

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 48 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: BELGIUM GARDENS (0012459)

Address: 432 HERITAGE ST, BELGIUM, WI 53004

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104091 **End Date:** 04/27/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102225 **End Date:** 07/31/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: CEDAR GARDENS (0011384)

Address: W56 N225 MCKINLEY BLVD, CEDARBURG, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 10/11/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0097981 **End Date:** 10/11/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: HARRISON HOME (310409)

Address: W72 N675 HARRISON AVE, CEDARBURG, WI 53012

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102494 **End Date:** 08/22/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098786 **End Date:** 02/19/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007449 Served 03/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	08/22/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	08/22/2008	Yes
83.42(12)	MAINTENANCE OF EXITS	08/22/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Enforcement History (HARRISON HOME)

Date: 02/28/2007 **SOD #**10007449 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.19(1)(d)

FORFEITURE---83.33(4)

FORFEITURE---83.42(12)

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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: OZAUKEE

Complaint History (HARRISON HOME)

Date Complaint Received: 06/18/2008

Date Investigation Completed: 08/22/2008

Subject Area(s)

SUPERVISION
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

0RQ314

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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: OZAUKEE

Facility Information

Facility Name: PINEVIEW (0011696)

Address: 219 LAWRENCE ST, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099299 **End Date:** 05/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0098573 **End Date:** 01/31/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: WOODLAND VIEW ESTATE (0011745)

Address: 348 S MILWAUKEE ST, FREDONIA, WI 53021

License Status: REGULAR

Licensed/Certified/Registered 10/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103994 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LHYC11 Served 05/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

Survey ID: 0100315 **End Date:** 10/02/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4WE211 Served 10/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	04/01/2009	
	DISCLOSURE FORM		
83.33(3)(e)2.b	INJECTIONS	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: OZAUKEE

Survey ID: 0099113 End Date: 04/11/2007 Type: INITIAL Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Complaint History (WOODLAND VIEW ESTATE)

Date Complaint Received: 04/08/2009

Date Investigation Completed: 04/22/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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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: OZAUKEE

Facility Information

Facility Name: HAMBURG HOME (310406)
Address: 1951 FIRST AVE, GRAFTON, WI 53024
License Status: REGULAR
Licensed/Certified/Registered 03/01/1989
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100036 **End Date:** 08/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SOH513 Served 08/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	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: OZAUKEE

Facility Information

Facility Name: LUELLA HEIGHTS OF GRAFTON INC (0012709)

Address: 1706 W WASHINGTON ST, GRAFTON, WI 53024

License Status: PROBATIONARY

Licensed/Certified/Registered 02/19/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103513 **End Date:** 02/19/2009 **Type:** INITIAL **Purpose:** SURVEY

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: OZAUKEE

Facility Information

Facility Name: WASHINGTON HEIGHTS CBRF INC (0009969)

Address: 1515 WASHINGTON ST, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102853 **End Date:** 10/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7V6M11 Served 12/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

Survey ID: 0100037 **End Date:** 08/21/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098118 **End Date:** 10/18/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007389 Served 11/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	08/21/2007	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: OZAUKEE

Complaint History (WASHINGTON HEIGHTS CBRF INC)

Date Complaint Received: 05/21/2009

Date Investigation Completed: 07/20/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
OTHER

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/09/2007

Date Investigation Completed: 08/21/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF ADEQUACY

NOT SUBSTANTIATED
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: OZAUKEE

Facility Information

Facility Name: WHISPERING MEADOWS (0010121)

Address: 2191 COUNTY HWY I, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102550 **End Date:** 09/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4X0I12 Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)2.b	INJECTIONS	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 CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Survey ID: 0102191 End Date: 06/24/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4X0I11 Served 07/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/10/2008	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	09/10/2008	Yes
83.21(4)(d)	VISITS	09/10/2008	Yes
83.21(4)(h)	PRIVACY	09/10/2008	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	09/10/2008	Yes
83.21(4)(o)	MEDICATIONS	09/10/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/10/2008	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	09/10/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	09/10/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Enforcement History (WHISPERING MEADOWS)

Date: 07/30/2008 **SOD #**4X0I11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(d)

FORFEITURE---83.21(4)(h)

FORFEITURE---83.21(4)(n)4

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.21(4)(u)

FORFEITURE---83.41(5)(d)2

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Complaint History (WHISPERING MEADOWS)

Date Complaint Received: 08/08/2008

Date Investigation Completed: 09/10/2008

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/19/2008

Date Investigation Completed: 06/24/2008

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

07/30/08
07/30/08
07/30/08

Date Complaint Received: 05/16/2008

Date Investigation Completed: 06/24/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE
ADMINISTRATION
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

07/30/08

07/30/08

Date Complaint Received: 04/29/2008

Date Investigation Completed: 06/24/2008

Subject Area(s)

RESIDENT RIGHTS
ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

07/30/08

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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: OZAUKEE

Facility Information

Facility Name: HIGHLANDS AT NEWCASTLE PLACE (THE) (0009913)

Address: 12600 N PT WASHINGTON RD #300, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103090 **End Date:** 12/02/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098104 **End Date:** 10/17/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007383 Served 11/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	11/19/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	11/19/2008	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	11/19/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/19/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Enforcement History (HIGHLANDS AT NEWCASTLE PLACE (THE))

Date: 11/07/2006 **SOD #10007383** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(a)1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: LUTHER MANOR AT RIVER OAKS (0009128)

Address: 11340 N CEDARBURG RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101582 **End Date:** 04/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VRGX14 Served 04/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	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: OZAUKEE

Enforcement History (LUTHER MANOR AT RIVER OAKS)

Date: 04/29/2008 SOD #VRGX14 Appealed: No

Sanctions

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: NEW PERSPECTIVE MEQUON LLC (0011450)

Address: 3111 W MEQUON RD, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102939 **End Date:** 11/03/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KHS412 Served 11/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	

Survey ID: 0098231 **End Date:** 11/22/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007397 Served 12/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)	ACCESSIBILITY	10/28/2008	Yes

Survey ID: 0097736 **End Date:** 08/28/2006 **Type:** OTHER **Purpose:** OTHER

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: OZAUKEE

Facility Information

Facility Name: SARAH CHUDNOW CAMPUS (0010816)

Address: 10995 NORTH MARKET ST, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 03/24/2005

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103029 **End Date:** 12/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9W3B13 Served 12/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

Survey ID: 0102483 **End Date:** 09/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9W3B12 Served 09/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	10/30/2008	No
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	10/30/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Survey ID: 0099363 End Date: 05/21/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9W3B11 Served 05/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	08/27/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Complaint History (SARAH CHUDNOW CAMPUS)

Date Complaint Received: 09/16/2008

Date Investigation Completed: 12/02/2008

Subject Area(s)

ABUSE
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

9W3B13

Date Complaint Received: 07/09/2008

Date Investigation Completed: 09/08/2008

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/27/2007

Date Investigation Completed: 05/21/2007

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: SILVER SPRINGS (0012125)

Address: 11840 N SILVER AVE, MEQUON, WI 53097

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102951 **End Date:** 11/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U2MK11 Served 11/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	

Survey ID: 0102327 **End Date:** 07/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101271 **End Date:** 02/13/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Complaint History (SILVER SPRINGS)

Date Complaint Received: 11/10/2008

Date Investigation Completed: 11/13/2008

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: ANITAS GARDENS (0011800)

Address: 117 E VAN BUREN, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 09/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0099972 **End Date:** 07/27/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #83TL11 Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

Survey ID: 0098891 **End Date:** 03/13/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: CORNERSTONE GROUP HOME (0012525)

Address: 1521 W 2ND AVE, PORT WASHINGTON, WI 53074

License Status: PROBATIONARY

Licensed/Certified/Registered 09/23/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102622 **End Date:** 09/23/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: ELLENS HOME PORT WASHINGTON (0012363)

Address: 1800 GRANITE RD, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 09/01/2009

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102486 **End Date:** 09/09/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: GOOD HOPE MANOR MILWAUKEE PORT OF HOPE (0010586)

Address: 226 N SPRING ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100742 **End Date:** 11/27/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DN2W13 Served 12/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(a)4	RESIDENT RIGHTS	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.21(5)(a)5	WRITTEN SUMMARY OF THE FINDINGS	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	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: OZAUKEE

Survey ID: 0099538 End Date: 06/14/2007 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DN2W12 Served 06/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	08/01/2007	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	08/01/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	08/01/2007	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	08/01/2007	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: OZAUKEE

Enforcement History (GOOD HOPE MANOR MILWAUKEE PORT OF HOPE)

Date: 12/18/2007 **SOD #DN2W13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(p)

Date: 06/19/2007 **SOD #DN2W12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(a)
FORFEITURE---83.43(3)(b)1 2nd cite
FORFEITURE---83.43(3)(b)2 2nd cite

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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: OZAUKEE

Complaint History (GOOD HOPE MANOR MILWAUKEE PORT OF HOPE)

Date Complaint Received: 07/10/2007

Date Investigation Completed: 11/27/2007

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

DN2W13

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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: OZAUKEE

Facility Information

Facility Name: HARBOR CLUB (THE) (310408)

Address: 425 W WALTERS ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100755 **End Date:** 11/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Complaint History (HARBOR CLUB (THE))

Date Complaint Received: 03/02/2009

Date Investigation Completed: 07/02/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

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 CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: NORPORT GROUP HOME (310490)

Address: 411 E NORPORT DR, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 01/01/1983

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100495 **End Date:** 10/26/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: OAK COURT GROUP HOME (310491)
Address: 1265 OAK CT, PORT WASHINGTON, WI 53074
License Status: REGULAR
Licensed/Certified/Registered 02/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102150 **End Date:** 07/14/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2M5913 Served 07/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	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: OZAUKEE

Facility Information

Facility Name: PORT HAVEN (0012186)

Address: 334 S GARFIELD ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 01/16/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104024 **End Date:** 04/14/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DOH11 Served 05/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS		

Survey ID: 0102458 **End Date:** 09/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HY7J11 Served 09/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	

Survey ID: 0100919 **End Date:** 01/16/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Enforcement History (PORT HAVEN)

Date: 05/22/2009 **SOD #**7DOH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.32(3)(g)

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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: OZAUKEE

Complaint History (PORT HAVEN)

Date Complaint Received: 04/06/2009

Date Investigation Completed: 04/14/2009

Subject Area(s)

RESTRAINTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

05/22/09

Date Complaint Received: 04/21/2008

Date Investigation Completed: 09/02/2008

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: OZAUKEE

Facility Information

Facility Name: DEKORA SPRINGS (0008994)

Address: 214 W DEKORA ST, SAUKVILLE, WI 53080

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102814 **End Date:** 10/08/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DP4413 Served 11/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.44(1)(e)	BACKUP BATTERY POWER SUPPLY	04/01/2009	

Survey ID: 0097636 **End Date:** 08/23/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007346 Served 08/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/08/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/08/2008	No

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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: OZAUKEE

Facility Information

Facility Name: SHAER RESIDENTIAL FACILITY (0010741)

Address: 213 W ALTALOMA CR, THIENSVILLE, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 10/18/2004

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104294 **End Date:** 06/25/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103697 **End Date:** 03/06/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2MOM12 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.21(4)(h)	PRIVACY	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.35(1)(f)	FOOD GUIDE PYRAMID	04/01/2009	
83.35(1)(h)	NO MEALS SERVED IN BEDROOM	04/01/2009	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	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: OZAUKEE

Survey ID: 0101560 **End Date: 04/08/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2MOM11 Served 04/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	02/20/2009	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	02/20/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	02/20/2009	No
83.21(4)(g)	FAIR TREATMENT	02/20/2009	No
83.21(4)(w)	SAFE ENVIRONMENT	02/20/2009	No

Survey ID: 0100217 **End Date: 09/26/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098599 **End Date: 01/12/2007** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007428 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	09/26/2007	Yes
83.21(4)(h)	PRIVACY	09/26/2007	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	09/26/2007	Yes
83.35(4)(b)	GRADE A MILK STANDARDS	09/26/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	09/26/2007	Yes
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION	09/26/2007	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: OZAUKEE

Enforcement History (SHAER RESIDENTIAL FACILITY)

Date: 03/30/2009 **SOD #2MOM12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a) 2nd cite
FORFEITURE---83.21(4)(g) 2nd cite
FORFEITURE---83.21(4)(h)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(w) 2nd cite
FORFEITURE---83.35(1)(f)
FORFEITURE---83.35(1)(h)

Date: 04/28/2008 **SOD #2MOM11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.11(3)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(w)

Date: 02/01/2007 **SOD #10007428** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(h)
FORFEITURE---83.35(4)(b)

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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: OZAUKEE

Complaint History (SHAER RESIDENTIAL FACILITY)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/06/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	2MOM12
MEDICATIONS	SUBSTANTIATED	2MOM12
PROGRAM SERVICES	SUBSTANTIATED	2MOM12

Date Complaint Received: 01/28/2008

Date Investigation Completed: 04/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF ADEQUACY	SUBSTANTIATED	04/28/08

Date Complaint Received: 12/06/2007

Date Investigation Completed: 04/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	4/28/08
STAFF ADEQUACY	SUBSTANTIATED	4/28/08

Date Complaint Received: 11/21/2007

Date Investigation Completed: 04/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	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: OZAUKEE

Date Complaint Received: 03/28/2007

Subject Area(s)
SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
STAFF ADEQUACY

Date Investigation Completed: 09/26/2007

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

Date Complaint Received: 01/04/2007

Subject Area(s)
SUPERVISION

Date Investigation Completed: 01/12/2007

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

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