

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: MILWAUKEE

Notes

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

The report includes only facilities located within the City of Franklin. 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 52 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: BROTOLOC FRANKLIN CBRF (0009612)

Address: 9460 S 46TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

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

Survey History

Survey ID: 0103374 **End Date:** 01/07/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103379 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G40N13 Served 02/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	
83.42(3)(a)1	PROCEDURES FOR ORDERLY EVACUATION	04/01/2009	
83.42(3)(b)	EMERGENCY PLAN POSTED	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0100628 End Date: 10/19/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G40N12 Served 11/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	01/07/2009	Yes

Survey ID: 0099777 End Date: 06/21/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (BROTOLOC FRANKLIN CBRF)

Date: 02/10/2009 **SOD #G40N13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.42(3)(a)1
FORFEITURE---83.42(3)(f)

Date: 11/29/2007 **SOD #G40N12** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

Date: 07/20/2007 **SOD #G40N11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (BROTOLOC FRANKLIN CBRF)

Date Complaint Received: 06/28/2007

Date Investigation Completed: 10/19/2007

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2007

Date Investigation Completed: 06/02/2007

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

G40N11

Date Complaint Received: 01/02/2007

Date Investigation Completed: 06/21/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2006

Date Investigation Completed: 06/21/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

NOT RECORDED

MEDICATIONS

SUBSTANTIATED

NOT RECORDED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: COUNTRYSIDE MANOR (0009425)

Address: 4232 W MINNESOTA CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

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

Survey History

Survey ID: 0103391 **End Date:** 01/28/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102562 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WG1112 Served 09/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/28/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/28/2009	Yes
83.33(2)(a)	SUPERVISION	01/28/2009	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	01/28/2009	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	01/28/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0102059 **End Date: 06/24/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q7RN11 Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/28/2009	Yes

Survey ID: 0101583 **End Date: 04/10/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SYQQ11 Served 05/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	04/01/2009	

Survey ID: 0101272 **End Date: 02/18/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WG1111 Served 03/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	09/09/2008	Yes
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/09/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	01/28/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/28/2009	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	01/28/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0100852 **End Date: 12/05/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2FRO17 Served 01/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/09/2008	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	04/01/2009	
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	04/01/2009	
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	04/01/2009	

Survey ID: 0100272 **End Date: 08/30/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2FRO16 Served 10/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	11/14/2007	Yes
83.21(4)(o)	MEDICATIONS	11/14/2007	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	11/14/2007	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	11/14/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/14/2007	Yes
83.41(9)	CLEANLINESS OF ROOMS	11/14/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	11/14/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0097458 End Date: 08/01/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009175 Served 08/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	08/30/2007	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (COUNTRYSIDE MANOR)

Date: 09/24/2008 **SOD #WG1112** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(4)(h)

Date: 07/09/2008 **SOD #Q7RN11** **Appealed: No**

Sanctions

NO NEW ADMISSIONS

FORFEITURE---83.11(3)(a)

Date: 04/29/2008 **SOD #SYQQ11** **Appealed: No**

Sanctions

FORFEITURE---87.07(10)(a)1

FORFEITURE---Accruing 91 days at \$20/day

Date: 03/11/2008 **SOD #WG1111** **Appealed: No**

Sanctions

PROVIDE TRAINING

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Date: 01/10/2008 **SOD #2FRO17** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.17(1)

FORFEITURE---83.17(3)(a)2

FORFEITURE---83.17(3)(a)3

FORFEITURE---83.33(3)(c)3

Date: 10/09/2007 **SOD #2FRO16** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.35(2)

Date: 08/01/2006 **SOD #10009175** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a) SOD 10009175

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (COUNTRYSIDE MANOR)

Date Complaint Received: 01/10/2008

Date Investigation Completed: 02/18/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 09/28/2007

Date Investigation Completed: 08/30/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2FRO17

ABUSE

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

2FRO17

Date Complaint Received: 07/26/2007

Date Investigation Completed: 08/30/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

2FRO16

ABUSE

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

2FRO16

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: COVENTRY GROUP HOME (0012149)

Address: 8028 W COVENTRY DR, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 11/16/2007

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

Survey History

Survey ID: 0100662 **End Date:** 11/14/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ELIZABETH RESIDENCE NORTH (0009330)

Address: 9329 S 48TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

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

Survey History

Survey ID: 0103618 **End Date:** 02/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099235 **End Date:** 03/26/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VV3A14 Served 05/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(2)	EMERGENCY OR TEMPORARY TRANSFER	02/05/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/05/2009	Yes
83.33(2)(a)	SUPERVISION	02/05/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (ELIZABETH RESIDENCE NORTH)

Date: 05/14/2007 **SOD #VV3A14** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.31(2)

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ELIZABETH RESIDENCE NORTH)

Date Complaint Received: 12/26/2006

Date Investigation Completed: 03/26/2007

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

VV3A14

NOT RECORDED
VV3A14

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ELIZABETH RESIDENCE SOUTH (0010429)

Address: 9355 S 48TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0103086 **End Date:** 11/12/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CBMP12 Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.33(3)(e)3.d	PROVIDE INSTRUCTION TO STAFF	04/01/2009	

Survey ID: 0098381 **End Date:** 11/30/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009217 Served 01/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/12/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/12/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/12/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (ELIZABETH RESIDENCE SOUTH)

Date: 01/03/2007 **SOD #**10009217 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(d)

FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ELIZABETH RESIDENCE SOUTH)

Date Complaint Received: 09/06/2006

Date Investigation Completed: 11/30/2006

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: GLADHAVEN (0012383)

Address: 7220 FOXCROFT CT, FRANKLIN, WI 53132

License Status: PROBATIONARY

Licensed/Certified/Registered 06/25/2008

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

Survey History

Survey ID: 0103658 **End Date:** 03/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PEY912 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	04/01/2009	
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES	04/01/2009	

Survey ID: 0103690 **End Date:** 03/06/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0103172 **End Date: 12/18/2008** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BMF011 Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	03/06/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes

Survey ID: 0102748 **End Date: 09/22/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PEY911 Served 10/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/06/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	03/06/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/06/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	03/06/2009	Yes
83.41(1)(c)2	RESIDENTS WITH DIFFERENT CLASSES	03/06/2009	No
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/06/2009	Yes

Survey ID: 0102066 **End Date: 06/25/2008** **Type: OTHER** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (GLADHAVEN)

Date: 02/03/2009 **SOD #BMF011** **Appealed: No**

Sanctions

FORFEITURE---83.07(10)(a)1

FORFEITURE---83.11(3)(a)

Date: 10/21/2008 **SOD #PEY911** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83,11(3)(a)

FORFEITURE---83.33(2)(g)3

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (GLADHAVEN)

Date Complaint Received: 06/17/2009

Date Investigation Completed: 07/02/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

PEUY11

Date Complaint Received: 05/08/2009

Date Investigation Completed: 07/02/2009

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

PEUY11

Date Complaint Received: 01/27/2009

Date Investigation Completed: 03/06/2009

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

PEY912

Date Complaint Received: 09/02/2008

Date Investigation Completed: 09/17/2008

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/25/2008

Date Investigation Completed: 09/17/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HARMONY AT BRENWOOD PARK (0009967)

Address: 9535 W LOOMIS RD, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

Survey ID: 0102754 **End Date:** 09/29/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102682 **End Date:** 08/27/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5EQG11 Served 10/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

Survey ID: 0101597 **End Date:** 04/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100935 **End Date:** 01/23/2008 **Type:** STANDARD **Purpose:** SURVEY/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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0099924 End Date: 07/24/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EGY913 Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	01/23/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/23/2008	Yes

Survey ID: 0098949 End Date: 02/21/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10012498 Served 04/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	01/23/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/23/2008	Yes
83.32(2)(a)2	ASSESSMENT OF MEDICATIONS TAKEN	07/24/2007	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	07/24/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HARMONY AT BRENWOOD PARK)

Date: 08/15/2007 **SOD #EGY913** **Appealed: No**

Sanctions

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(p)

Date: 03/28/2007 **SOD #10012498** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)2

FORFEITURE---83.33(3)(i)2

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HARMONY AT BRENWOOD PARK)

Date Complaint Received: 09/04/2008

Date Investigation Completed: 09/29/2008

Subject Area(s)

SUPERVISION
MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 08/12/2008

Date Investigation Completed: 08/27/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/19/2008

Date Investigation Completed: 04/02/2008

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/23/2007

Date Investigation Completed: 07/24/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/17/2006

Date Investigation Completed: 02/21/2007

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10012498

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HIDDEN TERRACE (0009379)

Address: 3405 W SYCAMORE, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

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

Survey History

Survey ID: 0103154 **End Date:** 11/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100296 **End Date:** 09/19/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098917 **End Date:** 03/08/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098048 **End Date:** 10/19/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011914 Served 11/03/2006

Deficiencies Cited
83.21(4)(o)

Subject Area
MEDICATIONS

Compliance
Verified
04/01/2009

Corrected

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HIDDEN TERRACE)

Date: 11/01/2006 SOD #10011914 Appealed: No

Sanctions

FORFEITURE---83.21(4)(o)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (HIDDEN TERRACE)

Date Complaint Received: 08/26/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/15/2007

Date Investigation Completed: 09/19/2007

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 01/29/2007

Date Investigation Completed: 03/08/2007

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/13/2006

Date Investigation Completed: 03/08/2007

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/03/2006

Date Investigation Completed: 10/19/2006

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10011914

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LAKE POINTE MANOR (310266)

Address: 8781 TRAVIS CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 06/12/1996

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

Survey History

Survey ID: 0102302 **End Date:** 07/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098388 **End Date:** 12/21/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009219 Served 01/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/02/2008	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	07/02/2008	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	07/02/2008	Yes
83.21(4)(o)	MEDICATIONS	07/02/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (LAKE POINTE MANOR)

Date: 01/04/2007 SOD #10009219 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(1)(d) SOD #10009219

FORFEITURE---83.19(3)(c) SOD #10009219

FORFEITURE---83.21(4)(o) SOD #10009219

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LAKE POINTE MANOR)

Date Complaint Received: 08/03/2006

Date Investigation Completed: 12/21/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	10009219
MEDICATIONS	SUBSTANTIATED	10009219
ADMINISTRATION	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LAKE TERRACE MANOR EAST (310706)

Address: 6751 S 68TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

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

Survey History

Survey ID: 0101284 **End Date:** 01/28/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L1ZV11 Served 03/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	06/11/2008	Yes
83.21(4)(o)	MEDICATIONS	06/11/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/11/2008	Yes
83.33(3)(e)2.b	INJECTIONS	06/11/2008	Yes
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	06/11/2008	Yes

Survey ID: 0100363 **End Date:** 10/17/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100314 **End Date:** 09/10/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0099539 **End Date: 05/08/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GPV212 Served 06/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	09/06/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/06/2007	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	09/06/2007	Yes

Survey ID: 0097511 **End Date: 07/13/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009176 Served 08/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	05/08/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/08/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/06/2007	Yes
83.35(1)(g)	CONSULTATION WHEN RESIDENT NOT EATING	05/08/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (LAKE TERRACE MANOR EAST)

Date: 03/13/2008 **SOD #L1ZV11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---833.33(3)(e)2.b SOD L1ZV11

Date: 08/04/2006 **SOD #10009176** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(d) SOD 10009176

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LAKE TERRACE MANOR EAST)

Date Complaint Received: 05/05/2009

Date Investigation Completed: 07/15/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	10RK11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10RK11
OTHER	NOT SUBSTANTIATED	

Date Complaint Received: 11/16/2007

Date Investigation Completed: 01/29/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	L1ZV11
ADMINISTRATION	SUBSTANTIATED	L1ZV11

Date Complaint Received: 10/22/2007

Date Investigation Completed: 01/29/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	L1ZV11

Date Complaint Received: 09/11/2007

Date Investigation Completed: 10/17/2007

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

Date Complaint Received: 06/29/2007

Date Investigation Completed: 09/10/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: LAKE TERRACE WEST (0008841)

Address: 6771 S 68TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0103214 **End Date:** 12/09/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GELJ11 Served 01/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	04/01/2009	

Survey ID: 0102180 **End Date:** 07/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101964 **End Date:** 04/01/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0101078 **End Date: 01/31/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #614K13 Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2008	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	04/01/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2008	Yes
83.33(3)(e)2.b	INJECTIONS	04/01/2008	Yes

Survey ID: 0098980 **End Date: 03/22/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011954 Served 04/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	04/01/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/31/2008	Yes
83.33(2)(a)	SUPERVISION	01/31/2008	Yes

Survey ID: 0098182 **End Date: 11/08/2006** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011922 Served 11/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	02/28/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/31/2008	No
83.33(2)(a)	SUPERVISION	12/06/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (LAKE TERRACE WEST)

Date: 02/18/2008 **SOD #614K13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(m)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(3)(e)2.b

Date: 04/02/2007 **SOD #10011954** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

Date: 11/22/2006 **SOD #10011922** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(2)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (LAKE TERRACE WEST)

Date Complaint Received: 11/11/2008

Date Investigation Completed: 12/09/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/25/2008

Date Investigation Completed: 07/07/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

Date Complaint Received: 02/08/2008

Date Investigation Completed: 04/01/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2008

Date Investigation Completed: 04/01/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 09/11/2007

Date Investigation Completed: 01/31/2008

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

614K13

Date Complaint Received: 08/29/2007

Date Investigation Completed: 01/31/2008

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

614K13

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

ADMINISTRATION

SUBSTANTIATED

614K13

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Date Complaint Received: 06/29/2007

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Date Investigation Completed: 01/31/2008

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

Date Complaint Received: 01/05/2007

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 03/22/2007

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10011954

Date Complaint Received: 08/22/2006

Subject Area(s)
SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/08/2006

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10011922
NOT SUBSTANTIATED	
SUBSTANTIATED	10011922
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: OAK CREST FRANKLIN HOME (310628)

Address: 7599 FRANCIS CT, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 07/01/1997

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

Survey History

Survey ID: 0100054 **End Date:** 08/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XSFL11 Served 09/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	04/01/2009	
83.41(1)(d)1	2 STANDARD EXITS TO GRADE	04/01/2009	
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (OAK CREST FRANKLIN HOME)

Date: 09/04/2007 **SOD #**XSFL11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.07(8)

FORFEITURE---83.41(1)(d)1

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (OAK CREST FRANKLIN HOME)

Date Complaint Received: 03/30/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: PINE HAVEN (0011114)

Address: 6795 S 51ST ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0102152 **End Date:** 07/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VQ9U12 Served 07/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(a)6	CAPACITY FOR SELF-CARE	04/01/2009	

Survey ID: 0100425 **End Date:** 09/10/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VQ9U11 Served 11/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	

Survey ID: 0097456 **End Date:** 07/26/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (PINE HAVEN)

Date Complaint Received: 06/15/2007

Date Investigation Completed: 09/10/2007

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: REM WISCONSIN II INC COLLEGE AVE (0010402)

Address: 3177 W COLLEGE AVE, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 03/01/2005

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

Survey History

Survey ID: 0100607 **End Date:** 11/19/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5B7V11 Served 11/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	01/26/2009	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ROBINWOOD MANOR (310234)

Address: 10520 W ROBINWOOD LA, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 12/02/1995

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

Survey History

Survey ID: 0103152 **End Date:** 12/04/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102076 **End Date:** 05/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100395 **End Date:** 08/29/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (ROBINWOOD MANOR)

Date Complaint Received: 06/08/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/01/2008

Date Investigation Completed: 12/04/2008

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: SKY RESIDENTIAL FRANKLIN (0012151)

Address: 8104 S 35TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0104218 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102291 **End Date:** 06/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100518 **End Date:** 10/23/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (SKY RESIDENTIAL FRANKLIN)

Date Complaint Received: 06/03/2008

Date Investigation Completed: 06/25/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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