

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

**Notes**

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

**The report includes only facilities located within the City of Brookfield. 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 25 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 AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** A LOVING HOME (310302)

**Address:** 21470 LEES CT, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1996

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0102736    **End Date:** 10/13/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XLHE11    Served 10/22/2008

<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	

**Survey ID:** 0099402    **End Date:** 05/03/2007    **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: WAUKESHA

**Survey ID: 0098617    End Date: 01/11/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10012482    Served 02/09/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	05/03/2007	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/03/2007	Yes
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	05/03/2007	Yes
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	05/03/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/11/2006	Yes
83.14(7)(b)	CONTINUING EDUCATION	05/03/2007	Yes
83.15(2)(a)	WRITTEN STAFFING SCHEDULE	05/03/2007	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	05/03/2007	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	05/03/2007	Yes
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	05/03/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/03/2007	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/03/2007	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	05/03/2007	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	05/03/2007	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	05/03/2007	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	05/03/2007	Yes
83.41(1)(d)3	FURNACE AND DRYER ENCLOSED	05/03/2007	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	05/03/2007	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	05/03/2007	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	05/03/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/03/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	05/03/2007	Yes

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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: WAUKESHA

### Enforcement History (A LOVING HOME)

**Date: 02/07/2007**      **SOD #10012482**      **Appealed: No**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.13(6)(a)1

FORFEITURE---83.13(7)(a)

FORFEITURE---83.13(7)(a)8

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(4)(a)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.15(2)(a)

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

FORFEITURE---83.19(3)(e)

FORFEITURE---83.32(1)(b)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(2)(c)1

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

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(2)(g)1

FORFEITURE---83.33(3)(e)5

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

FORFEITURE---83.42(2)(a)

FORFEITURE---83.42(3)(e)

FORFEITURE---83.42(3)(f)

FORFEITURE---83.43(b)(1)

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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: WAUKESHA

#### Facility Information

**Facility Name:** BENINGTON GROUP HOME (0012380)

**Address:** 18950 BENINGTON DR, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2009

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

#### Survey History

**Survey ID:** 0103361    **End Date:** 01/12/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TWF911    Served 02/12/3009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	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: WAUKESHA

#### Facility Information

**Facility Name:** BROOKFIELD GARDENS ASSISTED LIVING (0010665)

**Address:** 660 WOELFEL RD, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2005

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

#### Survey History

**Survey ID:** 0103979    **End Date:** 05/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103748    **End Date:** 03/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #L41C11    Served 04/07/2009

Deficiencies Cited

83.21(4)(g)

Subject Area

FAIR TREATMENT

Compliance

Verified

04/01/2009

Corrected

**Survey ID:** 0103122    **End Date:** 12/16/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101458    **End Date:** 03/31/2008    **Type:** OTHER    **Purpose:** COMPLAINT/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: WAUKESHA

**Survey ID: 0100397    End Date: 10/04/2007    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #4HGT11    Served 10/25/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)1	REVIEW RESIDENT ASSESSMENT AND ISP	03/31/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/31/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	03/31/2008	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: WAUKESHA

#### Complaint History (BROOKFIELD GARDENS ASSISTED LIVING)

**Date Complaint Received: 04/10/2009**

**Date Investigation Completed: 05/11/2009**

Subject Area(s)  
MEDICATIONS  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/29/2009**

**Date Investigation Completed: 02/18/2009**

Subject Area(s)  
RESIDENT RIGHTS  
ABUSE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/10/2008**

**Date Investigation Completed: 12/16/2008**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/23/2008**

**Date Investigation Completed: 12/15/2008**

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/03/2008**

**Date Investigation Completed: 03/31/2008**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/26/2007**

**Date Investigation Completed: 03/31/2008**

Subject Area(s)  
ADMINISTRATION

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: WAUKESHA

**Date Complaint Received: 09/14/2007**

Subject Area(s)  
ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

**Date Investigation Completed: 10/04/2007**

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

**Date Complaint Received: 08/30/2007**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS  
ADMINISTRATION

**Date Investigation Completed: 10/03/2007**

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

### Facility Information

**Facility Name:** CLARE BRIDGE OF BROOKFIELD (310345)

**Address:** 15100 W CAPITOL DR, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/31/1992

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

### Survey History

**Survey ID:** 0102464      **End Date:** 08/26/2008      **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: WAUKESHA

### Enforcement History (CLARE BRIDGE OF BROOKFIELD)

**Date: 07/14/2006**      **SOD #10009172**      **Appealed: Yes**      **Decision: WITHDRAWN APPEAL (NO STIPULATIO**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING  
FORFEITURE---83.33(4)  
FORFEITURE---83.35(2)  
FORFEITURE---83.42(2)(a)

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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: WAUKESHA

#### Facility Information

**Facility Name:** FAIRVIEW ELM GROVE PLACE (310379)

**Address:** 260 S ELM GROVE RD, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1996

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

#### Survey History

**Survey ID:** 0103975    **End Date:** 04/30/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U1PT11    Served 05/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(2)(b)	CLASS A SEMI-AMBULATORY (AS)		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.38(1)(g)	HEALTH MONITORING		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

**Survey ID:** 0102287    **End Date:** 07/30/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

### Enforcement History (FAIRVIEW ELM GROVE PLACE)

**Date:** 05/12/2009      **SOD #**U1PT11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.04(2)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

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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: WAUKESHA

**Complaint History (FAIRVIEW ELM GROVE PLACE)**

**Date Complaint Received: 02/04/2009**

**Date Investigation Completed: 04/30/2009**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

U1PT11

**Date Complaint Received: 10/21/2008**

**Date Investigation Completed: 04/30/2009**

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE  
RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED  
SUBSTANTIATED

U1PT11  
U1PT11

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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: WAUKESHA

#### Facility Information

**Facility Name:** FAIRVIEW MEADOWS (310383)

**Address:** 2310 HILLSDALE DRIVE EAST, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1991

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

#### Survey History

**Survey ID:** 0099284    **End Date:** 04/25/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E26X14    Served 05/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.05(2)(e)	CLASS C SEMIAMBULATORY (CS)	04/01/2009	
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	04/01/2009	
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO 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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

### Enforcement History (FAIRVIEW MEADOWS)

**Date: 05/14/2007**      **SOD #E26X14**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.05(2)(e)

FORFEITURE---83.13(4)(a) 3rd cite

FORFEITURE---83.42(2)(b)

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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: WAUKESHA

### Facility Information

**Facility Name:** FOREST GROVE (310692)

**Address:** 13800 FOREST GROVE RD, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1998

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

### Survey History

**Survey ID:** 0103593      **End Date:** 02/18/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100908      **End Date:** 01/11/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

#### Complaint History (FOREST GROVE)

**Date Complaint Received: 02/04/2009**

**Date Investigation Completed: 02/18/2009**

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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

### Facility Information

**Facility Name:** HAWTHORNE COURT (0008888)

**Address:** 470 SCARLET HAWTHORNE CT, BROOKFIELD, WI 53045

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2000

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

### Survey History

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

### Facility Information

**Facility Name:** NEW PERSPECTIVES BROOKFIELD 1 (0011457)

**Address:** 16720 W GREENFIELD AVE, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2007

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

### Survey History

**Survey ID:** 0102307      **End Date:** 07/28/2008      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098086      **End Date:** 11/02/2006      **Type:** OTHER      **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: WAUKESHA

**Facility Information**

**Facility Name:** NEW PERSPECTIVES BROOKFIELD 2 (0011458)

**Address:** 16690 W GREENFIELD AVE, BROOKFIELD, WI 53005

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2007

**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104163    **End Date:** 06/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103792    **End Date:** 03/30/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CUZC12    Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

**Survey ID:** 0099464    **End Date:** 05/30/2007    **Type:** OTHER    **Purpose:** COMPLAINT/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: WAUKESHA

**Survey ID: 0099260    End Date: 04/11/2007    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #CUZC11    Served 05/14/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	03/19/2009	Yes
83.21(4)(w)	SAFE ENVIRONMENT	03/19/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	03/19/2009	Yes
83.43(4)(b)2.b	STAFF LIVING QUARTERS AND OFFICE	03/19/2009	Yes

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**Survey ID: 0098085    End Date: 11/02/2006    Type: OTHER    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: WAUKESHA

#### Enforcement History (NEW PERSPECTIVES BROOKFIELD 2)

**Date: 04/08/2009**      **SOD #CUZC12**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.21(4)(p)

**Date: 05/10/2007**      **SOD #CUZC11**      **Appealed: No**

Sanctions

FORFEITURE---83.19(1)d

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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: WAUKESHA

#### Complaint History (NEW PERSPECTIVES BROOKFIELD 2)

**Date Complaint Received: 04/23/2009**

**Date Investigation Completed: 06/11/2009**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/30/2009**

**Date Investigation Completed: 03/30/2009**

Subject Area(s)

SUPERVISION  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/29/2008**

**Date Investigation Completed: 03/30/2009**

Subject Area(s)

SUPERVISION  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/16/2007**

**Date Investigation Completed: 05/30/2007**

Subject Area(s)

SUPERVISION

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: WAUKESHA

**Date Complaint Received: 02/05/2007**

Subject Area(s)

ABUSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

**Date Investigation Completed: 04/11/2007**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

04/16/07

**Date Complaint Received: 01/12/2007**

Subject Area(s)

ABUSE  
STAFF ADEQUACY

**Date Investigation Completed: 04/11/2007**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

04/16/07

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