

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex
COUNTY: MILWAUKEE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Milwaukee County.

The report is a PDF (Adobe Acrobat) document and includes a total of 47 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: APARTMENTS AT ELIZABETH RESIDENCE (THE) (0012474)

Address: 9279 N PORT WASHINGTON RD, BAYSIDE, WI 53217

License Status: REGULAR

Licensed/Certified/Registered 10/21/2008

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

Survey History

Survey ID: 0102759 **End Date:** 10/21/2008 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LAUREL OAKS (0010326)

Address: 1700 W BENDER RD, GLENDALE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0103314 **End Date:** 11/12/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100676 **End Date:** 11/09/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (LAUREL OAKS)

Date Complaint Received: 10/17/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 4 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: CONCORD AT THE HARBOUR VILLAGE (THE) (0012468)
Address: 5700 MOCKINGBIRD LN, GREENDALE, WI 53129
License Status: REGULAR
Licensed/Certified/Registered 09/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102654 **End Date:** 09/18/2008 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 5 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: CLEMENT MANOR RETIREMENT COMMUNITY (0010314)

Address: 9339 W HOWARD AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 07/01/1997

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

Survey History

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

This is Page 6 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: HICKORY PARK (0012790)
Address: 3933 S PRAIRIE HILL LN, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 04/24/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103913 **End Date:** 04/24/2009 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LAYTON TERRACE V LLC (0010327)
Address: 9200 W LAYTON AVE, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 07/01/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103384 **End Date:** 01/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101231 **End Date:** 01/31/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101006 **End Date:** 01/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098159 **End Date:** 09/22/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 8 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (LAYTON TERRACE V LLC)

Date Complaint Received: 11/17/2008

Date Investigation Completed: 01/22/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 01/16/2008

Date Investigation Completed: 01/31/2008

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

This is Page 9 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LEXINGTON HERITAGE (0010328)
Address: 5020 S 107TH ST, GREENFIELD, WI 53228
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 10 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: FOREST RIDGE LLC (0010542)
Address: 11077 W FOREST HOME AVE, HALES CORNERS, WI 53130
License Status: REGULAR
Licensed/Certified/Registered 03/09/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 11 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: ASSISTED LIVING AT THE MILW CATHOLIC HOME (0010299)

Address: 2330 NORTH PROSPECT AVE, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 08/01/1997

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

Survey History

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

This is Page 12 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: BRADFORD TERRACE (0010308)
Address: 2429 E BRADFORD AVE, MILWAUKEE, WI 53211
License Status: REGULAR
Licensed/Certified/Registered 03/25/1997
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 13 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: CHAI POINT (0010313)
Address: 1400 N PROSPECT AVE, MILWAUKEE, WI 53202
License Status: REGULAR
Licensed/Certified/Registered 10/01/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102024 **End Date:** 06/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 14 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: CLARKE SQUARE TERRACE (0012814)
Address: 1740 W PIERCE ST, MILWAUKEE, WI 53204
License Status: REGULAR
Licensed/Certified/Registered 05/26/2009
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104074 **End Date:** 05/26/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 15 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: GARDEN PLACE (0011078)
Address: 8425 N 107TH ST, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 10/13/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101037 **End Date:** 01/31/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098847 **End Date:** 02/13/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 16 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (GARDEN PLACE)

Date Complaint Received: 09/28/2007

Date Investigation Completed: 01/24/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 09/25/2007

Date Investigation Completed: 01/24/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

NOT RECORDED

MEDICATIONS

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 09/07/2006

Date Investigation Completed: 02/13/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

This is Page 17 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: GARDEN TERRACE (0012588)
Address: 10851 W DONNA DR, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 12/22/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103134 **End Date:** 12/22/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 18 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LUTHER HAVEN (0011597)
Address: 8949 N 97TH ST, MILWAUKEE, WI 53224
License Status: REGULAR
Licensed/Certified/Registered 09/27/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097788 **End Date:** 09/27/2006 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 19 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: POLONAISE AT WILSON COMMONS (THE) (0010715)
Address: 1500 W SONATA DR, MILWAUKEE, WI 53221
License Status: REGULAR
Licensed/Certified/Registered: 11/18/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104234 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103904 **End Date:** 04/10/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103762 **End Date:** 03/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101000 **End Date:** 01/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9DUK12 Served 04/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.27(4)	SERVICE AGREEMENT	03/27/2009	Yes
89.28(6)	RISK AGREEMENT	03/27/2009	Yes

This is Page 20 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (POLONAISE AT WILSON COMMONS (THE))

Date Complaint Received: 04/30/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

Result

SOD #

SUPERVISION
RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/22/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/27/2009

Date Investigation Completed: 04/10/2009

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/25/2009

Date Investigation Completed: 03/27/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 21 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: ST CLARE TERRACE (0010944)
Address: 3553 S 41ST ST, MILWAUKEE, WI 53221
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103153 **End Date:** 11/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098843 **End Date:** 03/05/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098060 **End Date:** 09/14/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (ST CLARE TERRACE)

Date Complaint Received: 12/19/2006

Date Investigation Completed: 03/05/2007

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/24/2006

Date Investigation Completed: 09/14/2006

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 23 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: ST JOHNS ON THE LAKE (0010770)
Address: 1840 N PROSPECT AVE, MILWAUKEE, WI 53202
License Status: REGULAR
Licensed/Certified/Registered 09/20/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103682 **End Date:** 03/05/2009 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Complaint History (ST JOHNS ON THE LAKE)

Date Complaint Received: 01/27/2009

Date Investigation Completed: 03/05/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

This is Page 25 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: TIVOLI TERRACE AT ST ANNES SALVATORIAN CAMPUS (0010362)

Address: 3800 N 92ND ST, MILWAUKEE, WI 532222589

License Status: REGULAR

Licensed/Certified/Registered 01/25/2001

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

Survey History

Survey ID: 0101318 **End Date:** 03/06/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 26 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: TRINITY VILLAGE ASSISTED LIVING (0010742)
Address: 7300 W DEAN RD, MILWAUKEE, WI 53223
License Status: REGULAR
Licensed/Certified/Registered 12/01/2004
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103684 **End Date:** 03/25/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098798 **End Date:** 02/26/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: WATERTOWER ASSISTED LIVING (0010377)
Address: 2425 N LAKE DR, MILWAUKEE, WI 53211
License Status: REGULAR
Licensed/Certified/Registered 12/01/2000
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 28 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: CORNERSTONE OF OAK CREEK (THE) (0010316)
Address: 155 W SUNNYVIEW DR, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 01/19/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0104231 **End Date:** 05/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102298 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100683 **End Date:** 10/31/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099414 **End Date:** 04/05/2007 **Type:** ABBREVIATED **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X91112 Served 06/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/29/2007	Yes

This is Page 29 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Enforcement History (CORNERSTONE OF OAK CREEK (THE))

Date: 06/04/2007 **SOD #X91112** **Appealed: No**
Sanctions

This is Page 30 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (CORNERSTONE OF OAK CREEK (THE))

Date Complaint Received: 04/29/2009

Date Investigation Completed: 05/12/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

This is Page 31 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: MANORPOINTE APARTMENTS (0012259)
Address: 700 E STONEGATE DR, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 01/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 32 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: MEADOWMERE OAK CREEK (0012243)
Address: 701 E PUETZ RD, OAK CREEK, WI 53154
License Status: REGULAR
Licensed/Certified/Registered 01/18/2008
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103995 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101589 **End Date:** 04/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PFWH11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(c)	SERVICES		

Survey ID: 0100927 **End Date:** 01/18/2008 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 33 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Enforcement History (MEADOWMERE OAK CREEK)

Date: 04/30/2008 SOD #PFWH11 Appealed: No

Sanctions

FORFEITURE---89.23(2)(c)

This is Page 34 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (MEADOWMERE OAK CREEK)

Date Complaint Received: 05/06/2009

Date Investigation Completed: 05/14/2009

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/29/2008

Date Investigation Completed: 04/02/2008

Subject Area(s)
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
PFWH11

This is Page 35 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: FRANCISCAN COURTS (0010317)
Address: 1010 WILLIAMS AVE, SOUTH MILWAUKEE, WI 53172
License Status: REGULAR
Licensed/Certified/Registered 03/01/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0102710 **End Date:** 09/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097958 **End Date:** 09/14/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009200 Served 10/24/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(6)	RISK AGREEMENT	06/19/2007	Yes

This is Page 36 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (FRANCISCAN COURTS)

Date Complaint Received: 08/15/2006

Date Investigation Completed: 09/14/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009200
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	NOT RECORDED
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

This is Page 37 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: HOWARD VILLAGE (0010322)
Address: 2500 E HOWARD AVE, ST FRANCIS, WI 53235
License Status: REGULAR
Licensed/Certified/Registered 07/26/2001
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103607 **End Date:** 02/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102422 **End Date:** 07/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100203 **End Date:** 09/13/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099821 **End Date:** 06/27/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098729 **End Date:** 02/19/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 38 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (HOWARD VILLAGE)

Date Complaint Received: 06/27/2008

Date Investigation Completed: 07/24/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/21/2007

Date Investigation Completed: 09/13/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/06/2007

Date Investigation Completed: 06/27/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
ADMINISTRATION

NOT SUBSTANTIATED
SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 05/18/2007

Date Investigation Completed: 06/27/2007

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 39 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: HART PARK SQUARE (0010859)
Address: 6600 W RIVER PKWY, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 07/22/2005
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0101593 **End Date:** 04/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099595 **End Date:** 06/25/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 40 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (HART PARK SQUARE)

Date Complaint Received: 03/06/2008

Date Investigation Completed: 04/02/2008

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

This is Page 41 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: HARWOOD PLACE (0011422)
Address: 8220 HARWOOD AVE, WAUWATOSA, WI 53213
License Status: REGULAR
Licensed/Certified/Registered 04/25/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 42 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LUTHER MANOR (0011107)
Address: 4545 N 92ND ST, WAUWATOSA, WI 53225
License Status: REGULAR
Licensed/Certified/Registered 01/20/2006
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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

This is Page 43 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: LIBRARY SQUARE (0010329)
Address: 1820 SOUTH 75TH ST, WEST ALLIS, WI 53214
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0103313 **End Date:** 12/17/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101150 **End Date:** 01/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098619 **End Date:** 02/01/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011937 Served 02/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	01/09/2008	Yes

This is Page 44 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (LIBRARY SQUARE)

Date Complaint Received: 11/18/2008

Date Investigation Completed: 12/17/2008

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/14/2006

Date Investigation Completed: 02/01/2007

Subject Area(s)
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
STAFF ADEQUACY

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED
10011937

This is Page 45 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Facility Information

Facility Name: MEADOWMERE WEST ALLIS (0012241)
Address: 2330 S 54TH ST, 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: 0102608 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101578 **End Date:** 04/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IJFE11 Served 04/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	09/08/2008	Yes

Survey ID: 0100941 **End Date:** 01/18/2008 **Type:** OTHER **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 46 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MILWAUKEE

Complaint History (MEADOWMERE WEST ALLIS)

Date Complaint Received: 09/05/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

Date Complaint Received: 07/03/2008

Date Investigation Completed: 09/09/2008

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/31/2008

Date Investigation Completed: 04/01/2008

Subject Area(s)

Result

SOD #

MEDICATIONS
ADMINISTRATION

SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 47 of 47 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.