

**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 Wauwatosa. 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 21 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:** ARGONNE (0011364)

**Address:** 9835 W ARGONNE DR, WAUWATOSA, WI 53222

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/2006

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

### Survey History

**Survey ID:** 0101616      **End Date:** 03/18/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

#### Facility Information

**Facility Name:** BLUEMOUND HOME (0011541)

**Address:** 12231 W BLUEMOUND RD, WAUWATOSA, WI 53226

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2007

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

#### Survey History

**Survey ID:** 0100468    **End Date:** 10/24/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3F7112    Served 11/03/2007

Deficiencies Cited  
83.17(1)

Subject Area  
LICENSEE CONDUCT CAREGIVER BACKGROUND  
CHECK

Compliance  
Verified  
07/10/2008

Corrected  
Yes

**Survey ID:** 0098925    **End Date:** 03/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011951    Served 03/24/2007

Deficiencies Cited  
83.32(2)(a)

Subject Area  
EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE

Compliance  
Verified  
10/22/2007

Corrected  
Yes

**Survey ID:** 0097767    **End Date:** 09/26/2006    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**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 (BLUEMOUND HOME)

**Date:** 11/02/2007      **SOD #**3F7112      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.17(1)

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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 (BLUEMOUND HOME)**

**Date Complaint Received: 06/20/2007**

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

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
3F7112

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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:** CAMILLUS COURT EAST (310158)

**Address:** 10100 W BLUEMOUND RD, WAUWATOSA, WI 53226

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/26/1993

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

### Survey History

**Survey ID:** 0100163      **End Date:** 09/12/2007      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099470      **End Date:** 05/21/2007      **Type:** ABBREVIATED      **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

### Facility Information

**Facility Name:** CAMILLUS COURT WEST (310109)

**Address:** 530 N 103RD ST, WAUWATOSA, WI 53226

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/1989

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

### Survey History

**Survey ID:** 0100674      **End Date:** 09/12/2007      **Type:** ABBREVIATED      **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 AA (AMBULATORY)  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** DEWEY CENTER (310122)  
**Address:** 1220 DEWEY AVE, WAUWATOSA, WI 53213  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/22/1991  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0098757    **End Date:** 02/22/2007    **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:** HARWOOD PLACE ASSISTED LIVING (0009947)

**Address:** 8220 W HARWOOD AVE, WAUWATOSA, WI 53213

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2004

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

### Survey History

**Survey ID:** 0100718      **End Date:** 12/04/2007      **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

#### Facility Information

**Facility Name:** HIL SUNSET HOME (0011194)

**Address:** 10212 W SUNSET AVE, WAUWATOSA, WI 53222

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2006

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

#### Survey History

**Survey ID:** 0102668    **End Date:** 09/23/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102777    **End Date:** 07/11/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102846    **End Date:** 07/11/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QK5Y11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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 (HIL SUNSET HOME)

**Date:** 07/16/2008      **SOD #**QK5Y11      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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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 (HIL SUNSET HOME)

**Date Complaint Received: 05/29/2008**

**Date Investigation Completed: 09/23/2008**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

OK5Y11

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

**Facility Information**

**Facility Name:** HIL VIENNA HOME (0009794)  
**Address:** 10136 W VIENNA AVE, WAUWATOSA, WI 53222  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0099690      **End Date:** 04/23/2007      **Type:** ABBREVIATED      **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 AA (AMBULATORY)  
COUNTY: MILWAUKEE

**Facility Information**

**Facility Name:** IRIS MANOR (310155)  
**Address:** 2339 N 60TH ST, WAUWATOSA, WI 53210  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1993  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0104237    **End Date:** 05/27/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #B9EL11    Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(d)	PROGRAM STATEMENT: CLASS OF THE CBRF		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		
83.47(2)(b)	EXIT DIAGRAM		

**Survey ID:** 0101783    **End Date:** 05/08/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J4HJ11    Served 05/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	07/17/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	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

**Survey ID: 0100292**    **End Date: 09/11/2007**    **Type: OTHER**    **Purpose: SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TH8J12    Served 10/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/01/2009	
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	07/17/2008	Yes

**Survey ID: 0099017**    **End Date: 03/26/2007**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011956    Served 04/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/31/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	07/24/2007	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	07/24/2007	Yes
83.33(4)(a)	PERSONAL CARE	07/24/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/24/2007	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	07/24/2007	No
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	07/17/2008	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 (IRIS MANOR)**

**Date: 05/27/2008**      **SOD #J4HJ11**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
FORFEITURE---83.07(10)(a)1  
FORFEITURE---83.11(3)(a)  
FORFEITURE---Accrued amount since 5/23/08

**Date: 10/10/2007**      **SOD #TH8J12**      **Appealed: No**

Sanctions

FORFEITURE---83.43(3)(a)  
FORFEITURE---83.53(1)(a)

**Date: 04/06/2007**      **SOD #10011956**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.33(2)(g)1  
FORFEITURE---83.43(3)(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

### Facility Information

**Facility Name:** LUTHER MANOR COURTYARDS (310087)

**Address:** 4611 N 92ND ST, WAUWATOSA, WI 53225

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/27/1981

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

### Survey History

**Survey ID:** 0098678      **End Date:** 01/22/2007      **Type:** ABBREVIATED      **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

**Facility Information**

**Facility Name:** LUTHERAN HOME ASSISTED LIVING (0010582)

**Address:** 7500 W NORTH AVE, WAUWATOSA, WI 53213

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2004

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

**Survey History**

**Survey ID:** 0101010    **End Date:** 01/02/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BXIH11    Served 02/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(4)	REGULATION OF CBRF		

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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 RIDGE HOUSE (0012760)

**Address:** 2630 N 118TH ST, WAUWATOSA, WI 53226

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 07/01/2009

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

### Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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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:** RAVENSWOOD MANOR (310622)

**Address:** 8454 RAVENSWOOD CIRCLE, WAUWATOSA, WI 53226

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1997

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

### Survey History

**Survey ID:** 0103151    **End Date:** 12/03/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098806    **End Date:** 02/22/2007    **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:** ST CAMILLUS (0011293)

**Address:** 10101 W WISCONSIN AVE, WAUWATOSA, WI 53226

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2006

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

#### Survey History

**Survey ID:** 0101580    **End Date:** 04/02/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #311211    Served 04/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

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