

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 56.00 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 AA (AMBULATORY)

### Facility Information

**Facility Name:** ASPEN CENTER (0018227)

**Address:** 2000 WEST BLUEMOUND ROAD, WAUKESHA, WI 53186

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0145911      **End Date:** 03/11/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145211      **End Date:** 12/20/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZS2W12      Served 01/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/11/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/11/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0144374    **End Date:** 08/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZS2W11    Served 09/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/20/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/20/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/20/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/20/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	12/20/23	Yes
83.45(1)(c)	SURFACE DRAINAGE	12/20/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/20/23	Yes

### Enforcement History (ASPEN CENTER--0018227)

**Date:** 01/10/2024    **SOD #**ZS2W12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 09/28/2023    **SOD #**ZS2W11    **Appealed:**

Sanctions

ORDER TO COMPLY

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

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 AA (AMBULATORY)

### Complaint History (ASPEN CENTER--0018227)

**Date Complaint Received: 07/10/2023**

**Date Investigation Completed: 08/01/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

ZS2W11

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:** AVALON SQUARE INC (0009325)

**Address:** 222 PARK PLACE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0146223      **End Date:** 04/23/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140616      **End Date:** 08/25/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (AVALON SQUARE INC--0009325)

**Date Complaint Received:** 04/16/2024

**Date Investigation Completed:** 04/23/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** CCLS OAKDALE DRIVE (310328)

**Address:** 1606 OAKDALE DR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/28/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0147400    **End Date:** 07/17/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X3ND13    Served 08/22/2024

<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:** 0144583    **End Date:** 09/19/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X3ND12    Served 10/19/2023

<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	7/17/24	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/17/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	7/17/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/17/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.45(3)

TOXIC SUBSTANCES

7/17/24

Yes

**Survey ID: 0139430**    **End Date: 02/03/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X3ND11    Served 05/02/2022

Deficiencies Cited

83.12(4)(b)

Subject Area

REPORTING WHEN LAW ENFORCEMENT IS  
CALLED

Compliance

Verified

9/19/23

Corrected

Yes

83.31(4)(a)

NOTICE OF FACILITY INITIATED DISCHARGES

9/15/22

Withdrawn

83.35(3)(a)

COMPREHENSIVE INDIVIDUALIZED SERVICE  
PLAN

9/19/23

Yes

**Enforcement History (CCLS OAKDALE DRIVE--310328)**

**Date: 08/22/2024**

**SOD #X3ND13**

**Appealed:**

**Decision: PENDING**

Sanctions

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

**Date: 10/19/2023**

**SOD #X3ND12**

**Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 05/02/2022**

**SOD #X3ND11**

**Appealed: Yes**

**Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.31(4)(a)

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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:** CCLS VICTORIA DRIVE (0009420)

**Address:** 1425 VICTORIA DR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0144072      **End Date:** 08/23/2023      **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 AA (AMBULATORY)

### Facility Information

**Facility Name:** CCLS WELSH COURT (310329)

**Address:** 2704 2706 WELSH CT, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1984 12:00:00AM

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

### Survey History

**Survey ID:** 0147772      **End Date:** 10/01/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138719      **End Date:** 02/04/2022      **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 AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** CREATIVE LIVING ENVIRONMENTS CLARION MANOR (0012503)

**Address:** 21325 CLARION LN, WAUKESHA, WI 53186

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0147455    **End Date:** 07/15/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7MMZ11    Served 08/29/2024

Deficiencies Cited

83.12(4)(b)

83.38(1)(b)

Subject Area

REPORTING WHEN LAW ENFORCEMENT IS  
CALLED  
SUPERVISION

Compliance  
Verified

Corrected

**Survey ID:** 0143692    **End Date:** 07/11/2023    **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 AS (SEMIAMBULATORY)

**Survey ID:** 0142983    **End Date:** 02/28/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CFM917    Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	7/11/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/11/23	Yes
83.45(2)	STORAGE AREAS	7/11/23	Yes
83.45(3)	TOXIC SUBSTANCES	7/11/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/11/23	Yes

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**Survey ID:** 0141443    **End Date:** 08/29/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CFM916    Served 11/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/28/23	No

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**Survey ID:** 0139725    **End Date:** 03/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CFM915    Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/30/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/30/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/30/22	No

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Enforcement History (CREATIVE LIVING ENVIRONMENTS CLARION MANOR--0012503)

**Date:** 08/29/2024      **SOD #**7MMZ11      **Appealed:**      **Decision:** PENDING

Sanctions

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

**Date:** 05/08/2023      **SOD #**CFM917      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.43(1)  
FORFEITURE---83.55(6)(b)

**Date:** 11/29/2022      **SOD #**CFM916      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.43(1)

**Date:** 06/02/2022      **SOD #**CFM915      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.37(1)(g)  
FORFEITURE---83.38(1)(c)  
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 AS (SEMIAMBULATORY)

### Complaint History (CREATIVE LIVING ENVIRONMENTS CLARION MANOR--0012503)

**Date Complaint Received: 05/06/2024**

**Date Investigation Completed: 07/15/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7MMZ11

**Date Complaint Received: 06/09/2023**

**Date Investigation Completed: 07/11/2023**

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 CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** Di Lana House (0012234)

**Address:** W274 S4025 TIMBER TRL, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0145684    **End Date:** 01/30/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PRFR12    Served 03/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
441.301(c)(4)(vi)(B)	RESIDENTIAL SETTING: PRIVATE ROOMS, LOCKS	3/7/24	Yes

**Survey ID:** 0144680    **End Date:** 07/24/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PRFR11    Served 10/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/30/24	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	1/30/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/30/24	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)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/30/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	1/30/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/30/24	Yes
83.41(3)(b)	FOOD SAFETY	1/30/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/30/24	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	1/30/24	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	1/30/24	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	1/30/24	Yes

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**Survey ID: 0139121    End Date: 03/21/2022    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0138649    End Date: 02/09/2022    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 (Di Lana House--0012234)

**Date: 02/21/2024**

**Appealed: No**

Sanctions

OTHER SANCTION

**Date: 10/31/2023**

**SOD #PRFR11**

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.41(3)(b)

FORFEITURE---83.43(1)

**Date: 02/03/2022**

**SOD #FQHL11**

**Appealed: No**

Sanctions

ORDER TO COMPLY

ACCRUING FORFEITURE

### Complaint History (Di Lana House--0012234)

**Date Complaint Received: 07/05/2023**

**Date Investigation Completed: 07/12/2023**

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 AA (AMBULATORY)

### Facility Information

Facility Name: DOWNING HOME (0016355)

Address: 610 DOWNING DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 12/28/2016 12:00:00AM

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

### Survey History

Survey ID: 0140201 End Date: 06/07/2022 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DUTI11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/25/22	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	7/25/22	Yes

### Enforcement History (DOWNING HOME--0016355)

Date: 07/25/2022 SOD #DUTI11 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:** HIL FLEETFOOT (0013201)

**Address:** 1316/1318 FLEETFOOT DR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/12/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0143253      **End Date:** 05/19/2023      **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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Iberias House of Hope LLC (0019048)

**Address:** 1920 Madera St, Waukesha, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/02/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145877    **End Date:** 03/06/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145468    **End Date:** 02/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145192    **End Date:** 12/14/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1QO611    Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.04(2)(c)	CLASS A NON-AMBULATORY (ANA)	3/6/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/6/24	Yes
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	3/6/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/6/24	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)

83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/6/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/6/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/6/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/6/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/6/24	Yes
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT	3/6/24	Yes

**Survey ID:** 0143246    **End Date:** 06/02/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (Iberias House of Hope LLC--0019048)

**Date:** 01/08/2024    **SOD #**1QO611    **Appealed:**

Sanctions

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

### Complaint History (Iberias House of Hope LLC--0019048)

**Date Complaint Received:** 01/24/2024    **Date Investigation Completed:** 02/02/2024

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
90DD11

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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 Waukesha (0019675)

**Address:** 2330 W Michigan Ave, Waukesha, WI 53188

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148529    **End Date:** 10/22/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XDGS12    Served 01/17/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

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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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**Survey ID:** 0147035    **End Date:** 05/31/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XDGS11    Served 07/22/2024

<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	10/22/24	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/22/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/22/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/22/24	No
83.38(1)(g)	HEALTH MONITORING	10/22/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/22/24	No

---

**Survey ID:** 0145765    **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 (LindenCourt Waukesha--0019675)

**Date: 01/17/2025**      **SOD #XDGS12**      **Appealed: No**

Sanctions

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

**Date: 07/22/2024**      **SOD #XDGS11**      **Appealed: No**

Sanctions

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

### Complaint History (LindenCourt Waukesha--0019675)

**Date Complaint Received: 09/19/2024**

**Date Investigation Completed: 10/15/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	XDGS12
SUBSTANTIATED	XDGS12

**Date Complaint Received: 05/08/2024**

**Date Investigation Completed: 05/08/2024**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	XDGS11

**Date Complaint Received: 04/19/2024**

**Date Investigation Completed: 05/08/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
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:** Marion House (0019208)

**Address:** 401 South Prairie Avenue, Waukesha, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/11/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0146113    **End Date:** 04/05/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QXI111    Served 04/11/2024

Deficiencies Cited  
83.43(1)

Subject Area  
ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance  
Verified  
5/20/24

Corrected  
Yes

**Survey ID:** 0143608    **End Date:** 07/10/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Enforcement History (Marion House--0019208)

**Date:** 04/11/2024    **SOD #**QXI111    **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:** MISSION CREEK (0018673)

**Address:** 3217 FIDDLERS CREEK DRIVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/02/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0147814      **End Date:** 10/10/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146736      **End Date:** 05/03/2024      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6GWJ12      Served 06/19/2024

Deficiencies Cited

83.32(3)(h)

83.35(3)(d)

Subject Area

RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

SERVICE PLANS UPDATED ANNUALLY OR ON  
CHANGES

Compliance  
Verified

Corrected

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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:** 0145677    **End Date:** 02/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6GWJ11    Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/3/24	No

---

**Survey ID:** 0145274    **End Date:** 12/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0145238    **End Date:** 10/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #45ON16    Served 01/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/3/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/3/24	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:** 0143607    **End Date:** 04/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #45ON15    Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/19/23	No
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	10/19/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/19/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	10/19/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/19/23	Yes
83.38(1)(g)	HEALTH MONITORING	10/19/23	Yes
83.41(1)(b)	EQUIPMENT	10/19/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/19/23	Yes
83.45(3)	TOXIC SUBSTANCES	10/19/23	Yes

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**Survey ID:** 0142176    **End Date:** 02/14/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0141930    **End Date:** 01/09/2023    **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: 0142267    End Date: 11/02/2022    Type: OTHER    Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #45ON14    Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.41(3)(b)	FOOD SAFETY	4/25/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/25/23	No
83.45(3)	TOXIC SUBSTANCES	4/25/23	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: 0140680 End Date: 08/03/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #45ON13 Served 09/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/2/22	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	11/2/22	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/2/22	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	11/2/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/22	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	11/2/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/2/22	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/2/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/2/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/2/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/2/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	11/2/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/2/22	Yes
83.41(3)(b)	FOOD SAFETY	11/2/22	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/2/22	No
83.46(1)(f)	COMBUSTIBLES	11/2/22	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:** 0140416    **End Date:** 05/18/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5XJJ12    Served 08/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/2/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/2/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/2/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/2/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/2/22	Yes
83.41(3)(b)	FOOD SAFETY	11/2/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/2/22	Yes
83.45(3)	TOXIC SUBSTANCES	11/2/22	Yes

**Survey ID:** 0139651    **End Date:** 02/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #45ON12    Served 05/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/28/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	7/28/22	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 (MISSION CREEK--0018673)

**Date:** 06/19/2024      **SOD #**6GWJ12      **Appealed:**      **Decision:** PENDING

Sanctions

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

**Date:** 02/26/2024      **SOD #**6GWJ11      **Appealed:** No

Sanctions

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

**Date:** 01/11/2024      **SOD #**45ON16      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(2)(d)

**Date:** 07/17/2023      **SOD #**45ON15      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(j)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.44(2)(a)  
FORFEITURE---83.45(3)

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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:** 09/07/2022

**SOD #**45ON13

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.45(3)

---

**Date:** 08/11/2022

**SOD #**5XJJ12

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.39(1)

FORFEITURE---83.44(2)(a)

FORFEITURE---83.45(3)

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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: 05/25/2022**

**SOD #45ON12**

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.36(1)(a)

---

**Date: 03/11/2022**

**SOD #5XJJ11**

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.12(5)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.36(1)(a)

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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 (MISSION CREEK--0018673)

**Date Complaint Received: 04/08/2024**

**Date Investigation Completed: 04/23/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2024**

**Date Investigation Completed: 04/23/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/22/2024**

**Date Investigation Completed: 02/08/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

6GWJ11

**Date Complaint Received: 11/07/2023**

**Date Investigation Completed: 12/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 10/19/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 09/19/2023**

**Date Investigation Completed: 10/19/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

45ON16

**Date Complaint Received: 01/19/2023**

**Date Investigation Completed: 02/14/2023**

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)

**Date Complaint Received: 11/29/2022**

Subject Area(s)  
ADMINISTRATION

**Date Investigation Completed: 01/09/2023**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 07/25/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 08/03/2022**

Result SOD #  
SUBSTANTIATED 45ON13

**Date Complaint Received: 07/19/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 08/03/2022**

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/06/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 08/03/2022**

Result SOD #  
SUBSTANTIATED 45ON13

**Date Complaint Received: 04/14/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 05/10/2022**

Result SOD #  
SUBSTANTIATED 5XJJ12

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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:** NEW PERSPECTIVE WAUKESHA (0018236)

**Address:** 1701 EAST BROADWAY, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/15/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0147483    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BKSP11    Served 09/03/2024

Deficiencies Cited

83.32(3)(n)

83.38(1)(a)

Subject Area

RIGHTS OF RESIDENTS: SAFE ENVIRONMENT

PERSONAL CARE

Compliance  
Verified

Corrected

**Survey ID:** 0146835    **End Date:** 06/20/2024    **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:** 0146887    **End Date:** 05/28/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IIF414    Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.41(1)(b)	EQUIPMENT		
83.41(3)(b)	FOOD SAFETY		

---

**Survey ID:** 0146225    **End Date:** 04/23/2024    **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:** 0145936    **End Date:** 02/07/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IIF413    Served 03/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	1/25/24	No
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	1/25/24	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/25/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/25/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/25/24	Yes
83.41(1)(b)	EQUIPMENT	1/25/24	No
83.41(3)(b)	FOOD SAFETY	1/25/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/25/24	Yes

**Survey ID:** 0145361    **End Date:** 11/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PHBR12    Served 01/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/28/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/28/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/28/24	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:** 0144991    **End Date:** 09/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IIF412    Served 12/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/7/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/7/24	Yes
83.41(3)(b)	FOOD SAFETY	2/7/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/7/24	Yes

---

**Survey ID:** 0143988    **End Date:** 06/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PHBR11    Served 08/21/2023

<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	11/2/23	No

---

**Survey ID:** 0143189    **End Date:** 05/04/2023    **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:** 0143609    **End Date:** 04/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IIF411    Served 07/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/13/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/13/23	Yes
83.25	CONTINUING EDUCATION	9/13/23	Yes
83.29(2)	ADMISSION AGREEMENT	9/13/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	9/13/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/13/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/13/23	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/13/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/13/23	Yes
83.38(1)(a)	PERSONAL CARE	9/13/23	Yes
83.39(3)	HAND WASHING	9/13/23	Yes
83.40	OXYGEN STORAGE	9/13/23	Yes
83.41(2)(c)	NUTRITION: MENUS	9/13/23	Yes
83.41(3)(b)	FOOD SAFETY	9/13/23	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/13/23	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/13/23	Yes

**Survey ID:** 0140762    **End Date:** 09/14/2022    **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)

**Survey ID:** 0139913      **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 (NEW PERSPECTIVE WAUKESHA--0018236)

**Date:** 09/03/2024      **SOD #**BKSP11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.38(1)(a)

**Date:** 07/09/2024      **SOD #**IIF414      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.41(1)9b)  
FORFEITURE---83.41(3)(b)

**Date:** 03/20/2024      **SOD #**IIF413      **Appealed:**

Sanctions

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

**Date:** 01/24/2024      **SOD #**PHBR12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
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)

**Date:** 12/06/2023      **SOD #**IIF412      **Appealed:** No

Sanctions

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

---

**Date:** 08/21/2023      **SOD #**PHBR11      **Appealed:**

Sanctions

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

---

**Date:** 07/12/2023      **SOD #**IIF411      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.38(1)(a)

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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 (NEW PERSPECTIVE WAUKESHA--0018236)

**Date Complaint Received: 07/10/2024**

**Date Investigation Completed: 07/29/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BKSP11

PROGRAM SERVICES

SUBSTANTIATED

BKSP11

RESIDENT RIGHTS

SUBSTANTIATED

BKSP11

**Date Complaint Received: 05/14/2024**

**Date Investigation Completed: 05/28/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IIF414

**Date Complaint Received: 04/11/2024**

**Date Investigation Completed: 04/23/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 03/28/2024**

**Date Investigation Completed: 04/23/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/06/2024**

**Date Investigation Completed: 01/25/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IIF413

**Date Complaint Received: 05/15/2023**

**Date Investigation Completed: 06/29/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

PHBR11

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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: 04/28/2023**

**Date Investigation Completed: 05/03/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 03/27/2023**

**Date Investigation Completed: 04/06/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IIF411

RESIDENT RIGHTS

SUBSTANTIATED

IIF411

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IIF411

**Date Complaint Received: 08/22/2022**

**Date Investigation Completed: 09/15/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/28/2022**

**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:** OAK HILL TERRACE (0018806)

**Address:** 1805 KENSINGTON DRIVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0148216    **End Date:** 11/27/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6LQT11    Served 12/04/2024

Deficiencies Cited  
83.37(1)(j)

Subject Area  
PROOF-OF-USE RECORD

Compliance  
Verified  
1/18/24

Corrected  
Yes

**Survey ID:** 0146204    **End Date:** 04/18/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145427    **End Date:** 01/16/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3DLB11    Served 01/30/2024

Deficiencies Cited  
83.32(3)(n)

Subject Area  
RIGHTS OF RESIDENTS: SAFE ENVIRONMENT

Compliance  
Verified  
4/18/24

Corrected  
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:** 0145524    **End Date:** 01/11/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144560    **End Date:** 09/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1EVS11    Served 10/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/13/23	Yes
83.45(1)(d)	HAZARDS	9/13/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	9/13/23	Yes

**Survey ID:** 0144660    **End Date:** 08/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LIQT11    Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	1/11/24	Yes

**Survey ID:** 0142558    **End Date:** 03/23/2023    **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:** 0141919    **End Date:** 01/17/2023    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7L1M11    Served 01/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	3/23/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/23/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	3/23/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/23/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/23/23	Yes
83.39(3)	HAND WASHING	3/23/23	Yes

---

**Survey ID:** 0140937    **End Date:** 09/28/2022    **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 (OAK HILL TERRACE--0018806)

**Date:** 12/04/2024      **SOD #**6LQT11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/30/2024      **SOD #**3DLB11      **Appealed:**

Sanctions

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

**Date:** 10/30/2023      **SOD #**LIQT11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 10/17/2023      **SOD #**1EVS11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/20/2023      **SOD #**7L1M11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(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 (OAK HILL TERRACE--0018806)

**Date Complaint Received: 09/16/2024**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 11/26/2024**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/04/2023**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed: 12/07/2023**

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

3DLB11

**Date Complaint Received: 11/28/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 12/07/2023**

Result  
SUBSTANTIATED

SOD #

3DLB11

**Date Complaint Received: 09/05/2023**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 09/13/2023**

Result  
SUBSTANTIATED

SOD #

1EVS11

**Date Complaint Received: 07/31/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 08/23/2023**

Result  
SUBSTANTIATED

SOD #

LIQT11

**Date Complaint Received: 03/10/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 03/21/2023**

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: 01/05/2023**

Subject Area(s)

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

**Date Investigation Completed: 01/05/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

7L1M11  
7L1M11

**Date Complaint Received: 09/26/2022**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 09/30/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/16/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 09/30/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/27/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 09/30/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/11/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 09/30/2022**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/30/2022**

Subject Area(s)

RESIDENT RIGHTS

**Date Investigation Completed: 09/30/2022**

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 AA (AMBULATORY)

### Facility Information

**Facility Name:** Redeemed Home (0019650)

**Address:** 2505 Pendleton Place, Waukesha, WI 53188

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 05/06/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146392      **End Date:** 05/06/2024      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI HYDRITE (0013998)

**Address:** 2309 RUSTIC WOODS CT, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/24/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0146506    **End Date:** 05/22/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145949    **End Date:** 02/21/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UXLV11    Served 03/25/2024

Deficiencies Cited  
83.25

Subject Area  
CONTINUING EDUCATION

Compliance  
Verified  
5/22/24

Corrected  
Yes

### Enforcement History (ST COLETTA OF WI HYDRITE--0013998)

**Date:** 03/21/2024

**SOD #**UXLV11

**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 CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ST COLETTA OF WI NORRIS (0013999)

**Address:** 405 PRAIRIE SONG DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/20/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0141748      **End Date:** 12/19/2022      **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:** Waters of Pewaukee (The) (0019527)

**Address:** W239N2540 Dahlia Blvd, Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/05/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0143326      **End Date:** 06/05/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** Waukesha Co Regional Crisis Stabilization Facility (0019880)

**Address:** 1501 Airport Rd., Waukesha, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147936      **End Date:** 10/20/2024      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145318      **End Date:** 12/12/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

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