORING	7/12/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/13/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/13/23	No
83.45(4)	PEST CONTROL	7/13/23	No

Survey ID: 0140985 **End Date: 09/12/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6ODX11 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/24/22	Yes
83.45(3)	TOXIC SUBSTANCES	11/24/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/24/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BUTLER HOUSE--0017522)

Date: 09/05/2024 **SOD #**Y3MR11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35 (3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.43(1)

Date: 08/24/2023 **SOD #**0OH712 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.43(1)
FORFEITURE---83.45(4)

Date: 05/08/2023 **SOD #**0OH711 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---83.42(1)

Date: 10/10/2022 **SOD #**6ODX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BUTLER HOUSE--0017522)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 07/19/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
Y3MR11

Date Complaint Received: 06/14/2023

Date Investigation Completed: 07/10/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
0OH712

Date Complaint Received: 02/14/2023

Date Investigation Completed: 02/20/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
0OH711
0OH711

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ADULT EATING DISORDER RESIDENTIAL CARE (0017711)

Address: W277 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 06/26/2019 12:00:00AM

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

Survey History

Survey ID: 0146043 **End Date:** 03/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QZ5511 Served 04/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	3/27/24	Yes

Enforcement History (ADULT EATING DISORDER RESIDENTIAL CARE--0017711)

Date: 04/02/2024 **SOD #**QZ5511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL DELAFIELD B (0012061)

Address: W325 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 02/08/2008 12:00:00AM

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

Survey History

Survey ID: 0146042 **End Date:** 03/27/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E6HU11 Served 04/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	3/27/24	Yes

Enforcement History (ROGERS MEMORIAL HOSPITAL DELAFIELD B--0012061)

Date: 04/02/2024 **SOD #E6HU11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CORY HOME (0012200)

Address: 201/203 CORY AVE, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 11/27/2007 12:00:00AM

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

Survey History

Survey ID: 0142789 **End Date:** 04/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141744 **End Date:** 09/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KQZV11 Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	4/6/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/6/23	Yes

Enforcement History (CORY HOME--0012200)

Date: 01/04/2023 **SOD #**KQZV11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(d)
FORFEITURE---83.59(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: HANSON HOUSE (0009739)

Address: 240 WOLF DRIVE, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003 12:00:00AM

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

Survey History

Survey ID: 0147120 **End Date:** 07/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140164 **End Date:** 07/01/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RIVERSIDE LODGE (310510)
Address: 410 N MAIN ST, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 12/01/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148139 **End Date:** 11/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143405 **End Date:** 06/14/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVERSIDE LODGE--310510)

Date Complaint Received: 10/03/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE ELM GROVE (0015092)

Address: 800 WALL ST, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 06/01/2015 12:00:00AM

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

Survey History

Survey ID: 0148063 **End Date:** 09/27/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LBFM12 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

Survey ID: 0147206 **End Date:** 06/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LBFM11 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/27/24	No

Survey ID: 0145857 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145186 **End Date: 10/04/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UM3I11 Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/12/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/12/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/6/24	Yes
83.29(2)	ADMISSION AGREEMENT	3/12/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/6/24	Yes
83.41(3)(b)	FOOD SAFETY	3/12/24	Yes

Survey ID: 0139910 **End Date: 05/24/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE ELM GROVE--0015092)

Date: 11/11/2024 **SOD #**LBFM12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(C)

Date: 08/05/2024 **SOD #**LBFM11 **Appealed:**

Sanctions

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

Date: 01/08/2024 **SOD #**UM3I11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(d)

Complaint History (HERITAGE ELM GROVE--0015092)

Date Complaint Received: 08/09/2024 **Date Investigation Completed:** 09/27/2024

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

Date Complaint Received: 05/05/2022 **Date Investigation Completed:** 05/24/2022

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WOODSIDE TERRACE ASSISTED LIVING (0017406)

Address: 1820 WESTMOOR TERRACE, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 06/01/2021 12:00:00AM

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

Survey History

Survey ID: 0148523 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147219 **End Date:** 06/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ITBL12 Served 08/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/14/25	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/14/25	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/15/25	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/15/25	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/15/25	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/14/25	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/15/25	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	1/15/25	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/15/25	Yes
83.45(3)	TOXIC SUBSTANCES	1/14/25	Yes

Survey ID: 0145183 **End Date:** 12/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ITBL11 Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	6/10/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/10/24	Yes
83.41(1)(b)	EQUIPMENT	6/10/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	6/10/24	Yes
83.45(3)	TOXIC SUBSTANCES	6/10/24	Yes
83.47(2)(d)	FIRE DRILLS	6/10/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/10/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0143164 **End Date: 03/22/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #902811 Served 05/24/2023

<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	6/5/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/26/24	Withdrawn
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/10/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/26/24	Withdrawn
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/26/24	Withdrawn
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	1/26/24	Withdrawn
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/10/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/10/24	Yes
83.45(2)	STORAGE AREAS	6/10/24	Yes

Survey ID: 0141309 **End Date: 11/04/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140527 **End Date: 08/18/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142290 **End Date: 05/19/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (WOODSIDE TERRACE ASSISTED LIVING--0017406)

Date: 08/06/2024 **SOD #ITBL12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.37 (2)(d)
FORFEITURE---83.43(1)
FORFEITURE---83.45 (3)

Date: 01/08/2024 **SOD #ITBL11** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 05/24/2023 **SOD #902811** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(a)-tag rescinded, still owe

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (WOODSIDE TERRACE ASSISTED LIVING--0017406)

Date Complaint Received: 11/06/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/24/2023

Date Investigation Completed: 03/16/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
9O2811
9O2811

Date Complaint Received: 10/14/2022

Date Investigation Completed: 11/04/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BRADFORD HOME (0012560)

Address: 644 BRADFORD WAY, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 12/03/2008 12:00:00AM

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

Survey History

Survey ID: 0144432 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140484 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BRADFORD HOME--0012560)

Date Complaint Received: 07/08/2022

Date Investigation Completed: 07/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/22/2022

Date Investigation Completed: 07/14/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARTLAND PLACE (0015977)

Address: 444 MERTON AVE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 04/01/2017 12:00:00AM

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

Survey History

Survey ID: 0145727 **End Date:** 01/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPFI14 Served 02/26/2024

<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		

Survey ID: 0142393 **End Date:** 12/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPFI12 Served 03/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(a)	CLASS A AMBULATORY (AA)	9/21/23	No
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/21/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/21/03	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/21/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.25	CONTINUING EDUCATION	9/21/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/21/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/21/23	Yes

Survey ID: 0144738 End Date: 09/21/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPFI13 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/17/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	1/17/24	Yes

Survey ID: 0140925 End Date: 06/15/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPFI11 Served 10/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	11/30/22	No
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	11/30/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/30/22	No
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	11/30/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/30/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140361 **End Date:** 04/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MYI511 Served 08/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	12/1/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	12/1/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/1/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HARTLAND PLACE--0015977)

Date: 02/26/2024 **SOD #**QPFI14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/07/2023 **SOD #**QPFI13 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)

Date: 03/07/2023 **SOD #**QPFI12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a0
FORFEITURE---83.14(2)(a)
FORFEITURE---83.21(1-3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(d)
FORFEITURE---83.37(2)(d)

Date: 10/04/2022 **SOD #**QPFI11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 08/03/2022 **SOD #**MYI511 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(4)(b)
FORFEITURE---83.38(1)(i)

Complaint History (HARTLAND PLACE--0015977)

Date Complaint Received: 11/27/2023

Date Investigation Completed: 01/17/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QPFI14

Date Complaint Received: 10/31/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
QPFI12

Date Complaint Received: 05/20/2022

Date Investigation Completed: 06/01/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
QPFI11

Date Complaint Received: 05/05/2022

Date Investigation Completed: 06/01/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
QPFI11

Date Complaint Received: 03/08/2022

Date Investigation Completed: 04/14/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
MYI511

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARTLAND TERRACE (0012378)
Address: 327B NORTH AVE, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 05/01/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146118 **End Date:** 04/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140543 **End Date:** 08/17/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARTLAND TERRACE--0012378)

Date Complaint Received: 03/27/2024

Date Investigation Completed: 04/10/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE LAKE COUNTRY (0016506)
Address: 2975 VILLAGE SQUARE DR, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 05/01/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143862 **End Date:** 07/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O1Z011 Served 08/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/21/23	

Survey ID: 0141597 **End Date:** 12/07/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140647 End Date: 05/31/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YOKS11 Served 09/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	12/7/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/7/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	12/7/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/7/22	Yes

Enforcement History (HERITAGE LAKE COUNTRY--0016506)

Date: 08/07/2023 SOD #O1Z011 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 09/02/2022 SOD #YOKS11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.42(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE LAKE COUNTRY--0016506)

Date Complaint Received: 04/27/2023

Date Investigation Completed: 07/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/23/2022

Date Investigation Completed: 05/31/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBORETUM (THE) (0018808)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 06/01/2022 12:00:00AM

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

Survey History

Survey ID: 0147360 **End Date:** 08/14/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146188 **End Date:** 04/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144881 **End Date:** 09/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GUIE11 Served 11/27/2023

<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	4/9/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/9/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/9/24	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142838 **End Date: 04/18/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142119 **End Date: 01/18/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DU112 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/18/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	4/18/23	Yes

Survey ID: 0140994 **End Date: 08/23/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DU111 Served 10/12/2022

<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	1/18/23	Yes

Survey ID: 0139720 **End Date: 06/01/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ARBORETUM (THE)--0018808)

Date: 11/28/2023 **SOD #**GUIE11 **Appealed:** No

Sanctions

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

Date: 02/10/2023 **SOD #**7DU112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/12/2022 **SOD #**7DU111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBORETUM (THE)--0018808)

Date Complaint Received: 06/14/2024

Date Investigation Completed: 08/14/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/20/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/15/2023

Date Investigation Completed: 09/07/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED
GUIE11

Date Complaint Received: 01/03/2023

Date Investigation Completed: 01/18/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/16/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED
7DU111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE) (0017800)

Address: W128 N6900 NORTHFIELD DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/13/2020 12:00:00AM

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

Survey History

Survey ID: 0148119 **End Date:** 09/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3GKY11 Served 11/20/2024

<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		
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

Survey ID: 0143150 **End Date:** 05/16/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142497 **End Date: 02/27/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11U911 Served 03/17/2023

<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	5/16/23	Yes

Survey ID: 0141598 **End Date: 12/06/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139911 **End Date: 05/24/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE)--0017800)

Date: 11/15/2024 **SOD #3GKY11** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 03/17/2023 **SOD #11U911** **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE)--0017800)

Date Complaint Received: 01/24/2023

Date Investigation Completed: 02/20/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PROGRAM SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

11U911

Date Complaint Received: 10/19/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2022

Date Investigation Completed: 05/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DICKSON HOLLOW (0016047)
Address: W156 N4881 PILGRIM RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 05/01/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145622 **End Date:** 01/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143859 **End Date:** 07/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #V58F11 Served 08/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	1/16/24	Yes

Enforcement History (DICKSON HOLLOW--0016047)

Date: 08/08/2023 **SOD #**V58F11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ELITE ADULT FAMILY HOME INC 3 (0019186)

Address: N88 W17630 CHRISTMAN RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/31/2023 12:00:00AM

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

Survey History

Survey ID: 0144046 **End Date:** 08/22/2023 **Type:** STANDARD **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #96LZ11 Served 08/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	10/12/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/12/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/12/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/12/23	Yes

Survey ID: 0141660 **End Date:** 12/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ELITE ADULT FAMILY HOME INC 3--0019186)

Date: 08/28/2023 **SOD #**96LZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACE COMMONS II (0018200)

Address: W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W

License Status: REGULAR

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

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

Survey History

Survey ID: 0147773 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147207 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C1Y312

<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	9/25/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/25/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/25/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145942 **End Date: 02/06/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XQ5W11 Served 03/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/6/24	Yes

Survey ID: 0145445 **End Date: 11/03/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C1Y311 Served 02/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	6/6/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/6/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/6/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/6/24	No
83.39(3)	HAND WASHING	6/6/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/6/24	Yes
83.47(2)(d)	FIRE DRILLS	6/6/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/6/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (GRACE COMMONS II--0018200)

Date: 08/05/2024 **SOD #**C1Y312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(a)

Date: 03/20/2024 **SOD #**XQ5W11 **Appealed:**

Sanctions

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

Date: 02/02/2024 **SOD #**C1Y311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(1)(a)

Complaint History (GRACE COMMONS II--0018200)

Date Complaint Received: 01/08/2024

Date Investigation Completed: 02/06/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
XQ5W11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACE COMMONS III (0018201)

Address: W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W

License Status: REGULAR

Licensed/Certified/Registered 09/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147771 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142131 **End Date:** 01/31/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q3NY12 Served 02/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/31/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141022 End Date: 06/29/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q3NY11 Served 10/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	1/31/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/31/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/31/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/31/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	1/31/23	Yes

Enforcement History (GRACE COMMONS III--0018201)

Date: 02/13/2023 SOD #Q3NY12 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 10/13/2022 SOD #Q3NY11 Appealed:

Sanctions
 COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---83.35(1)(a)
 FORFEITURE---83.35(3)(a)
 FORFEITURE---83.38(1)(i)

Complaint History (GRACE COMMONS III--0018201)

Date Complaint Received: 07/30/2024 Date Investigation Completed: 09/25/2024

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT (0010630)

Address: N48 W14250 HAMPTON AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005 12:00:00AM

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

Survey History

Survey ID: 0142727 **End Date:** 03/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HERITAGE COURT--0010630)

Date Complaint Received: 02/18/2023

Date Investigation Completed: 03/21/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL HAWTHORNE HOUSE (0009796)

Address: N60 W15734 W HAWTHORNE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002 12:00:00AM

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

Survey History

Survey ID: 0143475 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OIBQ14 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION		

Survey ID: 0140623 **End Date:** 05/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OIBQ13 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/12/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/12/23	Yes
83.29(2)	ADMISSION AGREEMENT	4/12/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/12/23	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	4/12/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/12/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/12/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/12/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	4/12/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/12/23	Yes
83.47(2)(b)	EXIT DIAGRAM	4/12/23	Yes
83.47(2)(d)	FIRE DRILLS	4/12/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/12/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/12/23	Yes

Enforcement History (HIL HAWTHORNE HOUSE--0009796)

Date: 06/26/2023 **SOD #OIBQ14** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Date: 08/31/2022 **SOD #OIBQ13** **Appealed:**

Sanctions
 COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---83.20(20(a-d)
 FORFEITURE---83.21(1-3)
 FORFEITURE---83.35(1)(a)
 FORFEITURE---83.35(3)(c)
 FORFEITURE---83.38(1)(h)
 FORFEITURE---83.43(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HIL HAWTHORNE HOUSE--0009796)

Date Complaint Received: 05/04/2022

Date Investigation Completed: 05/18/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

OIBQ13
OIBQ13

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Riverview Village Senior Living (0015619)

Address: W176 N9430 RIVER CREST DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

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

Survey History

Survey ID: 0147720 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XCD213 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146716 **End Date: 05/02/2024** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XCD212 Served 06/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/22/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/22/24	Yes

Survey ID: 0144475 **End Date: 08/08/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XCD211 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/25/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/25/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/25/24	No
83.38(1)(g)	HEALTH MONITORING	4/25/24	Yes

Survey ID: 0143267 **End Date: 05/11/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UFG012 Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(1)(b)	EQUIPMENT	7/20/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142428 **End Date: 12/05/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UFG011 Served 03/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/11/23	Yes

Survey ID: 0141741 **End Date: 09/21/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6KFT11 Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	5/11/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	5/11/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/11/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/11/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/11/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/11/23	Yes

Survey ID: 0140533 **End Date: 08/17/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Riverview Village Senior Living--0015619)

Date: 10/01/2024 **SOD #**XCD213 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(4)(b)
FORFEITURE---83.32(3)(h)

Date: 06/17/2024 **SOD #**XCD212 **Appealed:**

Sanctions

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

Date: 10/16/2023 **SOD #**XCD211 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Date: 06/05/2023 **SOD #**UFG012 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/10/2023 **SOD #**UFG011 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 01/04/2023

SOD #6KFT11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---83.42(1)

Date: 03/02/2022

SOD #GGXM11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Riverview Village Senior Living--0015619)

Date Complaint Received: 07/12/2024

Date Investigation Completed: 08/20/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
XCD213

Date Complaint Received: 05/16/2024

Date Investigation Completed: 08/20/2024

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/12/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
XCD212

Date Complaint Received: 03/02/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/21/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
XCD211
XCD211

Date Complaint Received: 06/14/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/18/2022

Date Investigation Completed: 12/05/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/15/2022

Date Investigation Completed: 12/05/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	UFG011
SUBSTANTIATED	UFG011

Date Complaint Received: 09/09/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 07/25/2022

Date Investigation Completed: 08/17/2022

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VISTA POINTE II (0015261)

Address: W180 N8220 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

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

Survey History

Survey ID: 0146471 **End Date:** 05/20/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VISTA POINTE III (0016846)
Address: W180 N8240 TOWN HALL RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 11/29/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146472 **End Date:** 05/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145796 **End Date:** 01/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0KVP11 Served 03/08/2024

<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	5/20/24	Yes

Survey ID: 0138572 **End Date:** 01/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VISTA POINTE III--0016846)

Date: 03/08/2024 **SOD #**0KVP11 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VISTA POINTE (0014822)

Address: W180 N8200 TOWN HALL ROAD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 10/10/2013 12:00:00AM

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

Survey History

Survey ID: 0145021 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142244 **End Date:** 02/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA POINTE--0014822)

Date Complaint Received: 10/20/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/19/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCHROCK CASTLE (0017104)

Address: 210 MCDIVITT LN, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 03/30/2018 12:00:00AM

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

Survey History

Survey ID: 0147028 **End Date:** 07/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144426 **End Date:** 09/26/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROLEN MEADOWS (0016907)

Address: 1340 MAIN ST, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 08/20/2018 12:00:00AM

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

Survey History

Survey ID: 0147139 **End Date:** 07/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145660 **End Date:** 01/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9OB11 Served 02/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	7/10/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/10/24	Yes
83.29(2)	ADMISSION AGREEMENT	7/10/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/10/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	7/10/24	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/10/24	Yes
83.47(3)	FIRE INSPECTION	7/10/24	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	7/10/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141603 **End Date: 12/07/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140540 **End Date: 08/10/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BROLEN MEADOWS--0016907)

Date: 02/19/2024 **SOD #S9OB11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.38(1)(i)

Date: 04/26/2022 **SOD #7WXZ12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25 Continuing Education

Complaint History (BROLEN MEADOWS--0016907)

Date Complaint Received: 09/13/2023 **Date Investigation Completed: 12/20/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 10/19/2022 **Date Investigation Completed: 12/07/2022**

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Linden Court Mukwonago (0019674)
Address: 845 E Veterans Way, Mukwonago, WI 53149
License Status: REGULAR
Licensed/Certified/Registered 12/01/2023 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148437 **End Date:** 12/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147525 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5EJL11 Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	12/13/24	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	12/13/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/13/24	Yes

Survey ID: 0145760 **End Date:** 02/28/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Linden Court Mukwonago--0019674)

Date: 09/06/2024 **SOD #**5EJL11 **Appealed:**

Sanctions

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

Complaint History (Linden Court Mukwonago--0019674)

Date Complaint Received: 06/19/2024

Date Investigation Completed: 07/25/2024

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
5EJL11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Bayview Assisted Living Center (0019023)

Address: S77W18690 Janesville Rd, Muskego, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 10/12/2023 12:00:00AM

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

Survey History

Survey ID: 0144303 **End Date:** 09/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143629 **End Date:** 07/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CS3G11 Served 07/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	9/20/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/20/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/20/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/20/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143044 **End Date: 03/08/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D3EQ11 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	3/8/23	Yes

Survey ID: 0141059 **End Date: 10/06/2022** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Bayview Assisted Living Center--0019023)

Date: 07/13/2023 **SOD #CS3G11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.35(3)(a)

Date: 05/16/2023 **SOD #D3EQ11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (Bayview Assisted Living Center--0019023)

Date Complaint Received: 02/27/2023 **Date Investigation Completed: 03/08/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	D3EQ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Caring Alternatives of Muskego (0019633)

Address: W182 S8320 Pioneer Drive, Muskego, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 07/19/2023 12:00:00AM

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

Survey History

Survey ID: 0143698 **End Date:** 07/19/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: CHI CARES MUSKEGO (0018893)
Address: S68W12699 BRISTLECONE LANE, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 06/09/2022 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142811 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142068 **End Date:** 01/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1JYK11 Served 02/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	4/11/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/11/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/11/23	Yes
83.48(8)(a)	SPRINKLER SYSTEM: TYPE	4/11/23	Yes
83.63(3)(a)	DRAWING, SPECIFICATIONS MEET REQUIREMENTS	4/11/23	Yes

Survey ID: 0140210 **End Date:** 06/09/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Enforcement History (CHI CARES MUSKEGO--0018893)

Date: 02/07/2023 **SOD #**1JYK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE MUSKEGO (0017261)
Address: S64 W13780 JANESVILLE RD, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 12/10/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148627 **End Date:** 11/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WMRT11 Served 01/30/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		

Survey ID: 0147174 **End Date:** 07/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146184 **End Date:** 03/28/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8KB12 Served 04/23/2024

<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	7/19/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145231 **End Date: 10/11/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8KB11 Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	3/28/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/28/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/28/24	Yes
83.38(1)(g)	HEALTH MONITORING	3/28/24	Yes

Survey ID: 0138838 **End Date: 02/08/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZVF911 Served 04/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/15/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE MUSKEGO--0017261)

Date: 04/23/2024 **SOD #**G8KB12 **Appealed:**

Sanctions

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

Date: 01/11/2024 **SOD #**G8KB11 **Appealed:**

Sanctions

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

Date: 03/01/2022 **SOD #**ZVF911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HERITAGE MUSKEGO--0017261)

Date Complaint Received: 10/08/2024 **Date Investigation Completed:** 10/23/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	WMRT11

Date Complaint Received: 02/07/2024 **Date Investigation Completed:** 03/15/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	G8KB12
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	G8KB12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PHW Inc dba Stair Crest (0019685)

Address: S67W14767 Janesville Rd, Muskego, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 08/15/2023 12:00:00AM

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

Survey History

Survey ID: 0145878 **End Date:** 03/07/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143950 **End Date:** 08/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TUDOR OAKS WINDSOR GARDENS (0013745)

Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 08/01/2012 12:00:00AM

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

Survey History

Survey ID: 0145101 **End Date:** 12/19/2023 **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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN LEAF ASSISTED LIVING LLC (0018278)

Address: 12850 WEST EUCLID AVENUE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 02/24/2021 12:00:00AM

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

Survey History

Survey ID: 0143970 **End Date:** 08/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143476 **End Date:** 05/31/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2G211 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	8/16/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/16/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/16/23	Yes
83.45(3)	TOXIC SUBSTANCES	8/16/23	Yes

Enforcement History (AUTUMN LEAF ASSISTED LIVING LLC--0018278)

Date: 06/26/2023 **SOD #**V2G211 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS RAINBOW TERRACE (0012504)

Address: 15831 W SANTA ROSA BLVD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/01/2008 12:00:00AM

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

Survey History

Survey ID: 0146727 **End Date:** 06/13/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143393 **End Date:** 06/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139258 **End Date:** 04/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CREATIVE LIVING ENVIRONMENTS RAINBOW TERRACE--0012504)

Date Complaint Received: 06/09/2023

Date Investigation Completed: 06/13/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE NEW BERLIN (0016570)

Address: 4461 S SUNNYSLOPE RD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0146283 **End Date:** 04/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145489 **End Date:** 11/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFRT13 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/26/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/26/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/26/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143982 End Date: 06/29/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFRT12 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/10/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/10/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	11/10/23	Yes
83.47(2)(d)	FIRE DRILLS	11/10/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142347 End Date: 11/30/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFRT11 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/29/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/29/23	No
83.25	CONTINUING EDUCATION	6/29/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	6/29/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/29/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/29/23	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/29/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/29/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/29/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/29/23	Yes
83.39(3)	HAND WASHING	6/29/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	6/29/23	Yes
83.47(2)(d)	FIRE DRILLS	6/29/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ELIZABETH RESIDENCE NEW BERLIN--0016570)

Date: 02/07/2024 **SOD #**OFRT13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)

Date: 08/21/2023 **SOD #**OFRT12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.47(2)(d)

Date: 03/03/2023 **SOD #**OFRT11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: GOLDEN OAKS ASSISTED LIVING (0018246)
Address: 21600 WEST CLEVELAND AVENUE, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 09/30/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147208 **End Date:** 06/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XSHT12 Served 08/05/2024

<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		

Survey ID: 0145603 **End Date:** 12/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XSHT11 Served 02/14/2024

<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	6/5/24	No

Survey ID: 0144008 **End Date:** 08/22/2023 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0143010 End Date: 02/15/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TE5011 Served 06/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/22/23	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	8/22/23	Yes
83.25	CONTINUING EDUCATION	8/22/23	Yes
83.32(3)(e)	RIGHTS OF RESIDENTS: FREE OF SECLUSION	8/22/23	Yes
83.47(2)(d)	FIRE DRILLS	8/22/23	Yes

Survey ID: 0140868 End Date: 09/21/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GOLDEN OAKS ASSISTED LIVING--0018246)

Date: 08/05/2024 SOD #XSHT12 Appealed: Decision: PENDING

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

Date: 02/14/2024 SOD #XSHT11 Appealed:

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

Date: 06/12/2023 SOD #TE5011 Appealed:

Sanctions
 ORDER TO COMPLY
 FORFEITURE---83.25
 FORFEITURE---83.32(3)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (GOLDEN OAKS ASSISTED LIVING--0018246)

Date Complaint Received: 12/05/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XSHT11

Date Complaint Received: 02/06/2023

Date Investigation Completed: 02/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TE5011

Date Complaint Received: 02/01/2023

Date Investigation Completed: 02/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TE5011

RESIDENT RIGHTS

SUBSTANTIATED

TE5011

Date Complaint Received: 08/30/2022

Date Investigation Completed: 09/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRAND HILLS CASTLE (THE) (0017249)

Address: 13050 W CLEVELAND AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 08/30/2018 12:00:00AM

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

Survey History

Survey ID: 0142380 **End Date:** 03/02/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT DEER CREEK (0009763)
Address: 3585 S 147TH ST, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 09/01/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147348 **End Date:** 08/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146108 **End Date:** 03/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZXP511 Served 04/17/2024

<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	8/13/24	Yes

Survey ID: 0145886 **End Date:** 02/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QRJU11 Served 03/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	4/29/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143867 **End Date:** 07/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143082 **End Date:** 03/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U8H011 Served 05/17/2023

<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	7/26/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/26/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	7/26/23	Yes

Survey ID: 0140052 **End Date:** 06/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HERITAGE COURT DEER CREEK--0009763)

Date: 04/17/2024 **SOD #**ZXP511 **Appealed:**

Sanctions

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

Date: 03/15/2024 **SOD #**QRJU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/17/2023 **SOD #**U8H011 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE COURT DEER CREEK--0009763)

Date Complaint Received: 02/20/2024

Date Investigation Completed: 03/20/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/22/2024

Date Investigation Completed: 02/06/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/05/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/26/2023

Date Investigation Completed: 07/26/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/03/2023

Date Investigation Completed: 03/22/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
U8H011

Date Complaint Received: 05/26/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL SKYLINE HOUSE (0009690)
Address: 5265 S SKYLINE DR, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147300 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146328 **End Date:** 04/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R28D11 Served 05/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/30/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/30/24	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	7/30/24	Yes

Survey ID: 0143581 **End Date:** 07/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140833 **End Date: 09/15/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140184 **End Date: 04/13/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D4J011 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/15/22	Yes

Enforcement History (HIL SKYLINE HOUSE--0009690)

Date: 05/07/2024 **SOD #R28D11** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 07/21/2022 **SOD #D4J011** **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HIL SKYLINE HOUSE--0009690)

Date Complaint Received: 03/05/2024

Date Investigation Completed: 03/26/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/14/2023

Date Investigation Completed: 06/19/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/09/2022

Date Investigation Completed: 09/15/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LindenCourt New Berlin (0019677)

Address: 13705 W Fieldpointe Dr, New Berlin, WI 53151

License Status: REGULAR

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

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

Survey History

Survey ID: 0148664 **End Date:** 01/23/2025 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148092 **End Date:** 09/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDP111 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	1/23/25	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	1/23/25	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/23/25	Yes
83.38(1)(b)	SUPERVISION	1/23/25	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	1/23/25	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146116 **End Date: 04/09/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OW0S11 Served 04/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/26/24	Yes

Survey ID: 0145763 **End Date: 02/28/2024** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LindenCourt New Berlin--0019677)

Date: 11/13/2024 **SOD #JDP111** **Appealed:**

Sanctions

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

Date: 04/11/2024 **SOD #OW0S11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LindenCourt New Berlin--0019677)

Date Complaint Received: 11/19/2024

Date Investigation Completed: 01/23/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/14/2024

Date Investigation Completed: 09/05/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
JDP111

Date Complaint Received: 08/01/2024

Date Investigation Completed: 09/05/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
JDP111

Date Complaint Received: 02/09/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
OW0S11

Date Complaint Received: 01/21/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RENAISSANCE MEMORY CARE OF NEW BERLIN (0017828)

Address: 21903 W NATIONAL AVE, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 09/30/2019 12:00:00AM

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

Survey History

Survey ID: 0140893 **End Date:** 09/21/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SKY RESIDENTIAL BROOKSIDE (0009132)
Address: 2405 S BROOKSIDE PKWY, NEW BERLIN, WI 531512905
License Status: REGULAR
Licensed/Certified/Registered 05/01/2001 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145130 **End Date:** 12/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144474 **End Date:** 09/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6Z8413 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/13/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	12/13/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/13/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143635 **End Date: 05/09/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6Z8412 Served 07/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/13/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	9/13/23	No
83.41(1)(b)	EQUIPMENT	9/13/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/13/23	No

Survey ID: 0141607 **End Date: 11/10/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6Z8411 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	5/9/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	5/9/23	Yes
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	5/9/23	Yes
83.41(1)(b)	EQUIPMENT	5/9/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/9/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/9/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SKY RESIDENTIAL BROOKSIDE--0009132)

Date: 10/10/2023 **SOD #**6Z8413 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.43(1)

Date: 07/14/2023 **SOD #**6Z8412 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(d)
FORFEITURE---83.41(1)(b)

Date: 12/14/2022 **SOD #**6Z8411 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

Complaint History (SKY RESIDENTIAL BROOKSIDE--0009132)

Date Complaint Received: 09/05/2023 **Date Investigation Completed:** 09/13/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

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

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED 6Z8411

Date Complaint Received: 11/01/2022 **Date Investigation Completed:** 11/10/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Sunset Woods Senior Living (0019532)

Address: 2900 S Moorland Rd, New Berlin, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 02/01/2025 12:00:00AM

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

Survey History

Survey ID: 0147858 **End Date:** 08/21/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QW7F11 Served 10/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/19/25	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	2/19/25	Yes

Survey ID: 0147085 **End Date:** 07/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YJVJ11 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/19/25	Yes

Survey ID: 0145625 **End Date:** 01/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Sunset Woods Senior Living--0019532)

Date: 10/16/2024 **SOD #** QW7F11 **Appealed:**

Sanctions

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

Date: 07/25/2024 **SOD #** YJVJ11 **Appealed:** No

Sanctions

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

Complaint History (Sunset Woods Senior Living--0019532)

Date Complaint Received: 07/15/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	QW7F11
SUBSTANTIATED	QW7F11

Date Complaint Received: 05/30/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	YJVJ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Adava Care of Pewaukee CBRF (0020466)

Address: 1109 Cecelia Drive, Pewaukee, WI 53072

License Status: REGULAR

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

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

Survey History

Survey ID: 0148670 **End Date:** 01/24/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HGMB11 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	1/24/25	Yes

Survey ID: 0147863 **End Date:** 10/16/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES OF PEWAUKEE (0017089)

Address: W232 N3471 HUNTERS RIDGE RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 04/16/2018 12:00:00AM

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

Survey History

Survey ID: 0147396 **End Date:** 07/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4NVT12 Served 08/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145952 **End Date:** 02/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4NVT11 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/9/24	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/9/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/9/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/9/24	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	7/9/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/9/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/9/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/9/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	7/9/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/9/24	No

Survey ID: 0145139 **End Date:** 12/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144003 **End Date:** 08/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ARBOR VIEW COMMUNITIES OF PEWAUKEE--0017089)

Date: 08/22/2024 **SOD #**4NVT12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.43(1)

Date: 03/22/2024 **SOD #**4NVT11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ARBOR VIEW COMMUNITIES OF PEWAUKEE--0017089)

Date Complaint Received: 06/06/2024	Date Investigation Completed: 07/09/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 03/21/2024	Date Investigation Completed: 07/09/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 02/06/2024	Date Investigation Completed: 02/15/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 4NVT11
Date Complaint Received: 01/30/2024	Date Investigation Completed: 02/15/2024	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 01/18/2024	Date Investigation Completed: 02/15/2024	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES RESIDENT RIGHTS	<u>Result</u> SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 4NVT11 4NVT11 4NVT11
Date Complaint Received: 11/20/2023	Date Investigation Completed: 12/19/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/31/2023

Date Investigation Completed: 08/03/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN BAY OF PEWAUKEE (0014550)

Address: 539 E. Wisconsin Ave., PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 06/01/2014 12:00:00AM

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

Survey History

Survey ID: 0146208 **End Date:** 03/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145193 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KDLI11 Served 01/08/2024

Deficiencies Cited
83.31(4)(c)

Subject Area
INVOLUNTARY DISCHARGE NOTICE
REQUIREMENTS

Compliance
Verified

Corrected

Survey ID: 0144358 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143046 **End Date: 03/28/2023** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2HBW11 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	3/28/23	Yes

Survey ID: 0140718 **End Date: 09/07/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138628 **End Date: 01/31/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AUTUMN BAY OF PEWAUKEE--0014550)

Date: 05/16/2023 **SOD #2HBW11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (AUTUMN BAY OF PEWAUKEE--0014550)

Date Complaint Received: 02/14/2024

Date Investigation Completed: 03/04/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/21/2024

Date Investigation Completed: 03/04/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/04/2024

Date Investigation Completed: 03/04/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/22/2023

Date Investigation Completed: 12/07/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
SUBSTANTIATED KDLI11

Date Complaint Received: 09/05/2023

Date Investigation Completed: 09/21/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE COURT WAUKESHA (0015285)
Address: 1831 MEADOW LANE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 10/01/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145480 **End Date:** 01/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144841 **End Date:** 09/14/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SB5111 Served 11/16/2023

<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	1/29/24	Yes

Enforcement History (HERITAGE COURT WAUKESHA--0015285)

Date: 11/16/2023 **SOD #**SB5111 **Appealed:** No

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HERITAGE COURT WAUKESHA--0015285)

Date Complaint Received: 08/21/2023

Date Investigation Completed: 09/06/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
SB5111

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL DEER HAVEN (0009962)
Address: N26 W26286 QUAIL HOLLOW RD, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 09/01/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148494 **End Date:** 10/31/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: ENFORCEMENT ACTION

Survey ID: 0147349 **End Date:** 07/10/2024 **Type:** STANDARD **Purpose:** SURVEY/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN15 Served 08/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(j) PROOF-OF-USE RECORD
83.38(1)(h) MEDICATION ADMINISTRATION

Survey ID: 0146137 **End Date:** 03/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN14 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	7/10/24	Yes
50.09(1)(f)	PRIVACY	7/10/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/10/24	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/10/24	Yes
83.38(1)(g)	HEALTH MONITORING	7/10/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/10/24	No
83.42(1)	RESIDENT RECORD MAINTAINED	7/10/24	Yes

Survey ID: 0145154 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN13 Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	3/1/24	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143702 End Date: 06/15/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN12 Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/2/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	10/2/23	No

Survey ID: 0142283 End Date: 11/14/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN11 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/15/23	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/15/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	6/15/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/15/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/15/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/15/23	No
83.41(2)(c)	NUTRITION: MENUS	6/15/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/15/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	6/15/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	6/15/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HIL DEER HAVEN--0009962)

Date: 01/14/2025 **SOD #**MQKN16 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(1)(h)

Date: 08/16/2024 **SOD #**MQKN15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(f)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.38(1)(h)

Date: 04/17/2024 **SOD #**MQKN14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(h)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 01/02/2024 **SOD #MQKN13** **Appealed:**

Sanctions

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

Date: 07/20/2023 **SOD #MQKN12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.38(1)(h)

Date: 02/23/2023 **SOD #MQKN11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.45(3)

Complaint History (HIL DEER HAVEN--0009962)

Date Complaint Received: 01/20/2024

Date Investigation Completed: 02/27/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/02/2022

Date Investigation Completed: 11/09/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
MQKN11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KIRKLAND CROSSINGS (0009361)
Address: 700 QUINLAN DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 05/01/2002 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142975 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141920 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #961T12 Served 01/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/18/23	Yes

Survey ID: 0141001 **End Date:** 08/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #961T11 Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/18/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	No

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (KIRKLAND CROSSINGS--0009361)

Date: 01/24/2023 **SOD #**961T12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 10/12/2022 **SOD #**961T11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25

Complaint History (KIRKLAND CROSSINGS--0009361)

Date Complaint Received: 06/23/2022

Date Investigation Completed: 08/10/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY ASSISTED LIVING (0017088)

Address: N26W26511 COLLEGE AVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 06/17/2020 12:00:00AM

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

Survey History

Survey ID: 0147374 **End Date:** 07/22/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DSWG14 Served 08/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/3/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/3/24	Yes
83.41(2)(c)	NUTRITION: MENUS	10/3/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/3/24	Yes
83.47(2)(d)	FIRE DRILLS	10/3/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146151 End Date: 03/26/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DSWG13 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	7/22/24	Yes
83.45(3)	TOXIC SUBSTANCES	7/22/24	Yes

Survey ID: 0145392 End Date: 11/22/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DSWG12 Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	3/26/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/26/24	No

Survey ID: 0144283 End Date: 07/26/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DSWG11 Served 09/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	11/22/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/22/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/22/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/22/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143637 **End Date:** 05/23/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND14 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	11/22/23	No
83.45(3)	TOXIC SUBSTANCES	11/22/23	No
83.46(1)(f)	COMBUSTIBLES	11/22/23	No

Survey ID: 0142692 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND13 Served 04/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	5/23/23	Yes
83.41(3)(b)	FOOD SAFETY	5/23/23	No
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	5/23/23	Yes

Survey ID: 0141429 **End Date:** 10/17/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	1/18/23	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/18/23	Yes
83.41(3)(b)	FOOD SAFETY	1/18/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/18/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140041 End Date: 06/06/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND11 Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/17/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/17/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	10/17/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LEGACY ASSISTED LIVING--0017088)

Date: 08/19/2024 **SOD #**DSWG14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/17/2024 **SOD #**DSWG13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)

Date: 01/26/2024 **SOD #**DSWG12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.41(3)(b)
FORFEITURE---83.45(3)

Date: 09/20/2023 **SOD #**DSWG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(e)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/14/2023 **SOD #ERND14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.41(3)(b)

Date: 04/10/2023 **SOD #ERND13** **Appealed:**

Sanctions

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

Date: 11/28/2022 **SOD #ERND12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/06/2022 **SOD #ERND11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LEGACY ASSISTED LIVING--0017088)

Date Complaint Received: 06/24/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
DSWG14

Date Complaint Received: 06/14/2023

Date Investigation Completed: 07/24/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
DSWG11

Date Complaint Received: 03/27/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/23/2022

Date Investigation Completed: 01/18/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
ERND13

Date Complaint Received: 05/24/2022

Date Investigation Completed: 06/06/2022

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
ERND11
ERND11

Date Complaint Received: 04/07/2022

Date Investigation Completed: 06/06/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
ERND11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LYNNWOOD OF DELAFIELD (0009711)
Address: W302 N1632 MAPLE AVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 11/01/2003 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145277 **End Date:** 12/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144533 **End Date:** 09/14/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CK7Y11 Served 10/16/2023

<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	12/15/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/15/23	Yes

Survey ID: 0144497 **End Date:** 08/07/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LYNNWOOD OF DELAFIELD--0009711)

Date: 10/16/2023

SOD #CK7Y11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE SUSSEX (310682)
Address: W240 N6351 MAPLE AVE, SUSSEX, WI 53089
License Status: REGULAR
Licensed/Certified/Registered 06/01/1998 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148279 **End Date:** 12/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147588 **End Date:** 08/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0GYY11 Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(a)	PERSONAL CARE	12/9/24	Yes

Survey ID: 0145342 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143051 **End Date:** 04/24/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE SUSSEX--310682)

Date: 09/17/2024 **SOD #**0GYY11 **Appealed:**

Sanctions

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

Complaint History (BROOKDALE SUSSEX--310682)

Date Complaint Received: 07/15/2024

Date Investigation Completed: 08/12/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
0GYY11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COURTYARD AT SUSSEX CBRF (THE) (0018802)

Address: W235 N6350 HICKORY DRIVE, SUSSEX, WI 53089

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0147713 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZXFY11 Served 10/01/2024

<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		
83.38(1)(a)	PERSONAL CARE		

Survey ID: 0145830 **End Date:** 02/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8IPD11 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	2/19/24	Yes

Survey ID: 0141901 **End Date:** 01/18/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139426 End Date: 04/25/2022 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (COURTYARD AT SUSSEX CBRF (THE)--0018802)

Date: 10/01/2024 SOD #ZXFY11 Appealed: Decision: PENDING

Sanctions

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

Date: 03/13/2024 SOD #8IPD11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (COURTYARD AT SUSSEX CBRF (THE)--0018802)

Date Complaint Received: 07/16/2024 Date Investigation Completed: 08/15/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	ZXFY11

Date Complaint Received: 12/18/2023 Date Investigation Completed: 02/07/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	8IPD11

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