

**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 Waukesha. 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 38 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:** AVALON SQUARE INC (0009325)

**Address:** 222 PARK PL, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2002

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

### Survey History

**Survey ID:** 0098677      **End Date:** 01/22/2007      **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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** CCLS GARFIELD (0010780)  
**Address:** 1306 GARFIELD AVE, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101113    **End Date:** 02/14/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10Z611    Served 02/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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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:** CCLS OAKDALE DRIVE (310328)  
**Address:** 1606 OAKDALE DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/28/1991  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098841    **End Date:** 02/28/2007    **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:** CCLS VICTORIA DRIVE (0009420)  
**Address:** 1425 VICTORIA DR, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099722    **End Date:** 07/03/2007    **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:** CCLS WELSH COURT (310329)  
**Address:** 2704 2706 WELSH CT, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1984  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0098842    **End Date:** 02/27/2007    **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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** CENTURY HOUSE (310335)  
**Address:** 1130 NORTHVIEW RD, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1983  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0101122    **End Date:** 02/13/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3RDH14    Served 02/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.43(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

**Enforcement History (CENTURY HOUSE)**

**Date: 02/20/2008      SOD #3RDH14      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.43(3)(b)2

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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:** CEPHAS HALFWAY HOUSE (310336)  
**Address:** S48 W28180 SAYLESVILLE RD, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/25/1980  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099153      **End Date:** 04/24/2007      **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: WAUKESHA

### Facility Information

**Facility Name:** CREATIVE LIVING ENVIRONMENTS - CLARION MANOR (0012503)

**Address:** 21325 CLARION LN, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2008

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

### Survey History

**Survey ID:** 0102727      **End Date:** 09/23/2008      **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** DI LANA HOUSE (0012234)

**Address:** W274 S4025 TIMBER TRL, WAUKESHA, WI 53189

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2009

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

**Survey History**

**Survey ID:** 0104018    **End Date:** 05/20/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103799    **End Date:** 03/31/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0Q0H11    Served 04/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	04/01/2009	
83.14(3)	INITIAL TRAINING MEDICATIONS	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	04/01/2009	
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.41(4)(a)	HEATING	04/01/2009	

**Survey ID:** 0102873    **End Date:** 10/15/2008    **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

**Survey ID: 0100959**      **End Date: 01/23/2008**      **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 CS (SEMIAMBULATORY)

COUNTY: WAUKESHA

**Enforcement History (DILANA HOUSE)**

**Date: 04/08/2009      SOD #0Q0H11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(3)

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.16(1)(h)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

#### Complaint History (DI LANA HOUSE)

**Date Complaint Received: 05/12/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
SUPERVISION  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/07/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
SUPERVISION  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/30/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/30/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
STAFF ADEQUACY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/27/2009**

**Date Investigation Completed: 05/14/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/05/2009**

**Date Investigation Completed: 03/31/2009**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
0Q0H11

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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

**Date Complaint Received: 01/07/2009**

**Date Investigation Completed: 03/31/2009**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

0Q0H11

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

**Facility Information**

**Facility Name:** HIL CANAAN (0009981)  
**Address:** 443 FREEMAN ST, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2003  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099303      **End Date:** 04/24/2007      **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:** HIL GREENMEADOW (0012708)

**Address:** 204 GREENMEADOW DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/23/2009

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

### Survey History

**Survey ID:** 0103670      **End Date:** 03/23/2009      **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:** HIL JORDAN HOUSE (0009759)  
**Address:** 2165 LAURA LN, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0099404    **End Date:** 05/15/2007    **Type:** OTHER    **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 JORDAN HOUSE)**

**Date Complaint Received: 01/09/2007**

**Date Investigation Completed: 05/15/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 10/30/2006**

**Date Investigation Completed: 05/15/2007**

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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** HIL ORCHARD KNOLL (0009797)  
**Address:** 1500 NORTHVIEW RD, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100622    **End Date:** 11/28/2007    **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:** LINDEN COURT WAUKESHA (0010827)

**Address:** 2330 W MICHIGAN AVE, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2005

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

### Survey History

**Survey ID:** 0099160      **End Date:** 04/17/2007      **Type:** STANDARD      **Purpose:** SURVEY/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

#### Complaint History (LINDEN COURT WAUKESHA)

**Date Complaint Received: 04/10/2007**

**Date Investigation Completed: 04/17/2007**

Subject Area(s)  
MEDICATIONS

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

### Facility Information

**Facility Name:** LINDENHEIGHTS (310453)

**Address:** 427 N UNIVERSITY DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/1994

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

### Survey History

**Survey ID:** 0099000      **End Date:** 03/28/2007      **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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LSS GENESIS HALFWAY HOUSE (310399)  
**Address:** 1002 MOTOR AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1980  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100914      **End Date:** 01/16/2008      **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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** LSS HOUSE OF HOPE (310424)  
**Address:** 325 SENTINEL DR, WAUKESHA, WI 53189  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1985  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0104040    **End Date:** 05/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E2N411    Served 05/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		

**Survey ID:** 0098456    **End Date:** 12/13/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011931    Served 01/18/2007

<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	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.53(1)(c)	EXIT DOORS, STAIRWAYS OR FIRE ESCAPES	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

**Enforcement History (LSS HOUSE OF HOPE)**

**Date: 05/27/2009      SOD #E2N411      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.20(2)(b)  
FORFEITURE---83.48(1)(b)

**Date: 01/17/2007      SOD #10011931      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.42(3)(e)  
FORFEITURE---83.42(3)(f)

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

**Facility Information**

**Facility Name:** MARION HOUSE (310472)  
**Address:** 401 S PRAIRIE ST, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/1994  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0100972    **End Date:** 01/16/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Z37A11    Served 02/04/2008

<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	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/01/2009	

**Survey ID:** 0098270    **End Date:** 12/05/2006    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098229    **End Date:** 09/06/2006    **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 AA (AMBULATORY)  
COUNTY: WAUKESHA

**Complaint History (MARION HOUSE)**

**Date Complaint Received: 09/21/2006**

**Date Investigation Completed: 12/05/2006**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 08/17/2006**

**Date Investigation Completed: 09/06/2006**

Subject Area(s)

SUPERVISION  
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: WAUKESHA

#### Facility Information

**Facility Name:** OAK HILL TERRACE V LLC (310668)

**Address:** 1805 KENSINGTON DR, WAUKESHA, WI 53188

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1987

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

#### Survey History

**Survey ID:** 0101448    **End Date:** 03/26/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099667    **End Date:** 06/27/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H11L12    Served 07/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(7)	REGULATION OF CBRF	03/26/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	03/26/2008	Yes
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	03/26/2008	Yes
83.65(1)(a)	MAINTENANCE AND CONSTRUCTION-PLANS	03/26/2008	Yes
83.65(6)(b)	SMOKE BARRIER	03/26/2008	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WAUKESHA

#### Complaint History (OAK HILL TERRACE V LLC)

**Date Complaint Received: 02/26/2008**

**Date Investigation Completed: 03/26/2008**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 11/02/2006**

**Date Investigation Completed: 06/27/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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:** SAMSON HOUSE (0010464)  
**Address:** 611 N GRAND AVE, WAUKESHA, WI 53186  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2005  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103309    **End Date:** 01/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LWRG13    Served 02/05/2009

<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	

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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

**Survey ID: 0098773    End Date: 02/05/2007    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007447    Served 03/01/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	ADMINISTRATOR ENSURE EMPLOYEE CONDUCT	01/14/2009	Yes
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	01/14/2009	Yes
83.21(4)(g)	FAIR TREATMENT	01/14/2009	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	01/14/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	01/14/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/14/2009	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	01/14/2009	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	01/14/2009	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	01/14/2009	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	01/14/2009	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	01/14/2009	No

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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

**Enforcement History (SAMSON HOUSE)**

**Date: 02/27/2007      SOD #10007447      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING  
FORFEITURE---83.12(5)(b)  
FORFEITURE---83.15(5)(b)  
FORFEITURE---83.32(1)(a)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(d)  
FORFEITURE---83.33(3)a(2)

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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 (SAMSON HOUSE)**

**Date Complaint Received: 01/09/2007**

**Date Investigation Completed: 02/05/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION  
OTHER

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

02/27/07

**Date Complaint Received: 10/30/2006**

**Date Investigation Completed: 02/05/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
OTHER

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 CA (AMBULATORY)  
COUNTY: WAUKESHA

**Facility Information**

**Facility Name:** ST COLETTA OF WI BLACKHAWK TRAIL (0009205)

**Address:** 1502 BLACKHAWK TR, WAUKESHA, WI 53186

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2001

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

**Survey History**

**Survey ID:** 0103474    **End Date:** 02/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QQ8S12    Served 02/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

**Survey ID:** 0101093    **End Date:** 02/07/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #QQ8S11    Served 02/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)3	CHIMNEY INSPECTION	02/03/2009	Yes
83.44(1)(f)	VERTICAL SMOKE SEPARATION	02/03/2009	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	02/03/2009	Yes

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

**Complaint History (ST COLETTA OF WI BLACKHAWK TRAIL)**

**Date Complaint Received: 11/20/2008**

**Date Investigation Completed: 02/03/2009**

Subject Area(s)

Result

SOD #

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

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

QQ8S12  
QQ8S12

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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:** SUMMIT HOUSE (0011511)  
**Address:** 910 SUMMIT AVE, WAUKESHA, WI 53188  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2007  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 266-7474

**Survey History**

**Survey ID:** 0103368    **End Date:** 01/21/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098890    **End Date:** 03/08/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007457    Served 03/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	01/15/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	01/15/2009	Yes

**Survey ID:** 0097740    **End Date:** 09/21/2006    **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

**Enforcement History (SUMMIT HOUSE)**

**Date: 03/19/2007      SOD #10007457      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.14(1)d  
FORFEITURE---83.15(1)(c)1

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