

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 Greenfield. 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 32 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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ABBYHAVEN (310658)

Address: 4865 S 95TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

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

Survey History

Survey ID: 0099321 **End Date:** 05/17/2007 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: ARBOR HOME (0011960)

Address: 4570 S 117TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 08/13/2007

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

Survey History

Survey ID: 0099997 **End Date:** 08/20/2007 **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 AS (SEMIAMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: AUTUMN LIVING SOUTH (0010953)
Address: 4340 S 116TH ST, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 01/01/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100385 **End Date:** 09/11/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QY0812 Served 10/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.19(1)(a)	PARTIES TO BE NOTIFIED	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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (310005)
Address: 6515 W HOLMES, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 03/31/1989
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101494 **End Date:** 02/06/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RVD113 Served 04/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	

Survey ID: 0098732 **End Date:** 02/05/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011942 Served 02/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	01/09/2008	Yes
83.21(4)(o)	MEDICATIONS	01/09/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/09/2008	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	01/09/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (BETHESDA LUTHERAN GROUP HOME)

Date: 04/16/2008 **SOD #RVDI13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 02/20/2007 **SOD #10011942** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(p)

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

Complaint History (BETHESDA LUTHERAN GROUP HOME)

Date Complaint Received: 12/06/2006

Date Investigation Completed: 02/05/2007

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
10011942

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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: BRIAR HOUSE FACILITY LLC ON LAYTON (0009448)

Address: 9640 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

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

Survey History

Survey ID: 0100451 **End Date:** 10/17/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: BROTOLOC GREENFIELD CBRF (310602)

Address: 3826 3828 S 36TH ST, GREENFIELD, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0103145 **End Date:** 11/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101903 **End Date:** 05/07/2008 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XQN416 Served 06/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.33(2)(a)	SUPERVISION	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: 0100640 **End Date: 11/19/2007** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XQN415 Served 12/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	03/27/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	03/27/2008	Yes

Survey ID: 0099727 **End Date: 06/28/2007** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XQN414 Served 07/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/05/2007	Yes
83.41(1)(g)2.b	DRAWER SPACE	11/05/2007	Yes
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	11/05/2007	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/05/2007	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 (BROTOLOC GREENFIELD CBRF)

Date: 06/13/2008 **SOD #XQN416** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(3)(d)
FORFEITURE---83.19(3)(e)
FORFEITURE---83.33(2)(a)

Date: 11/29/2007 **SOD #XQN415** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(n)4
FORFEITURE---83.32(2)(a)

Date: 07/12/2007 **SOD #XQN414** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.41(1)(g)2.b.
FORFEITURE---83.42(3)(e)

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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 GREENFIELD CBRF)

Date Complaint Received: 11/18/2008

Date Investigation Completed: 11/24/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2008

Date Investigation Completed: 05/07/2008

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

XQN416

ADMINISTRATION

SUBSTANTIATED

XQN416

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XQN416

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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: CAMELOT HOME (0011972)

Address: 4900 S 68TH ST, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 06/11/2007

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

Survey History

Survey ID: 0099647 **End Date:** 06/11/2007 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS LAYTON COURT (0012491)

Address: 12320 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 10/10/2008

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

Survey History

Survey ID: 0102612 **End Date:** 10/01/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: EMERALD CASTLE (0011970)

Address: 11125 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 05/30/2007

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

Survey History

Survey ID: 0099661 **End Date:** 05/30/2007 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HILLCREST HOMES 44TH (310118)

Address: 5210 S 44TH ST, GREENFIELD, WI 532205111

License Status: REGULAR

Licensed/Certified/Registered 09/15/1991

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

Survey History

Survey ID: 0099620 **End Date:** 05/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GFVD12 Served 11/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	
83.43(4)(b)2.b	STAFF LIVING QUARTERS AND OFFICE	04/01/2009	
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS	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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (HILLCREST HOMES 44TH)

Date: 07/02/2007 **SOD #**GFVD12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(w)

FORFEITURE---83.41(1)(a)2

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.43(3)(b)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

Facility Information

Facility Name: LAYTON TERRACE (0008596)

Address: 9200 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 03/01/2000

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

Survey History

Survey ID: 0103136 **End Date:** 10/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102767 **End Date:** 01/31/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099188 **End Date:** 04/23/2007 **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

Complaint History (LAYTON TERRACE)

Date Complaint Received: 09/09/2008

Date Investigation Completed: 10/22/2008

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
SUPERVISION
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/31/2006

Date Investigation Completed: 04/23/2007

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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: LIFECARE MANOR (0008891)

Address: 4013 S 119TH ST, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

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

Survey History

Survey ID: 0104515 **End Date:** 06/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103615 **End Date:** 03/05/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SVMN16 Served 03/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0100687 **End Date:** 11/21/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SVMN15 Served 12/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	03/03/2009	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

Complaint History (LIFECARE MANOR)

Date Complaint Received: 06/25/2009

Date Investigation Completed: 07/20/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 04/29/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 02/18/2009

Date Investigation Completed: 03/05/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 11/06/2007

Date Investigation Completed: 11/21/2007

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 10/25/2007

Date Investigation Completed: 11/21/2007

Subject Area(s)

Result

SOD #

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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

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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: MAXSON MANOR (0009569)

Address: 11250 W COLDSRING RD, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

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

Survey History

Survey ID: 0101891 **End Date:** 05/19/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TOUC11 Served 06/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	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

Facility Information

Facility Name: MIDLAND TERRACE (0008521)

Address: 5128 W MIDLAND DR, GREENFIELD, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 09/01/1999

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

Survey History

Survey ID: 0104429 **End Date:** 06/23/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VG8M11 Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		

Survey ID: 0102309 **End Date:** 07/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098557 **End Date:** 10/23/2006 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (MIDLAND TERRACE)

Date Complaint Received: 04/29/2009

Date Investigation Completed: 06/23/2009

Subject Area(s)

RESIDENT RIGHTS

ABUSE

NUTRITION & FOOD SERVICES

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: OAK CREST VILLA (310129)

Address: 8765 W FOREST HOME AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 04/01/1991

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

Survey History

Survey ID: 0103546 **End Date:** 01/29/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4BF113 Served 04/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101020 **End Date:** 12/19/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4BF112 Served 02/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	01/29/2009	Yes
83.35(1)(g)	CONSULTATION WHEN RESIDENT NOT EATING	01/29/2009	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

Survey ID: 0100268 **End Date: 10/04/2007** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4BF111 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	12/17/2007	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0098916 **End Date: 03/08/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098555 **End Date: 09/27/2006** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (OAK CREST VILLA)

Date: 03/10/2009 **SOD #4BF113** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.11(3)(a)

Date: 02/05/2008 **SOD #4BF112** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.35(1)(g)

Date: 10/09/2007 **SOD #4BF111** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.32(2)(a)5
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 (OAK CREST VILLA)

Date Complaint Received: 11/02/2007

Date Investigation Completed: 12/19/2007

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

4BF112

Date Complaint Received: 06/22/2007

Date Investigation Completed: 10/04/2007

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

4BF111

RESIDENT RIGHTS

SUBSTANTIATED

4BF111

STAFF ADEQUACY

SUBSTANTIATED

4BF111

Date Complaint Received: 05/07/2007

Date Investigation Completed: 10/04/2007

Subject Area(s)

Result

SOD #

SUPERVISION

SUBSTANTIATED

4BF111

RESIDENT RIGHTS

SUBSTANTIATED

4BF111

Date Complaint Received: 04/03/2007

Date Investigation Completed: 10/04/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/30/2007

Date Investigation Completed: 10/04/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

4BF111

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 01/29/2007

Date Investigation Completed: 03/08/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

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

Date Complaint Received: 11/15/2006

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Date Investigation Completed: 03/08/2007

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/26/2006

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/27/2006

Result

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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: SOUTH 48TH ST (0010108)
Address: 4465 S 48TH ST, GREENFIELD, WI 53220
License Status: REGULAR
Licensed/Certified/Registered 01/01/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099625 **End Date:** 05/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2IVJ11 Served 07/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/01/2009	
83.42(4)(a)	EMERGENCY PLANNING FOR CERTAIN RESIDENT	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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Enforcement History (SOUTH 48TH ST)

Date: 07/02/2007 SOD #2IVJ11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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