

## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

### 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 46.00 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 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** ADULT EATING DISORDER RESIDENTIAL CARE (0017711)

**Address:** W277 OAKWOOD DR, WAUKESHA, WI 53018

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/26/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0130737      **End Date:** 6/26/2019      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 7/1/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0132551    **End Date:** 1/9/2020    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131393    **End Date:** 6/20/2019    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HMKW11 Served 9/10/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	1/9/20	Yes
83.25	CONTINUING EDUCATION	1/9/20	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/9/20	Yes

**Survey ID:** 0124979    **End Date:** 10/30/2017    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124226    **End Date:** 8/24/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date:** 9/10/2019      **SOD #**HMKW11      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.25

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

**Date Complaint Received:** 9/13/2017      **Date Investigation Completed:** 10/26/2017

<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 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CCLS MADERA ST (0016026)

**Address:** 1920 MADERA ST, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0133011    **End Date:** 12/9/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DO2H12    Served 3/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.38(1)(g)	HEALTH MONITORING		
83.47(2)(e)	OTHER EVACUATION DRILLS	4/30/20	Withdrawn

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130058    End Date: 2/7/2019    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DO2H11    Served 5/2/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/5/19	No
83.25	CONTINUING EDUCATION	12/5/19	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/5/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/5/19	No
83.37(1)(j)	PROOF-OF-USE RECORD	12/5/19	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/5/19	Yes
83.38(1)(g)	HEALTH MONITORING	12/5/19	No
83.38(1)(h)	MEDICATION ADMINISTRATION	12/5/19	Yes
83.41(1)(c)	DISHWASHING	12/5/19	Yes
83.47(2)(d)	FIRE DRILLS	12/5/19	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/5/19	No

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (CCLS MADERA ST--0016026)

**Date:** 3/20/2020      **SOD #**DO2H12      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

OTHER SANCTION

FORFEITURE---83.15(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.47(2)(e)

**Date:** 4/29/2019      **SOD #**DO2H11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.25

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(h)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

#### Complaint History (CCLS MADERA ST--0016026)

**Date Complaint Received:** 10/29/2018

**Date Investigation Completed:** 2/4/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 6/28/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0125023    **End Date:** 10/31/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 4/1/2002 12:00:00AM

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

#### Survey History

**Survey ID:** 0130079    **End Date:** 3/20/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0128242    **End Date:** 8/2/2018    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #30B911    Served 10/29/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/19/19	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	3/19/19	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	3/19/19	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/19/19	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/19/19	Yes

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID:** 0128154    **End Date:** 6/13/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125705    **End Date:** 11/2/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T9ZE11    Served 1/24/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	6/13/18	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/13/18	Yes
83.45(3)	TOXIC SUBSTANCES	6/13/18	Yes

#### Enforcement History (CCLS VICTORIA DRIVE--0009420)

**Date:** 10/5/2018    **SOD #**30B911    **Appealed:**

Sanctions

FORFEITURE---83.12(4)(c)  
FORFEITURE---83.27(2)(c)  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.35(1)(c)  
FORFEITURE---83.35(3)(a)

**Date:** 1/22/2018    **SOD #**T9ZE11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.38(1)(i)  
FORFEITURE---83.45(3)

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Complaint History (CCLS VICTORIA DRIVE--0009420)

**Date Complaint Received: 7/26/2018**

**Date Investigation Completed: 3/20/2019**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
30B911

**Date Complaint Received: 10/17/2017**

**Date Investigation Completed: 11/2/2017**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
T9ZE11

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 12/1/1984 12:00:00AM

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

### Survey History

**Survey ID:** 0129251    **End Date:** 12/19/2018    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125794    **End Date:** 1/24/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124926    **End Date:** 10/25/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZC7R11    Served 11/3/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	1/24/18	Yes

### Complaint History (CCLS WELSH COURT--310329)

**Date Complaint Received:** 11/19/2018

**Date Investigation Completed:** 12/18/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** CEPHAS HALFWAY HOUSE (0013468)

**Address:** 325 SENTINEL DRIVE, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0129664    **End Date:** 1/28/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125359    **End Date:** 12/6/2017    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 10/1/2008 12:00:00AM

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

#### Survey History

**Survey ID:** 0133115    **End Date:** 12/19/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CFM912    Served 4/3/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.42(3)	ACCESS TO RESIDENT RECORDS		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.47(2)(d)	FIRE DRILLS		

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

**Survey ID:** 0131742    **End Date:** 7/23/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CFM911    Served 10/14/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/19/19	No
83.42(3)	ACCESS TO RESIDENT RECORDS	12/19/19	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/19/19	No
83.47(2)(d)	FIRE DRILLS	12/19/19	No

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

**Date:** 3/31/2020    **SOD #CFM912**    **Appealed:**    **Decision:** PENDING

Sanctions

OTHER SANCTION  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.42(3)  
FORFEITURE---83.43(1)  
FORFEITURE---83.47(2)(d)

**Date:** 10/11/2019    **SOD #CFM911**    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
OTHER SANCTION  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.42(3)  
FORFEITURE---83.43(1)  
FORFEITURE---83.47(2)(d)

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** D ILANA HOUSE (0012234)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0132164    **End Date:** 7/25/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N7U513    Served 12/24/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY		
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED		
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

**Survey ID:** 0129891    **End Date:** 4/15/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID: 0129700**    **End Date: 3/6/2019**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4YBT11    Served 4/1/2019

<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	4/15/19	Yes

**Survey ID: 0128278**    **End Date: 8/9/2018**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N7U512    Served 10/26/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	7/25/19	Yes
83.41(3)(b)	FOOD SAFETY	7/24/19	No
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	7/24/19	No
83.45(2)	STORAGE AREAS	7/25/19	Yes
83.45(3)	TOXIC SUBSTANCES	7/24/19	No
83.46(1)(f)	COMBUSTIBLES	7/24/19	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	7/24/19	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/24/19	Yes

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0126324    **End Date:** 2/15/2018    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N7U511    Served 4/2/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/9/18	No
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	8/9/18	No
83.45(3)	TOXIC SUBSTANCES	8/9/18	No
83.46(1)(f)	COMBUSTIBLES	8/9/18	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/9/18	No

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Enforcement History (D ILANA HOUSE--0012234)

**Date:** 12/12/2019      **SOD #**N7U513      **Appealed:**      **Decision:** PENDING

Sanctions

OTHER SANCTION  
FORFEITURE---83.41(3)(b)  
FORFEITURE---83.45(1)(f)  
FORFEITURE---83.45(3)  
FORFEITURE---83.55(6)(b)

**Date:** 4/1/2019      **SOD #**4YBT11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date:** 10/10/2018      **SOD #**N7U512      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.37(3)(d)  
FORFEITURE---83.45(1)(f)  
FORFEITURE---83.45(3)  
FORFEITURE---83.46(1)(f)  
FORFEITURE---83.55(3)  
FORFEITURE---83.55(6)(b)

**Date:** 3/29/2018      **SOD #**N7U511      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.37(3)(c)  
FORFEITURE---83.45(1)(f)  
FORFEITURE---83.45(3)

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Complaint History (D ILANA HOUSE--0012234)

**Date Complaint Received: 1/22/2018**

**Date Investigation Completed: 2/7/2018**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
N7U511

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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:** 0131414      **End Date:** 8/7/2019      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** HIL CANAAN (0009981)

**Address:** 443 FREEMAN ST, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0130862    **End Date:** 6/27/2019    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125800    **End Date:** 1/25/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0124798    **End Date:** 10/4/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HPGD11    Served 10/23/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/25/18	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	1/25/18	Yes

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 5/12/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0132242    **End Date:** 11/15/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0127349    **End Date:** 3/22/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HIL FLEETFOOT--0013201)

**Date Complaint Received:** 10/14/2019

**Date Investigation Completed:** 10/14/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HIL GREENMEADOW (0012708)

**Address:** 204 GREENMEADOW DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/23/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0132053      **End Date:** 9/12/2019      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0125356      **End Date:** 12/6/2017      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** HIL JORDAN HOUSE (0009759)  
**Address:** 2165 LAURA LN, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/1/2002 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0131109    **End Date:** 8/9/2019    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130916    **End Date:** 6/11/2019    **Type:** OTHER    **Purpose:** SELF REPORT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JB9F11    Served 8/2/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	7/30/19	Yes

**Survey ID:** 0127862    **End Date:** 5/16/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** LINDENCOURT WAUKESHA (0010827)

**Address:** 2330 W MICHIGAN AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2005 12:00:00AM

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

#### Survey History

**Survey ID:** 0132386    **End Date:** 9/17/2019    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N32F16    Served 1/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(c)	CBRF IDENTIFY MEDICATION PACKAGING SYSTEM		

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0130656    **End Date:** 3/7/2019    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N32F15    Served 6/27/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/17/19	No
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	9/17/19	Yes
83.46(1)(f)	COMBUSTIBLES	9/17/19	Yes

**Survey ID:** 0127758    **End Date:** 7/23/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N32F14    Served 8/14/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	3/7/19	Yes

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (LINDENCOURT WAUKESHA--0010827)

**Date:** 1/15/2020      **SOD #**N32F16      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.14(4)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

**Date:** 6/27/2019      **SOD #**N32F15      **Appealed:**

Sanctions

OTHER SANCTION

FORFEITURE---83.37(1)(i)

**Date:** 8/14/2018      **SOD #**N32F14      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.47(2)(d)

**Date:** 9/8/2017      **SOD #**N32F13      **Appealed:**

Sanctions

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LODGES AT LINDENGROVE (THE) (0017083)  
**Address:** 425 N UNIVERSITY DR, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 5/9/2018 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0131857    **End Date:** 7/23/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EY6W11    Served 10/28/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

**Survey ID:** 0129998    **End Date:** 3/7/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126702    **End Date:** 5/9/2018    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (LODGES AT LINDENGROVE (THE)--0017083)

**Date:** 10/28/2019      **SOD #** EY6W11      **Appealed:**      **Decision:** PENDING

Sanctions

OTHER SANCTION  
FORFEITURE---83.20(2)(b)  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.32(3)(h)

#### Complaint History (LODGES AT LINDENGROVE (THE)--0017083)

**Date Complaint Received:** 1/22/2019      **Date Investigation Completed:** 3/7/2019

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

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** LSS GENESIS HALFWAY HOUSE (310399)

**Address:** 1002 MOTOR AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/1980 12:00:00AM

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

### Survey History

**Survey ID:** 0127941      **End Date:** 5/21/2018      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MARION HOUSE (310472)

**Address:** 401 S PRAIRIE ST, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/1994 12:00:00AM

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

#### Survey History

**Survey ID:** 0133347    **End Date:** 1/16/2020    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6CHN15    Served 7/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.44(2)(b)	TOILET AND BATHING AREA		

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0131526    **End Date:** 5/8/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6CHN14    Served 9/23/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/16/20	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/16/20	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/16/20	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/16/20	Yes
83.38(1)(g)	HEALTH MONITORING	1/16/20	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	1/16/20	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	1/16/20	Yes
83.41(3)(b)	FOOD SAFETY	1/16/20	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/16/20	No
83.44(2)(b)	TOILET AND BATHING AREA	1/16/20	No

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MARION HOUSE--310472)

**Date:** 4/22/2020      **SOD #**6CHN15      **Appealed:**      **Decision:** PENDING

Sanctions

OTHER SANCTION  
FORFEITURE---83.41(3)(b)  
FORFEITURE---83.43(1)  
FORFEITURE---83.44(2)(b)

**Date:** 9/19/2019      **SOD #**6CHN14      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
OTHER SANCTION  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.38(1)(h)  
FORFEITURE---83.38(1)(i)  
FORFEITURE---83.43(1)

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MISSION CREEK AT WAUKESHA (0014684)  
**Address:** 3217 FIDDLERS CREEK DRIVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 5/1/2015 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

#### Survey History

**Survey ID:** 0134613    **End Date:** 8/10/2020    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** ENFORCEMENT ACTION  
83.32(3)(h)    RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION  
83.32(3)(i)    RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

**Survey ID:** 0134317    **End Date:** 7/20/2020    **Type:** OTHER    **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134143    **End Date:** 6/8/2020    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0FTF11    Served 7/5/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/27/20	Yes
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES	7/27/20	Yes

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0133065**    **End Date: 3/12/2020**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0132665**    **End Date: 12/19/2019**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0133085**    **End Date: 11/26/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JWO011    Served 3/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	8/10/20	Yes

**Survey ID: 0133044**    **End Date: 11/4/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3N5E11    Served 3/25/2020

<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	8/10/20	No
83.38(1)(a)	PERSONAL CARE	8/10/20	Yes
83.38(1)(g)	HEALTH MONITORING	8/10/20	Yes

**Survey ID: 0131543**    **End Date: 9/10/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0131752**    **End Date: 8/13/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0D3O12    Served 10/14/2019

<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	12/19/19	Yes

**Survey ID: 0131175**    **End Date: 7/9/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0130307**    **End Date: 5/13/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0130675**    **End Date: 4/9/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0D3O11    Served 6/28/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	8/12/19	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/12/19	Yes
83.13(1)(b)	MAINTAIN REPORTS: INJURIES OF UNKNOWN SOURCE	8/12/19	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/12/19	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/12/19	Yes

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0129725**    **End Date: 3/6/2019**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0129632**    **End Date: 1/9/2019**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0126821**    **End Date: 2/22/2018**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0125142**    **End Date: 8/30/2017**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4CNM11    Served 11/21/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/22/18	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	2/22/18	Yes

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MISSION CREEK AT WAUKESHA--0014684)

**Date:** 3/30/2020      **SOD #**JWO011      **Appealed:**      **Decision:** PENDING

Sanctions

OTHER SANCTION  
FORFEITURE---83.35(1)(c)

**Date:** 3/25/2020      **SOD #**3N5E11      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.38(1)(g)

**Date:** 10/14/2019      **SOD #**0D3O12      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.35(3)(d)

**Date:** 6/28/2019      **SOD #**0D3O11      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.12(1)(b)  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.35(3)(C)

**Date:** 11/20/2017      **SOD #**4CNM11      **Appealed:**

Sanctions

FORFEITURE---83.32(3)(i) 2d cite

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MISSION CREEK AT WAUKESHA--0014684)

**Date Complaint Received: 8/4/2020**

**Date Investigation Completed: 8/10/2020**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
3N5E12

**Date Complaint Received: 4/27/2020**

**Date Investigation Completed: 6/8/2020**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
0FTF11

**Date Complaint Received: 2/3/2020**

**Date Investigation Completed: 3/12/2020**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/20/2019**

**Date Investigation Completed: 11/26/2019**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
JWO011

**Date Complaint Received: 11/7/2019**

**Date Investigation Completed: 11/26/2019**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
JWO011

**Date Complaint Received: 10/7/2019**

**Date Investigation Completed: 11/4/2019**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
0D3O13  
0D3O13

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 8/26/2019**

**Date Investigation Completed: 9/10/2019**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 7/15/2019**

**Date Investigation Completed: 8/12/2019**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 6/26/2019**

**Date Investigation Completed: 7/9/2019**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 6/20/2019**

**Date Investigation Completed: 7/9/2019**

Subject Area(s)  
ADMINISTRATION

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 5/2/2019**

**Date Investigation Completed: 5/13/2019**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 3/15/2019**

**Date Investigation Completed: 3/25/2019**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
SUBSTANTIATED 0D3O11

**Date Complaint Received: 12/3/2018**

**Date Investigation Completed: 1/9/2019**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAK HILL TERRACE V LLC (310668)

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

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/1987 12:00:00AM

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

### Survey History

**Survey ID:** 0127752    **End Date:** 7/16/2018    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126838    **End Date:** 3/8/2018    **Type:** OTHER    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XEBU13    Served 5/25/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/16/18	Yes
83.39(1)	INFECTION CONTROL PROGRAM	7/16/18	Yes
83.41(3)(b)	FOOD SAFETY	7/16/18	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/16/18	Yes

### Enforcement History (OAK HILL TERRACE V LLC--310668)

**Date:** 5/25/2018    **SOD #**XEBU13    **Appealed:**

Sanctions

FORFEITURE---83.41(3)(b)

FORFEITURE---83.55(6)(b)

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### Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** SAMSON HOUSE (0013581)

**Address:** 611 N GRAND AVE, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0127435    **End Date:** 5/31/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126804    **End Date:** 2/16/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #UD9Z11    Served 5/25/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	5/31/18	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/31/18	Yes

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 2/24/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0126660    **End Date:** 2/21/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

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** 2/20/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0132994    **End Date:** 2/21/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** SUMMIT HOUSE (0011511)

**Address:** 910 SUMMIT AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0125405    **End Date:** 12/12/2017    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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