

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 West Allis. 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 AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: 2ND CENTURY (310046)
Address: 2187 S 85TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 04/01/1990
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0099717 **End Date:** 04/19/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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: BECHER (310032)
Address: 8915 W BECHER ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 06/01/1986
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100359 **End Date:** 08/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NE6Y13 Served 10/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	04/01/2009	
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	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

Facility Information

Facility Name: BETHESDA LUTHERAN GROUP HOME (310167)

Address: 2577 S 118TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 05/01/1994

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

Survey History

Survey ID: 0098476 **End Date:** 01/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011934 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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

Enforcement History (BETHESDA LUTHERAN GROUP HOME)

Date: 01/18/2007 **SOD #10011934** **Appealed: No**

Sanctions

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

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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: BROTOLOC WEST ALLIS CBRF (0008785)
Address: 2355 S 68TH ST, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 02/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103653 **End Date:** 11/24/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101242 **End Date:** 01/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DKLO15 Served 03/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	11/24/2008	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	11/24/2008	Yes
83.53(3)(d)	CLEARED PATHWAY AWAY FROM FACILITY	11/24/2008	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 (BROTOLOC WEST ALLIS CBRF)

Date: 07/28/2006 SOD #10009174 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: CLA WEST ARTHUR (0011254)

Address: 6524 W ARTHUR AVE, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007

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

Survey History

Survey ID: 0104264 **End Date:** 05/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U63711 Served 06/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.15(1)	ADMINISTRATOR QUALIFICATIONS		

Survey ID: 0101527 **End Date:** 03/26/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUYW14 Served 04/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)	SEPARATION OF RESIDENT FUNDS	04/01/2009	
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	04/01/2009	
83.17(3)(b)1	MORE THAN \$200 DEPOSITED IN SAVINGS	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: 0100866 **End Date: 11/16/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WUYW13 Served 01/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/26/2008	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	03/26/2008	Yes
83.14(1)(a)1	RESIDENT RIGHTS	03/26/2008	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	03/26/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/26/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	03/26/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	03/26/2008	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	03/26/2008	Yes

Survey ID: 0099328 **End Date: 05/09/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WUYW12 Served 05/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/26/2008	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	03/26/2008	Yes
83.14(1)(a)1	RESIDENT RIGHTS	03/26/2008	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	03/26/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	03/26/2008	Yes
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	03/26/2008	No
83.21(5)(a)5	WRITTEN SUMMARY OF THE FINDINGS	03/26/2008	No
83.21(5)(a)6	FUNDED FOLLOW COUNTY PROCEDURE	11/16/2007	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	11/16/2007	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	11/16/2007	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

Survey ID: 0098281 End Date: 11/09/2006 Type: INITIAL Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011927 Served 12/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/26/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	05/01/2007	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	05/01/2007	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	05/01/2007	Yes
83.41(9)	CLEANLINESS OF ROOMS	05/01/2007	Yes
83.42(8)(a)	FIRE EXTINGUISHER	05/01/2007	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	05/01/2007	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE	05/01/2007	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	05/01/2007	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 (CLA WEST ARTHUR)

Date: 06/26/2009 **SOD #U63711** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 01/14/2008 **SOD #WUYW13** **Appealed: No**

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)1
FORFEITURE---83.14(1)(a)2
FORFEITURE---83.14(2)
FORFEITURE---83.14(a)(d)
FORFEITURE---83.41(10)(a)
FORFEITURE---83.41(5)(a)5

Date: 05/21/2007 **SOD #WUYW12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(2)
FORFEITURE---83.21(5)(a)6

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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 (CLA WEST ARTHUR)

Date Complaint Received: 08/01/2007

Date Investigation Completed: 11/20/2007

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/06/2007

Date Investigation Completed: 05/09/2007

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

WUYW12

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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 AUTUMN VILLA (0012489)

Address: 2904 S 114TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 10/01/2008

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

Survey History

Survey ID: 0102645 **End Date:** 10/01/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MILWAUKEE

Facility Information

Facility Name: GREENFIELD HOUSE (310062)
Address: 10521 W GREENFIELD AVE, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 03/01/1987
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102138 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DRQQ12 Served 07/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	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 (GREENFIELD HOUSE)

Date: 07/07/2006 SOD #10011872 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(a)

This is Page 15 of 52 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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 ROOT RIVER HOUSE (0009705)

Address: 2300 S ROOT RIVER PKWY, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0101373 **End Date:** 03/04/2008 **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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: HILLCREST HOMES 75TH (310193)

Address: 1467 S 75TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 05/12/1995

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

Survey History

Survey ID: 0103923 **End Date:** 04/22/2009 **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 AS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0103605 End Date: 02/23/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNBY13 Served 03/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	
83.35(4)(i)	EXPIRED FOOD SHALL NOT BE USED	04/01/2009	
83.35(5)(a)	FOOD STORAGE	04/01/2009	
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	04/01/2009	
83.41(9)	CLEANLINESS OF ROOMS	04/01/2009	
83.42(8)(a)	FIRE EXTINGUISHER	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	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

Survey ID: 0099086 **End Date:** 03/22/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10012507 Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	02/09/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	02/09/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	02/09/2009	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	02/09/2009	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	02/09/2009	Yes
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	02/09/2009	Yes
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	02/09/2009	Yes
83.41(4)(c)	PORTABLE SPACE HEATERS PROHIBITED	02/09/2009	No
83.43(3)(b)1	TESTING BY SERVICE COMPANY	02/09/2009	No
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	02/09/2009	No

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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 75TH)

Date: 03/18/2009 SOD #NNBY13 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---50.065(2)(b)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.33(3)(e)5
FORFEITURE---83.35(4)(i)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.35(7)(b)1, 83.41(9), 83.41(10)(a)
FORFEITURE---83.42(8)(a)
FORFEITURE---83.43(7)(b)

Date: 04/19/2007 SOD #10012507 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.33(3)(a)2 SOD #10012507
FORFEITURE---83.33(3)(f)
FORFEITURE---83.43(3)(b)1
FORFEITURE---83.43(4)(b)3

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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: KLUG COMMUNITY LIVING (310191)
Address: 3161 S 112TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 04/27/1995
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0100817 **End Date:** 12/07/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHZY12 Served 01/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	04/01/2009	
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	04/01/2009	
83.51(3)(a)	AREA OF REFUGE: DOORS	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 (KLUG COMMUNITY LIVING)

Date: 01/07/2008 SOD #LHZY12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.41(5)(a)5

FORFEITURE---83.43(4)(b)3

FORFEITURE---83.51(3)(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

Facility Information

Facility Name: LINCOLN TERRACE GROUP HOME (310704)

Address: 2416 S 60TH ST, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 01/01/1999

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

Survey History

Survey ID: 0104067 **End Date:** 05/08/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W1TW11 Served 05/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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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: 0101493 **End Date: 02/28/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NB9M13 Served 04/16/2008

<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(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

Survey ID: 0099639 **End Date: 06/21/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NB9M12 Served 07/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	02/26/2008	Yes
83.16(1)	ADMISSIONS AGREEMENT	02/26/2008	Yes
83.32(1)(a)	ASSESSMENT AND ISP	02/26/2008	Yes
83.32(2)(a)6	CAPACITY FOR SELF-CARE	02/26/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	02/26/2008	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	02/26/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/26/2008	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	02/26/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	02/26/2008	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 (LINCOLN TERRACE GROUP HOME)

Date: 05/29/2009 **SOD #W1TW11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 07/02/2007 **SOD #NB9M12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(c)2

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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 (LINCOLN TERRACE GROUP HOME)

Date Complaint Received: 02/22/2008

Date Investigation Completed: 02/28/2008

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

NB9M12

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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: MARANATHA HOUSE SOUTH (THE) (0012681)
Address: 2526 S 85TH ST, WEST ALLIS, WI 53227
License Status: PROBATIONARY
Licensed/Certified/Registered 03/31/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103793 **End Date:** 03/31/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MUUI11 Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(8)(a)	FIRE EXTINGUISHER	04/17/2009	Yes
83.45(1)	ACCESSIBILITY	04/17/2009	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/17/2009	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

Facility Information

Facility Name: MITCHELL MANOR - WEST ALLIS (0012245)

Address: 5301 W LINCOLN AVE, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 01/18/2008

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

Survey History

Survey ID: 0103903 **End Date:** 04/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102963 **End Date:** 11/06/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102075 **End Date:** 05/23/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100958 **End Date:** 01/18/2008 **Type:** OTHER **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (MITCHELL MANOR - WEST ALLIS)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 04/21/2009

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/19/2008

Date Investigation Completed: 11/06/2008

Subject Area(s)

STAFF ADEQUACY
PROGRAM SERVICES

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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: MORGAN PLAZA (0012382)

Address: 3468 S 119TH ST, WEST ALLIS, WI 53227

License Status: PROBATIONARY

Licensed/Certified/Registered 06/25/2008

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

Survey History

Survey ID: 0104164 **End Date:** 05/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6OSQ11 Served 06/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.38(1)(b)	SUPERVISION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0103756 **End Date:** 01/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103135 **End Date:** 10/21/2008 **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0102791 **End Date: 09/22/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102048 **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (MORGAN PLAZA)

Date: 06/12/2009

SOD #6OSQ11

Appealed: Yes

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

PROVIDE TRAINING

FORFEITURE---50.065(2)(b)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.38(1)(g)

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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 (MORGAN PLAZA)

Date Complaint Received: 04/06/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

SUPERVISION
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

6OQS11
6OQS11

Date Complaint Received: 03/02/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

6OQS11

Date Complaint Received: 12/03/2008

Date Investigation Completed: 01/08/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

Date Complaint Received: 09/23/2008

Date Investigation Completed: 10/21/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

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: OHIO HOUSE (0008786)
Address: 3309 S 112TH ST, WEST ALLIS, WI 53227
License Status: REGULAR
Licensed/Certified/Registered 03/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104431 **End Date:** 06/23/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RED711 Served 07/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

Survey ID: 0103606 **End Date:** 01/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OYNN17 Served 03/20/2009

<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	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	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: 0099805 End Date: 07/02/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OYNN16 Served 08/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(9)	CLEANLINESS OF ROOMS	12/08/2008	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 (OHIO HOUSE)

Date: 03/18/2009 SOD #OYNN17 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.19(3)(e)
FORFEITURE---83.32(2)(a)5

Date: 08/09/2007 SOD #OYNN16 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE--- 83.41(9) cleanliness of rooms

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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 (OHIO HOUSE)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 06/23/2009

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2008

Date Investigation Completed: 01/09/2009

Subject Area(s)
SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

OYNN16

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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: RAINBOW PARK HOME (310189)

Address: 1217 S 118TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 03/28/1995

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

Survey History

Survey ID: 0103932 **End Date:** 04/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100726 **End Date:** 12/05/2007 **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Complaint History (RAINBOW PARK HOME)

Date Complaint Received: 12/22/2008

Date Investigation Completed: 04/06/2009

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/05/2008

Date Investigation Completed: 04/06/2009

Subject Area(s)

SUPERVISION

Result

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: TALL OAKS OF WEST ALLIS (0008617)

Address: 2825 S WAUKESHA RD, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 12/01/2000

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

Survey History

Survey ID: 0103087 **End Date:** 11/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6VXL11 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		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0098563 **End Date:** 11/30/2006 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Enforcement History (TALL OAKS OF WEST ALLIS)

Date: 12/16/2008 **SOD #**6VXL11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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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 (TALL OAKS OF WEST ALLIS)

Date Complaint Received: 09/30/2008

Date Investigation Completed: 11/12/2008

Subject Area(s)

SUPERVISION
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

6VXL11
6VXL11

Date Complaint Received: 09/05/2008

Date Investigation Completed: 11/12/2008

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

6VXL11

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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: VILLAGE AT MANOR PARK PALMER HOUSE (310053)

Address: 3023 S 84TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 05/26/1981

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

Survey History

Survey ID: 0102115 **End Date:** 06/02/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100729 **End Date:** 12/03/2007 **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

Complaint History (VILLAGE AT MANOR PARK PALMER HOUSE)

Date Complaint Received: 04/22/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)

Result

SOD #

SUPERVISION
HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/27/2008

Date Investigation Completed: 06/02/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

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: WEST ALLIS CASTLE (0011969)

Address: 1234 S 112TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 05/30/2007

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

Survey History

Survey ID: 0104003 **End Date:** 04/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RRCU11 Served 05/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.47(2)(d)	FIRE DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		

Survey ID: 0099663 **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Facility Information

Facility Name: WEST PARK PLACE SENIOR LIVING COMMUNITY (0011160)

Address: 7400 W GREENFIELD AVE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103316 **End Date:** 01/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103262 **End Date:** 12/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103263 **End Date:** 11/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QSEX11 Served 01/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	

Survey ID: 0103264 **End Date:** 11/05/2008 **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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0102677 End Date: 07/28/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DQPI12 Served 10/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	11/05/2008	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	11/05/2008	Yes

Survey ID: 0101636 End Date: 04/01/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQPI11 Served 05/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	07/17/2008	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	07/17/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	07/17/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/17/2008	Yes
83.14(4)	TRAINING PLAN BY CBRF	07/17/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	07/17/2008	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	07/17/2008	Yes
83.21(4)(i)1	CONFIDENTIALITY	07/17/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	07/17/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	07/17/2008	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	07/17/2008	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	07/17/2008	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	11/05/2008	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	07/17/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/17/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	07/17/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	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 CS (SEMIAMBULATORY)

COUNTY: MILWAUKEE

Survey ID: 0099883 **End Date: 07/23/2007** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099574 **End Date: 04/24/2007** **Type: OTHER** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098289 **End Date: 11/29/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #10009212 Served 12/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/23/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/23/2007	Yes

Survey ID: 0097640 **End Date: 07/27/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009187 Served 08/30/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	11/29/2006	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	11/29/2006	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	11/29/2006	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/29/2006	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	11/29/2006	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 (WEST PARK PLACE SENIOR LIVING COMMUNITY)

Date: 05/05/2008 **SOD #DQP11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)3

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(4)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.18(1)(d)2

FORFEITURE---83.21(4)(i)1

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(3)

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

FORFEITURE---83.42(2)(a)

FORFEITURE---83.42(3)(e)

Date: 12/14/2006 **SOD #10009212** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o) SOD 10009212

Date: 08/28/2006 **SOD #10009187** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.18(1)(d)2

FORFEITURE---83.42(2)(a) SOD #10009187

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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 (WEST PARK PLACE SENIOR LIVING COMMUNITY)

Date Complaint Received: 01/05/2009

Date Investigation Completed: 01/13/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/16/2008

Date Investigation Completed: 01/13/2009

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/15/2008

Date Investigation Completed: 01/13/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/26/2008

Date Investigation Completed: 12/02/2008

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/13/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
QSEX11

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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 Complaint Received: 05/28/2008

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Date Investigation Completed: 07/28/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI12
NOT SUBSTANTIATED	

Date Complaint Received: 05/27/2008

Subject Area(s)
MEDICATIONS

Date Investigation Completed: 07/28/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI12

Date Complaint Received: 02/21/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Date Investigation Completed: 04/01/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI11
SUBSTANTIATED	DQPI11

Date Complaint Received: 11/13/2007

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS

Date Investigation Completed: 01/19/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI11
NOT SUBSTANTIATED	

Date Complaint Received: 11/12/2007

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/01/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI11
NOT SUBSTANTIATED	

Date Complaint Received: 08/28/2007

Subject Area(s)
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/01/2008

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	DQPI11
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

Date Complaint Received: 08/13/2007

Date Investigation Completed: 04/01/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED

SOD #

DQPI11

Date Complaint Received: 05/16/2007

Date Investigation Completed: 07/23/2007

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 11/29/2006

Date Investigation Completed: 04/24/2007

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/14/2006

Date Investigation Completed: 11/29/2006

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009212

Date Complaint Received: 11/02/2006

Date Investigation Completed: 11/29/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

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