

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 27 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

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

Facility Information

Facility Name: CONGREGATIONAL HOME (0010315)
Address: 3150 LILLY RD, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 01/15/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

This is Page 2 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: CONGREGATIONAL HOME (0010760)
Address: 3140 LILLY ROAD, BROOKFIELD, WI 53005
License Status: REGULAR
Licensed/Certified/Registered 10/04/2004
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMMUNITIES (0010309)

Address: 777 N BROOKFIELD RD, BROOKFIELD, WI 53045

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003

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

Survey History

Survey ID: 0101683 **End Date:** 04/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZONH12 Served 05/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(2)(c)1	BUILDING REQUIREMENTS		

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

Facility Information

Facility Name: COMPASS POINT (0011251)
Address: 365 SUNSET DR, DOUSMAN, WI 53118
License Status: REGULAR
Licensed/Certified/Registered 03/02/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103469 **End Date:** 02/04/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CAMBRIDGE HOUSE (0011910)
Address: 300 E NORTH SHORE DR, HARTLAND, WI 53029
License Status: REGULAR
Licensed/Certified/Registered 06/12/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099537 **End Date:** 06/12/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ARBORETUM V LLC (THE) (0010296)
Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 12/28/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098646 **End Date:** 02/05/2007 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: TAMARACK PLACE (0011360)
Address: N84 W17147 MENOMONEE AVE, MENOMONEE FALLS, WI 53051
License Status: REGULAR
Licensed/Certified/Registered 04/01/2006
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0098716 **End Date:** 02/14/2007 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Complaint History (TAMARACK PLACE)

Date Complaint Received: 01/31/2007

Date Investigation Completed: 02/15/2007

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: LINDEN RIDGE (0010336)
Address: 841 HWY NN E, MUKWONAGO, WI 53149
License Status: REGULAR
Licensed/Certified/Registered 07/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0102223 **End Date:** 07/23/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO (0010349)

Address: W181 S8540 LODGE BLVD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

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

Survey History

Survey ID: 0101300 End Date: 03/04/2008 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099355 End Date: 05/14/2007 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (PRO HEALTH CARE REGENCY SENIOR COMM MUSKEGO)

Date Complaint Received: 04/17/2007

Date Investigation Completed: 05/14/2007

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: TUDOR OAKS (0010499)
Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150
License Status: REGULAR
Licensed/Certified/Registered 07/15/2004
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103478 **End Date:** 02/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102520 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099362 **End Date:** 05/14/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097896 **End Date:** 10/09/2006 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Complaint History (TUDOR OAKS)

Date Complaint Received: 01/09/2009	Date Investigation Completed: 02/06/2009
<u>Subject Area(s)</u> PHYSICAL PLANTS & SAFETY HAZARDS ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED
<u>SOD #</u>	
Date Complaint Received: 06/10/2008	Date Investigation Completed: 09/09/2008
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	
Date Complaint Received: 02/22/2007	Date Investigation Completed: 05/14/2007
<u>Subject Area(s)</u> HOMELIKE ENVIRONMENT & CLEANLINESS	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	
Date Complaint Received: 02/19/2007	Date Investigation Completed: 05/14/2007
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	
Date Complaint Received: 07/26/2006	Date Investigation Completed: 10/09/2006
<u>Subject Area(s)</u> PHYSICAL PLANTS & SAFETY HAZARDS	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	

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

Facility Information

Facility Name: APPLEWOOD II NEW BERLIN (0010265)
Address: 2898 S MOORLAND RD, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/14/2000
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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: HERITAGE AT DEER CREEK RCAC (0010319)
Address: 3585 S 147TH ST, NEW BERLIN, WI 53151
License Status: REGULAR
Licensed/Certified/Registered 01/31/2003
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

Address: 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 09/30/1998

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

Survey History

Survey ID: 0099592 End Date: 06/21/2007 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098234 End Date: 11/21/2006 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Complaint History (PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN)

Date Complaint Received: 09/21/2006

Date Investigation Completed: 11/21/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	NOT RECORDED
ADMINISTRATION	SUBSTANTIATED	NOT RECORDED

Date Complaint Received: 09/06/2006

Date Investigation Completed: 11/21/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: SHOREHAVEN TOWER (0010358)
Address: 1305 W WISCONSIN AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 11/01/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099965 **End Date:** 08/15/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099808 **End Date:** 07/12/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: WILKINSON WOODS V LLC (0010378)
Address: 999 EAST SUMMIT AVE, OCONOMOWOC, WI 53066
License Status: REGULAR
Licensed/Certified/Registered 02/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0099442 **End Date:** 05/24/2007 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: WAUKESHA

Facility Information

Facility Name: CECELIA PLACE (0012011)
Address: 1061 CECELIA DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 06/14/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0104119	End Date: 06/04/2009	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0103751	End Date: 03/12/2009	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0101398	End Date: 03/19/2008	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0099619	End Date: 06/19/2007	Type: INITIAL	Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED			

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

Complaint History (CECELIA PLACE)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)
QUALITY OF LIFE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/01/2008

Date Investigation Completed: 03/12/2009

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

Date Complaint Received: 12/07/2007

Date Investigation Completed: 03/19/2008

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: KIRKLAND CROSSINGS RCAC (0010324)
Address: 700 QUINLAN DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: WAUKESHA

Facility Information

Facility Name: WYNDHAM HOUSE PEWAUKEE (0011908)
Address: 1109 CECILIA DR, PEWAUKEE, WI 53072
License Status: REGULAR
Licensed/Certified/Registered 06/12/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0103899 **End Date:** 03/19/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SEMM11 Served 05/04/2009

Deficiencies Cited
89.23(3)(c)

Subject Area
SERVICES

Compliance
Verified

Corrected

Survey ID: 0103642 **End Date:** 02/20/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099940 **End Date:** 08/06/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099566 **End Date:** 06/12/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Complaint History (WYNDHAM HOUSE PEWAUKEE)

Date Complaint Received: 06/01/2009

Date Investigation Completed: 07/14/2009

Subject Area(s)
QUALITY OF LIFE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/02/2009

Date Investigation Completed: 03/19/2009

Subject Area(s)
STAFF ADEQUACY

Result
SUBSTANTIATED

SOD #
SEMM11

Date Complaint Received: 01/23/2009

Date Investigation Completed: 02/20/2009

Subject Area(s)
ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: AVALON SQUARE (0011712)
Address: 222 PARK PL, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 01/22/2007
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

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

This is Page 26 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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

Facility Information

Facility Name: OAK HILL TERRACE (0010356)
Address: 1805 KENSINGTON DR, WAUKESHA, WI 53188
License Status: REGULAR
Licensed/Certified/Registered 03/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 266-7474

Survey History

Survey ID: 0101145 **End Date:** 02/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097485 **End Date:** 07/05/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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