

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 is a PDF (Adobe Acrobat) document and includes a total of 72 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: WAUKESHA

Facility Information

Facility Name: CLA BUTLER (0010567)

Address: 12605 W COURTLAND AVE, BUTLER, WI 53007

License Status: REGULAR

Licensed/Certified/Registered 05/01/2006

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

Survey History

Survey ID: 0102630 **End Date:** 09/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #F87Q13 Served 10/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	
83.35(4)(a)	FOOD SUPPLY	04/01/2009	

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

Facility Information

Facility Name: ROGERS MEM HOSP EDC DELAFIELD (0012061)

Address: W325 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 02/08/2008

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

Survey History

Survey ID: 0101152 **End Date:** 02/08/2008 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: ROGERS MEM HOSP OCD (0012062)
Address: W277 OAKWOOD DR, DELAFIELD, WI 53018
License Status: REGULAR
Licensed/Certified/Registered 02/08/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101154 **End Date:** 02/08/2008 **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: WAUKESHA

Facility Information

Facility Name: TWIN OAKS (310571)

Address: N4 W31511 TWIN OAKS DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 01/01/1997

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

Survey History

Survey ID: 0100618 **End Date:** 11/08/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DONQ11 Served 12/01/2007

<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	
83.43(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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: CORY HOME (0012200)
Address: 201-203 CORY AVE, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 11/27/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100740 **End Date:** 11/26/2007 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: HANSON HOUSE (0009739)
Address: 240 WOLF RD, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 05/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098679 **End Date:** 01/18/2007 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: LAD LAKE COTTAGE UNIT (0011270)
Address: W350 S4101 WATERVILLE RD, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 01/01/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103079 **End Date:** 11/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098236 **End Date:** 11/28/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098237 **End Date:** 07/10/2006 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: LAD LAKE INC (0010164)
Address: W350 S1401 WATERVILLE RD, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 03/01/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103035 **End Date:** 11/18/2008 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098235 **End Date:** 11/28/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: RIVERSIDE LODGE (310510)

Address: 410 N MAIN ST, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 12/01/1996

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

Survey History

Survey ID: 0098710 **End Date:** 01/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007441 Served 02/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	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

Facility Information

Facility Name: FAIRVIEW HOUSE (0010004)

Address: 1820 WESTMOOR TERRACE, ELM GROVE, WI 53122

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

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

Survey History

Survey ID: 0102289 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: BRADFORD HOME (0012560)
Address: 644 BRADFORD WAY, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 12/03/2008
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103031 **End Date:** 12/03/2008 **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 AA (AMBULATORY)
COUNTY: WAUKESHA

Facility Information

Facility Name: GATEHOUSE (0009716)
Address: 123 LAWN ST, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100267 **End Date:** 09/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HARTLAND TERRACE (0012378)

Address: 327B NORTH AVE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 05/01/2009

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

Survey History

Survey ID: 0103278 **End Date:** 01/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I8W611 Served 01/27/2009

<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: 0102415 **End Date:** 08/18/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HF1311 Served 09/04/2008

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

Survey ID: 0101662 **End Date:** 04/21/2008 **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: WAUKESHA

Enforcement History (HARTLAND TERRACE)

Date: 09/03/2008 SOD #HF1311 Appealed: Yes Decision: STIPULATION

Sanctions

FORFEITURE---83.21(4)(p)

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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 (HARTLAND TERRACE)

Date Complaint Received: 07/18/2008

Date Investigation Completed: 08/18/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	HF1311
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: ARBORETUM V LLC (THE) (310670)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 02/01/1991

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

Survey History

Survey ID: 0098635 **End Date:** 01/22/2007 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007434 Served 02/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	04/01/2009	
83.43(3)(b)3	DETECTORS INSPECTED AFTER A FIRE	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

Complaint History (ARBORETUM V LLC (THE))

Date Complaint Received: 11/13/2006

Date Investigation Completed: 01/23/2007

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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

Facility Information

Facility Name: HARTFEL HOUSE (310410)
Address: N88 W17630 CHRISTMAN RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 05/01/1980
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101436 **End Date:** 03/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HERITAGE COURT (0010630)

Address: 14250 W HAMPTON AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005

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

Survey History

Survey ID: 0103456 **End Date:** 02/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099970 **End Date:** 07/27/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R1GF11 Served 08/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	02/04/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/04/2009	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	02/04/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (HERITAGE COURT)

Date Complaint Received: 01/08/2009

Date Investigation Completed: 02/05/2009

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOF

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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: HIL HAWTHORNE HOUSE (0009796)

Address: N60 W15734 W HAWTHORNE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0101307 **End Date:** 03/04/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100750 **End Date:** 11/28/2007 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OLBR12 Served 12/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	03/04/2008	
83.41(1)(e)1	BEDROOM ARRANGEMENTS	03/04/2008	Yes

Survey ID: 0098895 **End Date:** 03/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007454 Served 03/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	11/27/2007	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: WAUKESHA

Complaint History (HIL HAWTHORNE HOUSE)

Date Complaint Received: 11/21/2007

Date Investigation Completed: 11/28/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

OLBR12

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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: MAPLE ROAD GROUP HOME (0011662)

Address: W187 N8581 MAPLE ROAD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/01/2007

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

Survey History

Survey ID: 0100017 **End Date:** 07/12/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099212 **End Date:** 04/18/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SOH811 Served 05/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/27/2007	Yes

Survey ID: 0098017 **End Date:** 10/31/2006 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Complaint History (MAPLE ROAD GROUP HOME)

Date Complaint Received: 05/30/2007

Date Investigation Completed: 07/12/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

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: NORTHFIELD MANOR (0011923)

Address: W128 N6900 NORTHFIELD DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 05/25/2007

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

Survey History

Survey ID: 0100218 **End Date:** 09/06/2007 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099406 **End Date:** 05/25/2007 **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: WAUKESHA

Facility Information

Facility Name: RIVERVIEW VILLAGE (0009599)

Address: W176 N9430 RIVER CREST DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 12/01/2002

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

Survey History

Survey ID: 0104090 **End Date:** 05/07/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7X1F11 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK		

Survey ID: 0102828 **End Date:** 10/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DPKL11 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	

Survey ID: 0098360 **End Date:** 12/18/2006 **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: WAUKESHA

Enforcement History (RIVERVIEW VILLAGE)

Date: 06/02/2009 **SOD #7X1F11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---50.03(5g)(c)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: WAUKESHA

Complaint History (RIVERVIEW VILLAGE)

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/23/2009

Date Investigation Completed: 05/07/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/05/2008

Date Investigation Completed: 10/02/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

11/05/08

Date Complaint Received: 07/28/2008

Date Investigation Completed: 10/02/2008

Subject Area(s)

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

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

11/05/08

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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: WAUKESHA

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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: BIRCHROCK CORNERS (310611)

Address: 210 MCDIVITT LN, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 06/01/1997

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

Survey History

Survey ID: 0100984 **End Date:** 01/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: LINDEN COURT MUKWONAGO (310452)

Address: 845 COUNTY RD NN EAST, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

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

Survey History

Survey ID: 0099295 **End Date:** 05/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: BROTOLOC MUSKEGO CBRF (0008784)

Address: S68 W12699 BRISTLECONE LN, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0103997 **End Date:** 05/13/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099596 **End Date:** 06/25/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I34Q13 Served 06/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	04/01/2009	
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	04/01/2009	

Survey ID: 0097451 **End Date:** 07/20/2006 **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

Enforcement History (BROTOLOC MUSKEGO CBRF)

Date: 06/27/2007 **SOD #**I34Q13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: MUSKEGO NURSING HOME (310477)

Address: S77 W18690 JANESVILLE RD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 12/01/1979

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

Survey History

Survey ID: 0099586 **End Date:** 05/30/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099054 **End Date:** 03/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007467 Served 04/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/23/2007	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: WAUKESHA

Complaint History (MUSKEGO NURSING HOME)

Date Complaint Received: 05/11/2007

Date Investigation Completed: 05/30/2007

Subject Area(s)

Result

SOD #

SUPERVISION
RESTRAINTS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/17/2007

Date Investigation Completed: 05/30/2007

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 CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: APPLEWOOD NEW BERLIN (310635)

Address: 2900 S MOORLAND RD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 07/01/1998

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

Survey History

Survey ID: 0099524 **End Date:** 06/08/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZBM011 Served 06/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		

Survey ID: 0098227 **End Date:** 09/28/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (APPLEWOOD NEW BERLIN)

Date Complaint Received: 10/05/2006

Date Investigation Completed: 06/08/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/10/2006

Date Investigation Completed: 09/28/2006

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS

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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: AUTUMN LIVING NORTH (0010951)

Address: 12850 12860 W EUCLID AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

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

Survey History

Survey ID: 0101457 **End Date:** 03/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: COUNTRY CASTLE GROUP HOME (0012381)

Address: 21530 W LOCHLEVEN LN, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0104042 **End Date:** 05/20/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103878 **End Date:** 05/17/2008 **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 AS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS - RAINBOW TERRAC (0012504)

Address: 15831 W SANTA ROSA BLVD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/01/2008

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

Survey History

Survey ID: 0102726 **End Date:** 09/24/2008 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: GOLDEN OAKS HOME (0009937)
Address: 21600 W CLEVELAND AVE, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 10/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0100266 **End Date:** 09/06/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #25IB11 Served 10/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

Survey ID: 0097452 **End Date:** 07/27/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HERITAGE AT DEER CREEK (CBRF) (0009763)

Address: 3585 S 147TH ST, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Survey History

Survey ID: 0104122 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7ZIU11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	07/15/2009	Yes

Survey ID: 0102825 **End Date:** 10/16/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101239 **End Date:** 02/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HFRV15 Served 03/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	10/16/2008	Yes
83.33(2)(a)	SUPERVISION	10/16/2008	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

Survey ID: 0100215 End Date: 09/13/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HFRV14 Served 10/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	02/20/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	02/20/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	02/20/2008	Yes
83.55(4)(e)	SAFETY	02/20/2008	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

Enforcement History (HERITAGE AT DEER CREEK (CBRF))

Date: 03/06/2008 **SOD #HFRV15** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(2)(a)

Date: 10/02/2007 **SOD #HFRV14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.43(3)(b)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: WAUKESHA

Complaint History (HERITAGE AT DEER CREEK (CBRF))

Date Complaint Received: 06/17/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
RESTRAINTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/22/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/01/2008

Date Investigation Completed: 10/16/2008

Subject Area(s)

ABUSE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2008

Date Investigation Completed: 10/16/2008

Subject Area(s)

ABUSE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/07/2008

Date Investigation Completed: 02/25/2008

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: WAUKESHA

Date Complaint Received: 11/15/2007

Date Investigation Completed: 02/25/2008

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
HFRV15

Date Complaint Received: 06/26/2007

Date Investigation Completed: 09/13/2007

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

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
HFRV14

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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: HIL SKYLINE HOUSE (0009690)

Address: 5265 S SKYLINE DR, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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: SKY RESIDENTIAL BROOKSIDE (0009132)

Address: 2405 S BROOKSIDE PKWY, NEW BERLIN, WI 531512905

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0102781 **End Date:** 10/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102769 **End Date:** 10/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102090 **End Date:** 06/26/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (SKY RESIDENTIAL BROOKSIDE)

Date Complaint Received: 10/02/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/13/2008

Date Investigation Completed: 06/26/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: VICTORIAN CASTLE (0011711)

Address: 19700 W CLEVELAND AVE, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 07/01/2007

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

Survey History

Survey ID: 0104367 **End Date:** 06/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BPT11 Served 07/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION		
83.59(3)(a)	PATIO DOOR FACTORY INSTALLED FASTENINGS		

Survey ID: 0101383 **End Date:** 03/21/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099478 **End Date:** 05/16/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TEGH11 Served 06/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(7)	REGULATION OF CBRF	03/12/2008	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	03/12/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Survey ID: 0098401 **End Date: 01/03/2007** **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Complaint History (VICTORIAN CASTLE)

Date Complaint Received: 02/12/2008

Date Investigation Completed: 03/21/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: CHATEAU LEBLANC GROUP HOME (310340)

Address: N27 W30818 GOLF HILLS DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 11/10/1996

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

Survey History

Survey ID: 0098560 **End Date:** 11/21/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (CHATEAU LEBLANC GROUP HOME)

Date Complaint Received: 06/04/2009

Date Investigation Completed: 07/08/2009

Subject Area(s)
STAFF ADEQUACY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: HIL CRESCENT HOUSE (0009791)

Address: W228 N4043 CRESCENT DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

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

Survey History

Survey ID: 0103764 **End Date:** 03/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7XIH12 Served 04/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	04/01/2009	

Survey ID: 0099018 **End Date:** 03/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007463 Served 04/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/13/2009	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: WAUKESHA

Enforcement History (HIL CRESCENT HOUSE)

Date: 04/09/2007 SOD #10007463 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

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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: HIL DEER HAVEN (0009962)

Address: N26 W26286 QUAIL HOLLOW RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003

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

Survey History

Survey ID: 0102551 **End Date:** 08/21/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097602 **End Date:** 08/15/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Complaint History (HIL DEER HAVEN)

Date Complaint Received: 07/11/2008

Date Investigation Completed: 08/21/2008

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: HIL LAKEVIEW (0009811)
Address: 504 W WISCONSIN AVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099418 **End Date:** 05/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HIL PEWAUKEE HOUSE (0009704)
Address: 303 OAKTON AVE, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099423 **End Date:** 05/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (HIL PEWAUKEE HOUSE)

Date Complaint Received: 01/09/2007

Date Investigation Completed: 05/14/2007

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

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: KIRKLAND CROSSINGS (0009361)

Address: 700 QUINLAN DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

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

Survey History

Survey ID: 0100482 **End Date:** 10/31/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Facility Information

Facility Name: LYNNWOOD OF DELAFIELD (0009711)

Address: W302 N1632 MAPLE AVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

Survey ID: 0103112 **End Date:** 12/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4UBC11 Served 12/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/01/2009	

Survey ID: 0098914 **End Date:** 03/13/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Survey ID: 0097960 End Date: 10/12/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009206

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.05(1)(a)	ENTITY SANCTION	03/13/2007	Yes
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	03/13/2007	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	03/13/2007	Yes
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	03/13/2007	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	03/13/2007	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	03/13/2007	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: WAUKESHA

Enforcement History (LYNNWOOD OF DELAFIELD)

Date: 10/23/2006 **SOD #**10009206 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(10)(e)

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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 (LYNNWOOD OF DELAFIELD)

Date Complaint Received: 12/22/2006

Date Investigation Completed: 03/13/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/24/2006

Date Investigation Completed: 10/12/2006

Subject Area(s)

Result

SOD #

STAFF ADEQUACY

SUBSTANTIATED

10009206

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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: WYNDHAM COTTAGE (0011912)

Address: 1109 CECILIA DR, PEWAUKEE, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0103592 **End Date:** 02/10/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FZIX12 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	

Survey ID: 0103109 **End Date:** 11/21/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FZIX11 Served 12/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	02/10/2009	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	02/10/2009	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Survey ID: 0102513 **End Date: 08/19/2008** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WJIH11 Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	02/10/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	02/10/2009	Yes

Survey ID: 0100670 **End Date: 11/27/2007** **Type: STANDARD** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0099938 **End Date: 08/06/2007** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099576 **End Date: 06/12/2007** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

Enforcement History (WYNDHAM COTTAGE)

Date: 03/18/2009 **SOD #FZIX12** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(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 (WYNDHAM COTTAGE)

Date Complaint Received: 10/21/2008

Date Investigation Completed: 11/21/2008

Subject Area(s)

ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/11/2008

Date Investigation Completed: 08/19/2008

Subject Area(s)

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
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NOT SUBSTANTIATED
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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

Facility Information

Facility Name: STERLING HOUSE OF SUSSEX (310682)

Address: W240 N6351 MAPLE AVE, SUSSEX, WI 53089

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998

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

Survey History

Survey ID: 0100979 **End Date:** 01/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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