

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Milwaukee County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 83 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 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BETHESDA LUTHERAN ADULT FAMILY HOME (0009169)

**Address:** 5302 W WABASH AVE, BROWN DEER, WI 53223

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101731    **End Date:** 04/30/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VU1W13    Served 05/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

**Survey ID:** 0099951    **End Date:** 07/11/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VU1W12    Served 08/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	04/30/2008	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	04/30/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (BETHESDA LUTHERAN ADULT FAMILY HOME)**

**Date: 08/15/2007      SOD #VU1W12      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (BETHESDA LUTHERAN ADULT FAMILY HOME)**

**Date Complaint Received: 03/13/2007**

**Date Investigation Completed: 07/11/2007**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
VU1W12  
VU1W12

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** DEAN HOUSE (0011496)  
**Address:** 8324 N 67TH ST, BROWN DEER, WI 53224  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/15/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104430    **End Date:** 06/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NCRV13    Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		

**Survey ID:** 0102894    **End Date:** 10/20/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NCRV12    Served 11/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0102252    End Date: 07/24/2008    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #NCRV11    Served 08/11/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	10/20/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (DEAN HOUSE)**

**Date: 11/12/2008      SOD #NCRV12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (DEAN HOUSE)**

**Date Complaint Received: 04/10/2009**

**Date Investigation Completed: 06/30/2009**

Subject Area(s)  
ABUSE  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
NOT RECORDED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** REM WISCONSIN II INC (0009312)  
**Address:** 8334 N CEDARBURG RD, BROWN DEER, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/12/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100853    **End Date:** 12/12/2007    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JQN112    Served 01/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		

**Survey ID:** 0100373    **End Date:** 09/05/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JQNL11    Served 10/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/20/2007	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/20/2007	Yes
88.07(4)(d)	MEALS IN DINING AREA	11/20/2007	Yes

**Survey ID:** 0099887    **End Date:** 07/26/2007    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0098574      End Date: 12/12/2006      Type: OTHER      Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (REM WISCONSIN II INC)**

**Date Complaint Received: 11/14/2007**

**Date Investigation Completed: 12/12/2007**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
JQN112

**Date Complaint Received: 10/03/2006**

**Date Investigation Completed: 12/12/2006**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** STONERIDGE (390141)  
**Address:** 8511 STONERIDGE CT, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1987  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0098850    **End Date:** 02/19/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** WISCONSIN COMMUNITY CARE (0012420)  
**Address:** 5402 W WAHNER AVE, BROWN DEER, WI 532233045  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/15/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104433    **End Date:** 06/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9YXN11    Served 08/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		

**Survey ID:** 0102661    **End Date:** 08/15/2008    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (WISCONSIN COMMUNITY CARE)**

**Date Complaint Received: 05/15/2009**

**Date Investigation Completed: 06/24/2009**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
9YXN11

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** WOODLAND HOUSE (0012123)  
**Address:** 5050 W WOODLAND DR, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/14/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100113      **End Date:** 09/12/2007      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** WOODS (0011708)  
**Address:** 8147 N EDGE O WOODS DR, BROWN DEER, WI 53223  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/20/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103545    **End Date:** 02/04/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J9YU11    Served 03/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

**Survey ID:** 0098364    **End Date:** 12/20/2006    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (WOODS)**

**Date: 03/10/2009      SOD #J9YU11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BELSAR (0009078)  
**Address:** 2620 E BELSAR AVE, CUDAHY, WI 53110  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/12/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103328    **End Date:** 01/13/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N4BE12    Served 02/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

**Survey ID:** 0098015    **End Date:** 09/28/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009203    Served 11/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	01/12/2009	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OAKWOOD HOUSE CUDAHY (0011866)  
**Address:** 4771 S LAKE DR, CUDAHY, WI 53110  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/04/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103536    **End Date:** 02/05/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JI2311    Served 03/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		

**Survey ID:** 0099076    **End Date:** 04/04/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ROSEWOOD ADULT FAMILY HOME (0009254)  
**Address:** 5725 S ROSEWOOD AVE, CUDAHY, WI 53110  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/14/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0099487    **End Date:** 05/31/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** AMBERIDGE (0012006)  
**Address:** 4202 AMBERIDGE DR, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103920    **End Date:** 03/31/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YQYQ11    Served 05/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

**Survey ID:** 0100007    **End Date:** 07/01/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (AMBERIDGE)**

**Date: 05/01/2009      SOD #YQYQ11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** GREEN ACRES (0012317)  
**Address:** 7632 W PUETZ RD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/28/2008  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101939    **End Date:** 05/22/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** NORTH CAPE HOME (390018)  
**Address:** 6856 S NORTH CAPE RD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1995  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102775    **End Date:** 09/30/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BOX212    Served 10/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

**Survey ID:** 0098590    **End Date:** 01/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10012481    Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	09/30/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	09/30/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (NORTH CAPE HOME)**

**Date: 02/01/2007      SOD #10012481      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** W SHERWOOD (0012005)  
**Address:** 4355 W SHERWOOD, FRANKLIN, WI 53132  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103083    **End Date:** 11/26/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KJHG11    Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(4)(a)	INSURANCE-VEHICLE		
88.05(2)(b)	GRAB BARS IN TOILET AREA		
88.07(2)(b)	SERVICES DIRECTED TO GOALS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0100008    **End Date:** 07/01/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (W SHERWOOD)**

**Date Complaint Received: 11/04/2008**

**Date Investigation Completed: 11/26/2008**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED

SOD #

KJHG11

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** HEMLOCK RESIDENTIAL FACILITY (0011319)  
**Address:** 2145 W HEMLOCK RD, GLENDALE, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/06/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102000    **End Date:** 06/12/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HLDU11    Served 07/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		

**Survey ID:** 0100001    **End Date:** 08/14/2007    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099816    **End Date:** 06/27/2007    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2BQZ11    Served 08/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	08/14/2007	Yes
88.06(3)(f)	REVIEW OF ISP	08/14/2007	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0098571      End Date: 10/11/2006      Type: OTHER      Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (HEMLOCK RESIDENTIAL FACILITY)**

**Date Complaint Received: 06/26/2009**

**Date Investigation Completed: 07/10/2009**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

HLDU12  
HLDU12

**Date Complaint Received: 12/12/2007**

**Date Investigation Completed: 06/12/2008**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

HLDU11  
HLDU11

**Date Complaint Received: 11/20/2007**

**Date Investigation Completed: 06/12/2008**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/13/2007**

**Date Investigation Completed: 08/14/2007**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/01/2006**

**Date Investigation Completed: 10/11/2006**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** SKY RESIDENTIAL BERWYN (0011833)  
**Address:** 7425 N BERWYN AVE, GLENDALE, WI 53209  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/07/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100002    **End Date:** 08/14/2007    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098824    **End Date:** 03/07/2007    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (SKY RESIDENTIAL BERWYN)**

**Date Complaint Received: 07/13/2007**

**Date Investigation Completed: 08/14/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
SUPERVISION	SUBSTANTIATED	NOT RECORDED
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** GREENDALE ADULT FAMILY HOME (390162)  
**Address:** 5746 GLADSTONE, GREENDALE, WI 53129  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/19/1997  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100680    **End Date:** 10/31/2007    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098761    **End Date:** 02/14/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10012491    Served 02/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	10/31/2007	Yes
88.07(2)(a)	SERVICES	10/31/2007	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (GREENDALE ADULT FAMILY HOME)**

**Date: 02/26/2007      SOD #10012491      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (GREENDALE ADULT FAMILY HOME)**

**Date Complaint Received: 01/16/2007**

**Date Investigation Completed: 02/14/2007**

Subject Area(s)  
SUPERVISION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
10012491

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** LAKESIDE HOUSE (0009109)  
**Address:** 5219 LAKESIDE DR, GREENDALE, WI 53129  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/30/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0098564    **End Date:** 12/12/2006    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 32ND STREET (0009592)  
**Address:** 3616 3618 S 32ND ST, GREENFIELD, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/12/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101237    **End Date:** 01/31/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O16T12    Served 03/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(b)	PRIVACY		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (32ND STREET)**

**Date: 03/06/2008      SOD #O16T12      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 35TH STREET HOME (390171)  
**Address:** 3718 S 35TH ST, GREENFIELD, WI 53221  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/28/1997  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102137    **End Date:** 06/17/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101005    **End Date:** 01/03/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YQGJ11    Served 04/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE		

**Survey ID:** 0099729    **End Date:** 05/21/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (35TH STREET HOME)**

**Date Complaint Received: 06/02/2008**

**Date Investigation Completed: 06/17/2008**

Subject Area(s)  
ABUSE

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/10/2007**

**Date Investigation Completed: 05/21/2007**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** ABBEY MANOR (0008984)  
**Address:** 7840 W BARNARD AVE, GREENFIELD, WI 53220  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/07/2001  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104028    **End Date:** 04/28/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GLZF12    Served 05/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.07(2)(a)	SERVICES		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0102771    **End Date:** 09/25/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FUDU11    Served 10/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0101993    End Date: 06/04/2008    Type: STANDARD    Purpose: SURVEY**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GLZF11    Served 07/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	03/11/2009	Yes
88.05(3)(a)	HOME ENVIRONMENT	03/11/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	03/11/2009	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	03/11/2009	Yes
88.05(4)(c)2	EXITS SHALL BE DOORS	03/11/2009	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	03/11/2009	Yes

---

**Survey ID: 0100879    End Date: 01/14/2008    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0099612    End Date: 06/22/2007    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y0PK12    Served 06/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	01/09/2008	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	01/09/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (ABBEY MANOR)**

**Date: 05/26/2009**      **SOD #GLZF12**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS

**Date: 06/28/2007**      **SOD #Y0PK12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (ABBEY MANOR)**

**Date Complaint Received: 03/19/2009**

**Date Investigation Completed: 04/28/2009**

Subject Area(s)

ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

GLZF12  
GLZF12

**Date Complaint Received: 01/22/2009**

**Date Investigation Completed: 04/28/2009**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

GLZF12

**Date Complaint Received: 09/17/2008**

**Date Investigation Completed: 09/25/2008**

Subject Area(s)

ADMINISTRATION  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/13/2007**

**Date Investigation Completed: 01/14/2008**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/15/2007**

**Date Investigation Completed: 06/22/2007**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

Y0PK12

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BRIDGEFIELD AFH LUTHERAN SOCIAL SERVICES (390134)

**Address:** 3035 W KIMBERLY AVE, GREENFIELD, WI 53221

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1996

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102163    **End Date:** 07/17/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #D3S311    Served 07/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.05(3)(n)2	CLEAN BEDDING AND LINENS		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OPTIONS FOR COMMUNITY GROWTH 38TH ST (0012714)

**Address:** 4608 4610 S 38TH ST, GREENFIELD, WI 53221

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/25/2009

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104269      **End Date:** 06/25/2009      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** SIXTY EIGHTH STREET HOME (0011135)  
**Address:** 3380 S 108TH ST, GREENFIELD, WI 53220  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/17/2005  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100486    **End Date:** 10/23/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #465411    Served 11/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(g)	CLOTHING AND POSSESSIONS		
88.10(3)(q)	MEDICATIONS		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BROTOLOC OAK CREEK AFH (390027)  
**Address:** 9051 S 26TH ST, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1995  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103370    **End Date:** 01/12/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LSMM11    Served 02/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.10(3)(s)	TELEPHONE CALLS		

**Survey ID:** 0099864    **End Date:** 07/16/2007    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TPZH11    Served 08/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
88.10(3)(m)	FREEDOM FROM ABUSE		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0098467      End Date: 01/16/2007      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (BROTOLOC OAK CREEK AFH)**

**Date: 02/09/2009**      **SOD #LSMM11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 08/03/2007**      **SOD #TPZH11**      **Appealed: No**

Sanctions

PROVIDE TRAINING

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (BROTOLOC OAK CREEK AFH)**

**Date Complaint Received: 10/27/2006**

**Date Investigation Completed: 01/16/2007**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
NOT RECORDED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** MEYER LANE ADULT FAMILY HOME (390228)  
**Address:** 1785 W MEYER LN APT 16101, OAK CREEK, WI 53154  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/23/1998  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104387    **End Date:** 06/18/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UNX411    Served 07/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(b)	PRIVACY		

**Survey ID:** 0101030    **End Date:** 01/30/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Survey ID: 0099978    End Date: 08/14/2007    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #EUOL13    Served 08/23/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	01/30/2008	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	01/30/2008	Yes
88.06(3)(f)	REVIEW OF ISP	01/30/2008	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	01/30/2008	Yes

**Survey ID: 0098784    End Date: 02/26/2007    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011944    Served 03/01/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/30/2007	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	07/30/2007	Yes
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	07/30/2007	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/30/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	07/30/2007	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	07/30/2007	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (MEYER LANE ADULT FAMILY HOME)**

**Date: 08/20/2007      SOD #EUOL13      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (MEYER LANE ADULT FAMILY HOME)**

**Date Complaint Received: 05/31/2007**

**Date Investigation Completed: 08/14/2007**

Subject Area(s)  
SUPERVISION

Result  
SUBSTANTIATED

SOD #  
EUOL13

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 122ND STREET (0011414)  
**Address:** 1634 N 122ND ST, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101412    **End Date:** 03/11/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2OVX11    Served 04/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(2)(b)	SERVICES DIRECTED TO GOALS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(b)	PRIVACY		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** FOUNTAIN VIEW GROUP HOME (0011660)  
**Address:** 8655 W WISCONSIN AVE, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2006  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104325    **End Date:** 06/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104339    **End Date:** 06/24/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101704    **End Date:** 04/29/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LS2C11    Served 05/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.12(6)(e)(2)	PROTECTION OF CLIENTS	06/24/2009	Yes
88.07(2)(b)5	MONITORING HEALTH	06/24/2009	Yes

**Survey ID:** 0097999    **End Date:** 11/01/2006    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (FOUNTAIN VIEW GROUP HOME)**

**Date Complaint Received: 02/05/2009**

**Date Investigation Completed: 06/25/2009**

Subject Area(s)

Result

SOD #

ABUSE  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 04/10/2008**

**Date Investigation Completed: 04/29/2008**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

**Date Complaint Received: 04/07/2008**

**Date Investigation Completed: 04/29/2008**

Subject Area(s)

Result

SOD #

ABUSE  
ABUSE

SUBSTANTIATED  
SUBSTANTIATED

LS2C11  
LS2C11

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** OXFORD HOUSE (390205)  
**Address:** 347 N 120TH ST, WAUWATOSA, WI 53226  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/28/1998  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101839    **End Date:** 05/12/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #SYDN11    Served 06/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

**Survey ID:** 0098296    **End Date:** 12/14/2006    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (OXFORD HOUSE)**

**Date Complaint Received: 04/29/2008**

**Date Investigation Completed: 05/12/2008**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS  
ABUSE  
MEDICATIONS

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

SYDN11  
  
  
SYDN11

**Date Complaint Received: 07/11/2006**

**Date Investigation Completed: 12/14/2006**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 107TH ST HOUSE (0009829)  
**Address:** 2149 S 107TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/24/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0100318    **End Date:** 08/16/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #21SP13    Served 10/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (107TH ST HOUSE)**

**Date: 10/22/2007      SOD #21SP13      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 117TH STREET AFH LLC (0012858)  
**Address:** 1319 S 117TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/29/2009  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104286    **End Date:** 06/29/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 118TH STREET HOUSE (0010229)  
**Address:** 1125 S 118TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102294    **End Date:** 07/28/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #70T512    Served 09/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (118TH STREET HOUSE)**

**Date: 08/13/2008      SOD #70T512      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 96TH STREET HOUSE (0010230)  
**Address:** 2371 S 96TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103390    **End Date:** 01/22/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100632    **End Date:** 10/24/2007    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5FSF12    Served 11/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	01/13/2009	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	01/13/2009	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (96TH STREET HOUSE)**

**Date: 11/29/2007      SOD #5FSF12      Appealed: No**

Sanctions

NO NEW ADMISSIONS

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (96TH STREET HOUSE)**

**Date Complaint Received: 01/05/2009**

**Date Investigation Completed: 01/22/2009**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/29/2007**

**Date Investigation Completed: 10/24/2007**

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 98TH STREET SCHLINGER (0010231)  
**Address:** 821 S 98TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0099332    **End Date:** 05/14/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6LS211    Served 05/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	06/05/2008	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	06/05/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (98TH STREET SCHLINGER)**

**Date: 05/22/2007      SOD #6LS211      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** 99TH ST HOUSE (0010077)  
**Address:** 9921 W DAKOTA ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/06/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102142    **End Date:** 06/24/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #67YN12    Served 07/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		

**Survey ID:** 0101495    **End Date:** 03/05/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #67YN11    Served 04/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	06/05/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	06/05/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (99TH ST HOUSE)**

**Date Complaint Received: 05/15/2008**

**Date Investigation Completed: 06/24/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	67YN12
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	67YN12

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** BROTOLOC MORGAN HEIGHTS AFH (0010718)  
**Address:** 3329 S 113TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/22/2004  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103146    **End Date:** 12/03/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7YH711    Served 12/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.10(1)	RESIDENT RIGHTS		
88.10(3)(b)	PRIVACY		
88.10(3)(h)	SOCIAL ACTIVITY CHOICE		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		
88.10(3)(s)	TELEPHONE CALLS		

**Survey ID:** 0099725    **End Date:** 04/26/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (BROTOLOC MORGAN HEIGHTS AFH)**

**Date: 12/29/2008      SOD #7YH711      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (BROTOLOC MORGAN HEIGHTS AFH)**

**Date Complaint Received: 03/29/2007**

**Date Investigation Completed: 04/26/2007**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** CHCS HARLEY CROSSING AFH (0011750)  
**Address:** 816 S 90TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/11/2007  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103081    **End Date:** 11/25/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1N1611    Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

**Survey ID:** 0101366    **End Date:** 01/11/2007    **Type:** INITIAL    **Purpose:** SURVEY

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

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** DAKOTA HOUSE (0009963)  
**Address:** 7411 W DAKOTA ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/19/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0101251    **End Date:** 11/29/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RWSW11 Served 03/17/2008

Deficiencies Cited  
88.10(3)(b)

Subject Area  
PRIVACY

Compliance  
Verified

Corrected

**Survey ID:** 0098579    **End Date:** 01/03/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Enforcement History (DAKOTA HOUSE)**

**Date: 03/07/2008      SOD #RWSW11      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** JUBILEE HOUSE (0009125)  
**Address:** 2953 S 94TH ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/24/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0102073    **End Date:** 06/09/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** MANITOBA HOUSE (0010233)  
**Address:** 10303 W MANITOBA ST, WEST ALLIS, WI 53227  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/07/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103108    **End Date:** 09/13/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #RH6X12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** NEXT STEP RESIDENTIAL SERVICES (0010921)  
**Address:** 1448 S 96TH ST, WEST ALLIS, WI 53214  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/04/2005  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0103312    **End Date:** 12/17/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100160    **End Date:** 09/11/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MS4611    Served 09/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/17/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Family Home  
COUNTY: MILWAUKEE

**Complaint History (NEXT STEP RESIDENTIAL SERVICES)**

**Date Complaint Received: 11/11/2008**

**Date Investigation Completed: 12/17/2008**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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