

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Milwaukee

Notes

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

The report includes only facilities located within the City of MILWAUKEE. 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 196.00 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: A NURTURING HOME AWAY FROM HOME INC (0015887)

Address: 8225B N 107TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 1/23/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139794 **End Date:** 5/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138275 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OSMG11 Served 1/12/2022

Deficiencies Cited

83.35(3)(d)

Subject Area

SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance

Verified

2/27/22

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0138336 End Date: 9/9/2021 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TQRG12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	5/18/22	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	5/18/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/18/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/18/22	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	5/18/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	5/18/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/18/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	5/18/22	Yes
83.47(2)(d)	FIRE DRILLS	5/18/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/18/22	Yes

Enforcement History (A NURTURING HOME AWAY FROM HOME INC--0015887)

Date: 2/18/2022 SOD #TQRG12 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Complaint History (A NURTURING HOME AWAY FROM HOME INC--0015887)

Date Complaint Received: 1/30/2023

Date Investigation Completed: 5/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/21/2021

Date Investigation Completed: 10/13/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: A PLACE FOR MIRACLES LIVING CENTER II (0011085)

Address: 7022 N 43RD ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 10/1/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138806 **End Date:** 5/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P49Z11 Served 2/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		

Enforcement History (A PLACE FOR MIRACLES LIVING CENTER II--0011085)

Date: 2/26/2022 **SOD #**P49Z11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (A PLACE FOR MIRACLES LIVING CENTER II--0011085)

Date Complaint Received: 3/29/2023

Date Investigation Completed: 5/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: A PLACE FOR MIRACLES LIVING CENTER III (0011885)

Address: 3927 W ROOSEVELT DR, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/1/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142639 **End Date:** 12/29/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESGT11 Served 4/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER	6/7/23	Yes
83.17(2)(a)	BACKGROUND CHECK		
	EMPLOYEES SCREENED FOR COMMUNICABLE	6/7/23	Yes
	DISEASE		
83.32(3)(k)	RIGHTS OF RESIDENTS:	6/7/23	Yes
	SELF-DETERMINATION		
83.38(1)(h)	MEDICATION ADMINISTRATION	6/7/23	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	6/7/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND	6/7/23	Yes
	COMFORTABLE		
83.47(2)(b)	EXIT DIAGRAM	6/7/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (A PLACE FOR MIRACLES LIVING CENTER III--0011885)

Date: 4/4/2023 **SOD #**ESGT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A PLACE FOR MIRACLES LIVING CENTER III--0011885)

Date Complaint Received: 4/6/2023 **Date Investigation Completed:** 6/7/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	ESGT12

Date Complaint Received: 1/5/2021 **Date Investigation Completed:** 12/29/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: A PLACE FOR MIRACLES LIVING CENTER (0009870)

Address: 5100 N 42ND ST, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 1/1/2004 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137013 **End Date:** 7/29/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133817 **End Date:** 6/1/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F23011 Served 6/4/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/29/21	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/29/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/29/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/29/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (A PLACE FOR MIRACLES LIVING CENTER--0009870)

Date: 6/4/2020 **SOD #**F23011 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(2)(a)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(i)

Complaint History (A PLACE FOR MIRACLES LIVING CENTER--0009870)

Date Complaint Received: 4/6/2023

Date Investigation Completed: 6/6/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 5/15/2020

Date Investigation Completed: 6/4/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F23011

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ABUNDANT LIFE MANOR (0011483)

Address: 1904 E BELLEVIEW PL, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 11/1/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136133 **End Date:** 4/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ABUNDANT LIFE MANOR--0011483)

Date Complaint Received: 12/25/2020

Date Investigation Completed: 4/27/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALEXIAN VILLAGE OF MILWAUKEE COURTYARD (310150)

Address: 9301 N 76TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 12/1/1992 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136899 **End Date:** 7/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALEXIAN VILLAGE SQUARE (0008627)

Address: 9301 N 76TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 2/1/2000 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137887 **End Date:** 12/2/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137093 **End Date:** 8/4/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8PO11 Served 8/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	12/2/21	Yes

Enforcement History (ALEXIAN VILLAGE SQUARE--0008627)

Date: 8/27/2021 **SOD #**G8PO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

ACCRUING FORFEITURE

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AMEIRA ORCHIDS ASSISTED LIVING (0018396)

Address: 10401 WEST BRADLEY ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 5/2/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139376 **End Date:** 4/19/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136511 **End Date:** 6/3/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: ANCHORAGE HOMES II (0012095)

Address: 3843 N 51ST BLVD, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 11/1/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC MILWAUKEE WOMENS PROGRAM (0014817)

Address: 1022 W MADISON STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 6/1/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139003 **End Date:** 10/21/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WCU11 Served 3/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Enforcement History (ARC MILWAUKEE WOMENS PROGRAM--0014817)

Date: 3/19/2022 **SOD #**0WCU11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(e)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARMSTEAD VENTURES LLC (0018235)

Address: 2877 NORTH 53RD STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 8/31/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137049 **End Date:** 7/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136344 **End Date:** 5/4/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MFRV11 Served 5/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/28/21	Yes
83.47(3)	FIRE INSPECTION	7/28/21	Yes

Survey ID: 0134967 **End Date:** 9/24/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (ARMSTEAD VENTURES LLC--0018235)

Date: 5/27/2021 **SOD #**MFRV11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BARNETT HOUSE (0015010)

Address: 2466 N 50TH STREET, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 8/7/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BREATH OF LIFE RESIDENCE (0012232)

Address: 4072-4074 N 64TH ST, MILWAUKEE, WI 532160000

License Status: REGULAR

Licensed/Certified/Registered 3/1/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIGHT CARE (0017574)

Address: 9035 N 97TH ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 8/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142705 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141865 **End Date:** 8/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9913 Served 1/17/2023

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

Survey ID: 0139223 **End Date:** 12/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9912 Served 4/13/2022

Deficiencies Cited
83.25
83.37(2)(e)

Subject Area
CONTINUING EDUCATION
OTHER ADMINISTRATION GIVEN OR
DELEGATED BY RN

Compliance
Verified
8/30/22
8/30/22

Corrected
No
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137466 **End Date:** 4/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ9911 Served 10/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/21/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/21/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/21/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	12/21/21	No

Survey ID: 0134998 **End Date:** 8/19/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BRIGHT CARE--0017574)

Date: 1/17/2023 **SOD #**FQ9913 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 4/15/2022 **SOD #**FQ9912 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25 2nd Cite
FORFEITURE---83.37(1)(e) 2nd Cite

Date: 10/14/2021 **SOD #**FQ9911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.25
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BRIGHT CARE--0017574)

Date Complaint Received: 5/9/2023

Date Investigation Completed: 5/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/18/2023

Date Investigation Completed: 2/7/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 3/16/2021

Date Investigation Completed: 4/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FQ9911

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/17/2020

Date Investigation Completed: 4/30/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2020

Date Investigation Completed: 4/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 7/22/2020

Date Investigation Completed: 8/19/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/30/2020

Date Investigation Completed: 8/19/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP WISCONSIN INC (KEEFE) (310295)

Address: 6105 W KEEFE AVE PKWY, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 3/31/1996 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142194 **End Date:** 1/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #91W412 Served 2/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	4/3/23	Yes

Survey ID: 0139864 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #91W411 Served 6/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	8/1/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/1/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139192 End Date: 12/23/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WQN812 Served 4/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/10/23	Yes

Enforcement History (BROADSTEP WISCONSIN INC (KEEFE)--310295)

Date: 4/10/2022 SOD #WQN812 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a) 2nd Cite

Complaint History (BROADSTEP WISCONSIN INC (KEEFE)--310295)

Date Complaint Received: 9/22/2022 Date Investigation Completed: 1/13/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 12/23/2021 Date Investigation Completed: 1/13/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	91W411

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN INC (CONGRESS) (310059)

Address: 6333 W CONGRESS ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/1/1987 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138014 **End Date:** 10/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137345 **End Date:** 5/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UBI511 Served 9/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	11/13/21	

Complaint History (BROADSTEP-WISCONSIN INC (CONGRESS)--310059)

Date Complaint Received: 1/8/2021

Date Investigation Completed: 5/27/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BELWOOD VIII MARTIN) (310134)

Address: 1141 N 46TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 6/1/1992 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BELWOOD) (0010783)

Address: 5151 W SILVER SPRING DR, MILWAUKEE, WI 532183300

License Status: REGULAR

Licensed/Certified/Registered 4/1/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142777 **End Date:** 4/4/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143218 **End Date:** 3/3/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MRK211 Served 5/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	3/3/23	No
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	3/3/23	No
83.42(1)	RESIDENT RECORD MAINTAINED	3/3/23	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0142148 End Date: 11/2/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG114 Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/4/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/4/23	Yes
83.25	CONTINUING EDUCATION	4/4/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/4/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	4/4/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/4/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/4/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/4/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/4/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/4/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/4/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0140295 **End Date:** 2/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG113 Served 7/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	10/18/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	10/18/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/2/22	No
83.25	CONTINUING EDUCATION	11/2/22	No
83.38(1)(g)	HEALTH MONITORING	11/2/22	No

Survey ID: 0137721 **End Date:** 6/17/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG112 Served 11/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/9/22	No
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	2/9/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/9/22	Yes
83.25	CONTINUING EDUCATION	2/9/22	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/9/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	2/9/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	2/9/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0135987 End Date: 12/28/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WFG111 Served 4/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/17/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/17/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/17/21	Yes
83.25	CONTINUING EDUCATION	6/17/21	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	6/17/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/17/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/17/21	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	6/17/21	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/17/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	6/17/21	Yes
83.45(3)	TOXIC SUBSTANCES	6/17/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC (BELWOOD)--0010783)

Date: 2/14/2023

SOD #WFG114

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.32(3)(k)

FORFEITURE---83.35(5)(b)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

Date: 7/28/2022

SOD #WFG113

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.25

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date: 11/11/2021

SOD #WFG112

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.25 3rd cite

FORFEITURE---83.37(1)(e) 3rd cite

FORFEITURE---83.37(1)(g) 2nd cite

FORFEITURE---83.38(1)(i)

Date: 4/16/2021

SOD #WFG111

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.38(1)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (BROADSTEP-WISCONSIN, INC (BELWOOD)--0010783)

Date Complaint Received: 3/14/2023

Date Investigation Completed: 4/4/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/3/2023

Date Investigation Completed: 4/4/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/4/2023

Date Investigation Completed: 4/4/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/5/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
WFG114

Date Complaint Received: 9/29/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
WFG114

Date Complaint Received: 3/8/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
WFG114

Date Complaint Received: 2/14/2022

Date Investigation Completed: 2/16/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
WFG113

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 12/8/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 2/16/2022

Result
SUBSTANTIATED

SOD #
WFG113

Date Complaint Received: 8/4/2021

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 2/16/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/10/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/17/2021

Result
SUBSTANTIATED

SOD #
WFG112

Date Complaint Received: 12/17/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/28/2020

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/9/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 12/28/2020

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/2/2020

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/28/2020

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

WFG111
WFG111

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 11/9/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/28/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/6/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/28/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/28/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/28/2020

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/3/2020

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 12/28/2020

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (BLUEMOUND) (310038)

Address: 101 N 75TH ST, MILWAUKEE, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 10/1/1990 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (HAMPTON) (310104)

Address: 4901 N 106TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 11/21/1988 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141262 **End Date:** 11/4/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139872 **End Date:** 5/31/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138103 **End Date:** 8/18/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8CIJ11 Served 12/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/31/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/31/22	Yes
83.25	CONTINUING EDUCATION	5/31/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/31/22	Yes
83.47(2)(d)	FIRE DRILLS	5/31/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/31/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

83.48(8)(b)

SPRINKLER SYSTEM INSTALLATION AND
MAINTENANCE

5/31/22

Yes

Enforcement History (BROADSTEP-WISCONSIN, INC (HAMPTON)--310104)

Date: 1/1/2022

SOD #8CIJ11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.25

Complaint History (BROADSTEP-WISCONSIN, INC (HAMPTON)--310104)

Date Complaint Received: 8/1/2022

Date Investigation Completed: 11/4/2022

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/24/2020

Date Investigation Completed: 8/18/2021

Subject Area(s)

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (KINNICKINNIC) (KK) (0009000)

Address: 2858 S 68TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 1/1/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142855 **End Date:** 4/7/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ADDITIONAL VV FEE ASSESSED

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/7/23
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	4/7/23

Survey ID: 0140880 **End Date:** 4/14/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BVUO11 Served 9/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.35(2)	TEMPORARY SERVICE PLAN		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Survey ID: 0139838 **End Date:** 1/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HVB511 Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT, FREEDOM	4/7/23	Yes
83.25	CONTINUING EDUCATION	4/7/23	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	4/7/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/7/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/7/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	4/7/23	Yes

Enforcement History (BROADSTEP-WISCONSIN, INC (KINNICKINNIC) (KK)--0009000)

Date: 10/4/2022 **SOD #**BVUO11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(2) Temporary Service Plan

Date: 6/15/2022 **SOD #**HVB511 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(f)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Complaint History (BROADSTEP-WISCONSIN, INC (KINNICKINNIC) (KK)--0009000)

Date Complaint Received: 10/13/2021

Date Investigation Completed: 1/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (OKLAHOMA) (0012672)

Address: 3245 S 24TH ST, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 5/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139774 **End Date:** 5/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138395 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4PT111 Served 1/20/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138609 **End Date:** 7/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7FEG11 Served 2/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	5/2/22	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/2/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	5/2/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/2/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/2/22	Yes
83.47(2)(d)	FIRE DRILLS	5/2/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/2/22	Yes

Enforcement History (BROADSTEP-WISCONSIN, INC (OKLAHOMA)--0012672)

Date: 2/7/2022 **SOD #**7FEG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.38(1)(i)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Date: 1/20/2022 **SOD #**4PT111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (BROADSTEP-WISCONSIN, INC (OKLAHOMA)--0012672)

Date Complaint Received: 7/22/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7FEG11

Date Complaint Received: 6/3/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7FEG11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (SILVERLAWN) (0012049)

Address: 5554-5556 N 57TH ST, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 10/1/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139101 **End Date:** 10/19/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZHB912 Served 3/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC (SILVERLAWN)--0012049)

Date: 4/1/2022

SOD #ZHB912

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.28(3)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC (THURSTON) (0008680)

Address: 5734 N 94TH ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 2/1/2000 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (CHAMBERS) (310079)

Address: 6328 W CHAMBERS ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 5/1/1988 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138679 **End Date:** 8/30/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3W3112 Served 4/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC. (CHAMBERS)--310079)

Date: 2/13/2022

SOD #3W3112

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(5)(b)

FORFEITURE---83.37(1)(e)

FORFEITURE---83.48(3)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (FLORIST) (0009565)

Address: 7401 W FLORIST AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/1/2002 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135570 **End Date:** 11/25/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BROADSTEP-WISCONSIN, INC. (FLORIST)--0009565)

Date Complaint Received: 8/18/2020

Date Investigation Completed: 11/25/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: BROADSTEP-WISCONSIN, INC. (KIEHNAU) (0011199)

Address: 10133 10135 W KIEHNAU AVE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 11/29/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141367 **End Date:** 6/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138977 **End Date:** 10/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZP7112 Served 3/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	6/2/22	Yes

Survey ID: 0136960 **End Date:** 2/23/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZP7111 Served 8/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	10/22/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/22/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (BROADSTEP-WISCONSIN, INC. (KIEHNAU)--0011199)

Date: 3/16/2022 **SOD #**ZP7112 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(5)(a)

Date: 8/11/2021 **SOD #**ZP7111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BROADSTEP-WISCONSIN, INC. (KIEHNAU)--0011199)

Date Complaint Received: 1/20/2021

Date Investigation Completed: 2/23/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 1/11/2021

Date Investigation Completed: 2/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BURLEIGH HOUSE (0015155)

Address: 8221 W BURLEIGH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 7/28/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137197 **End Date:** 9/8/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CALUMET CORNERS I (0018512)

Address: 10730 WEST CALUMET ROAD, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 6/1/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141923 **End Date:** 1/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141347 **End Date:** 9/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0H4G11 Served 11/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	1/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/10/23	Yes
83.37(1)(d)	DOCUMENTATION	1/10/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/10/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/10/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/10/23	Yes

Survey ID: 0136441 **End Date:** 5/28/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CALUMET CORNERS I--0018512)

Date: 11/14/2022 SOD #0H4G11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (CALUMET CORNERS I--0018512)

Date Complaint Received: 9/16/2022

Date Investigation Completed: 9/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/4/2021

Date Investigation Completed: 9/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/18/2021

Date Investigation Completed: 9/28/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

0H4G11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cambridge Home (0019318)

Address: 3531 W. Grange Avenue, Milwaukee, WI 53221

License Status: PROBATIONARY

Licensed/Certified/Registered 6/9/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHAI POINT ASSISTED LIVING (310190)

Address: 1400 N PROSPECT AVE, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 3/28/1995 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137391 **End Date:** 4/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPYY11 Served 10/4/2021

Deficiencies Cited

83.45(3)

83.47(2)(e)

Subject Area

TOXIC SUBSTANCES

OTHER EVACUATION DRILLS

Compliance

Verified

Corrected

Enforcement History (CHAI POINT ASSISTED LIVING--310190)

Date: 10/6/2021

SOD #SPYY11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME (0017380)

Address: 4265 N 104TH STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 1/8/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140779 **End Date:** 9/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140288 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #21B411 Served 7/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	9/14/22	Yes
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	9/14/22	Yes

Survey ID: 0139888 **End Date:** 12/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0138124 End Date: 7/20/2021 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0W1K11 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.41(1)(b)	EQUIPMENT	2/19/22	
83.41(3)(b)	FOOD SAFETY	2/19/22	
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	2/19/22	
83.45(3)	TOXIC SUBSTANCES	2/19/22	

Enforcement History (CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME--0017380)

Date: 7/28/2022 SOD #21B411 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.34(2)(b)
FORFEITURE---83.34(3)

Date: 1/6/2022 SOD #0W1K11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (CLOSE TO HOME SENIOR LIVING - GRANTOSA HOME--0017380)

Date Complaint Received: 1/21/2022

Date Investigation Completed: 3/15/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

21B411

Date Complaint Received: 12/20/2021

Date Investigation Completed: 12/29/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: CONGRESS PLACE (0013291)

Address: 9025 W CONGRESS ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 2/1/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141915 **End Date:** 1/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137558 **End Date:** 10/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CONGRESS PLACE--0013291)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 1/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CRISIS RESOURCE CENTER (0015203)

Address: 2057 S 14TH STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 11/6/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137044 **End Date:** 3/30/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KO6B11 Served 8/20/2021

Deficiencies Cited
83.60(2)

Subject Area
INSECT-PROOF SCREENS ON OPENABLE
WINDOWS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Discovery Practice Management Inc (0018773)

Address: 312 E Wisconsin Ave Ste 220, Milwaukee, WI 532024310

License Status: PROBATIONARY

Licensed/Certified/Registered 11/9/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143004 **End Date:** 5/8/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141342 **End Date:** 11/9/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Discovery Practice Management Inc--0018773)

Date Complaint Received: 3/16/2023

Date Investigation Completed: 5/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/9/2023

Date Investigation Completed: 5/8/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EASTCASTLE PLACE (0011864)

Address: 2429 E BRADFORD AVE, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 12/1/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136795 **End Date:** 7/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: EASY LIVING SENIOR HOME (0017110)

Address: 1904 N 59TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 6/30/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135675 **End Date:** 2/9/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134001 **End Date:** 6/24/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ESSENCE LIVING CARE (0018531)

Address: 2617 NORTH 54TH STREET, MILWAUKEE, WI 53210

License Status: PROBATIONARY

Licensed/Certified/Registered 7/13/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139965 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CYGS12 Served 6/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.36(1)(b) QUALIFIED STAFF IN CHARGE, ON DUTY AND
AWAKE
83.42(1) RESIDENT RECORD MAINTAINED
83.55(6)(b) BATH AND TOILET AREAS: WATER
TEMPERATURE

Survey ID: 0139459 **End Date:** 4/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CYGS11 Served 5/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/21/22	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/21/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/21/22	No
83.35(2)	TEMPORARY SERVICE PLAN	6/21/22	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/21/22	No
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/21/22	No
83.45(3)	TOXIC SUBSTANCES	6/21/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	6/21/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/21/22	No

Survey ID: 0136828 **End Date:** 7/13/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (ESSENCE LIVING CARE--0018531)

Date: 6/28/2022

SOD #CYGS12

Appealed: Yes

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.21(1-3)

FORFEITURE---83.28(4)(A)

FORFEITURE---83.32(3)(b)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.55(6)(b)

Date: 5/7/2022

SOD #CYGS11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ESTHERMERE MANOR (0012625)

Address: 7000 N 44TH ST, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139405 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138447 **End Date:** 8/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1XVC13 Served 1/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/6/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/6/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/6/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136737 End Date: 12/7/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1XVC12 Served 7/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	8/30/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/30/21	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/30/21	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/30/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/30/21	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/30/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/30/21	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/30/21	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/30/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ESTHERMERE MANOR--0012625)

Date: 1/24/2022 **SOD #**1XVC13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

Date: 7/13/2021 **SOD #**1XVC12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(e)

Complaint History (ESTHERMERE MANOR--0012625)

Date Complaint Received: 9/9/2020

Date Investigation Completed: 12/7/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 7/14/2020

Date Investigation Completed: 12/7/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FARDALE HOME (0017606)

Address: 3031 W FARDALE AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 2/13/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136806 **End Date:** 7/8/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN GARDENS (0012911)

Address: 8526 W MILL RD, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 3/1/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142249 **End Date:** 1/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQ7P11 Served 2/22/2023

Deficiencies Cited
83.55(6)(b)

Subject Area
BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance
Verified

Corrected

Survey ID: 0136888 **End Date:** 7/21/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GOLDEN GARDENS--0012911)

Date: 2/22/2023 **SOD #**JQ7P11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GOLDEN GARDENS--0012911)

Date Complaint Received: 11/8/2022

Date Investigation Completed: 1/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/12/2022

Date Investigation Completed: 1/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/29/2020

Date Investigation Completed: 7/21/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN OAKS TERRACE (0018550)

Address: 10135 W HAMPTON AVE STE A, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/25/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140774 **End Date:** 9/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140277 **End Date:** 5/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NTIP11 Served 7/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/14/22	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	9/14/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/14/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/14/22	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	9/14/22	
83.45(3)	TOXIC SUBSTANCES	9/14/22	Yes
83.55(3)	BATH AND TOILET AREAS: HAND DRYING	9/14/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137656 End Date: 11/4/2021 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (GOLDEN OAKS TERRACE--0018550)

Date: 7/29/2022 SOD #NTIP11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (GOLDEN OAKS TERRACE--0018550)

Date Complaint Received: 4/11/2022 Date Investigation Completed: 5/20/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	NTIP11

Date Complaint Received: 2/1/2022 Date Investigation Completed: 5/20/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	NTIP11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN OAKS VILLA (0018551)

Address: 10135 W HAMPTON AVE STE B, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/25/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141091 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140820 **End Date:** 8/4/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TZWE11 Served 9/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/18/22	Yes
83.19	ORIENTATION	10/18/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	10/18/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/18/22	Yes
83.45(3)	TOXIC SUBSTANCES	10/18/22	Yes

Survey ID: 0137654 **End Date:** 11/4/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (GOLDEN OAKS VILLA--0018551)

Date: 9/24/2022

SOD #TZWE11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.21(1)(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN VIEW (0011359)

Address: 6526 W BLUEMOUND RD, MILWAUKEE, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 3/1/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141954 **End Date:** 10/10/2022 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CU9L18 Served 1/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/4/23	Yes

Survey ID: 0138267 **End Date:** 9/9/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU9L17 Served 1/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	10/10/22	No
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	10/6/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	10/6/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136670 End Date: 12/2/2020 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CU9L16 Served 7/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	9/9/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/9/21	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	9/9/21	Yes
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	9/9/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/9/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/9/21	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	9/9/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/9/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (GOLDEN VIEW--0011359)

Date: 1/14/2022 **SOD #**CU9L17 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.44(2)(a)

Date: 7/2/2021 **SOD #**CU9L16 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.26(1)
FORFEITURE---83.34(3)
FORFEITURE---83.35(3)(D)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.44(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GOLDEN VIEW--0011359)

Date Complaint Received: 9/27/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/31/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 2/15/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/3/2022

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/23/2021

Date Investigation Completed: 10/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/2/2020

Date Investigation Completed: 12/2/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/29/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/2/2020

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

CU9L16

CU9L16

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOOD HOPE I (0019422)

Address: 7070 N 124TH ST, MILWAUKEE, WI 53224

License Status: PROBATIONARY

Licensed/Certified/Registered 1/12/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141989 **End Date:** 1/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOOD HOPE II (0019417)

Address: 7060 N 124TH ST, MILWAUKEE, WI 53224

License Status: PROBATIONARY

Licensed/Certified/Registered 2/22/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142328 **End Date:** 2/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: GRACEFUL LIVING CENTER INC (0012451)

Address: 3628 N 41ST ST, MILWAUKEE, WI 53216

License Status: REGULAR

Licensed/Certified/Registered 10/1/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141315 **End Date:** 11/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135350 **End Date:** 11/25/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GRACEFUL LIVING CENTER INC--0012451)

Date Complaint Received: 8/23/2022

Date Investigation Completed: 11/7/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HAMPTON II (0014895)

Address: 7019 W HAMPTON AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 1/1/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141030 **End Date:** 9/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141992 **End Date:** 9/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZPE12 Served 2/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(3)(b)	FOOD SAFETY		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138330 End Date: 8/20/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BZPE11 Served 1/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT, FREEDOM	9/13/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/13/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/13/22	Yes
83.25	CONTINUING EDUCATION	9/13/22	No
83.35(2)	TEMPORARY SERVICE PLAN	9/13/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	9/13/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/13/22	No
83.41(3)(b)	FOOD SAFETY	9/13/22	No
83.44(2)(b)	TOILET AND BATHING AREA	9/13/22	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	9/13/22	Yes
83.45(3)	TOXIC SUBSTANCES	9/13/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	9/13/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/13/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (HAMPTON II--0014895)

Date: 2/1/2023 **SOD #**BZPE12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.35(3)(d)

Date: 1/16/2022 **SOD #**BZPE11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (HAMPTON II--0014895)

Date Complaint Received: 8/18/2022 **Date Investigation Completed:** 9/13/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 4/26/2022 **Date Investigation Completed:** 9/13/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 5/19/2020 **Date Investigation Completed:** 8/20/2021

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HAMPTON SUPPORTIVE CARE (310631)

Address: 4615 W HAMPTON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 7/1/1997 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142077 **End Date:** 1/4/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141569 **End Date:** 10/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO812 Served 1/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.41(3)(b)	FOOD SAFETY		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.60(2) INSECT-PROOF SCREENS ON OPENABLE
WINDOWS

Survey ID: 0140047 End Date: 2/3/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YBO811 Served 7/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE	9/13/22	Yes
83.13(1)(j)	MAINTAIN RECORDS DETECTION SYSTEM TESTING	9/13/22	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	9/13/22	Yes
83.13(3)(e)	POSTING EXIT DIAGRAM	9/13/22	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/7/22	No
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	9/13/22	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	9/13/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	10/7/22	No
83.41(1)(b)	EQUIPMENT	9/13/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/7/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/7/22	No
83.47(2)(d)	FIRE DRILLS	9/13/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/13/22	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	9/13/22	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	9/13/22	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	10/7/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HAMPTON SUPPORTIVE CARE--310631)

Date: 12/12/2022 **SOD #**YBO812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(e)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.42(1)

FORFEITURE---83.43(1)

Date: 7/9/2022 **SOD #**YBO811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(k)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HAMPTON SUPPORTIVE CARE--310631)

Date Complaint Received: 12/1/2022

Date Investigation Completed: 1/4/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 1/4/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/8/2022

Date Investigation Completed: 1/4/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/15/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/2/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/5/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/7/2022

Result

SUBSTANTIATED

SOD #

YBO812

Date Complaint Received: 11/30/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 2/3/2022

Result

SUBSTANTIATED

SOD #

YBO811

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HANDS AT HOME CBRF (0018273)

Address: 6401-6403 NORTH 42ND STREET, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 7/6/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139900 **End Date:** 6/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PWK111 Served 6/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(c)	DISHWASHING		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0136791 **End Date:** 7/19/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HANDS AT HOME CBRF--0018273)

Date: 6/21/2022 **SOD #PWK111** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Helping Hands 25th St (0018762)

Address: 4727 South 25th St, Milwaukee, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 5/1/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141859 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139419 **End Date:** 4/18/2022 **Type:** INITIAL **Purpose:** OTHER

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HERMAN HOUSE (0010082)

Address: 3700 3702 S HERMAN ST, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 11/1/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140055 **End Date:** 6/7/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138745 **End Date:** 9/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #68Q112 Served 2/18/2022

Deficiencies Cited
83.38(1)(h)

Subject Area
MEDICATION ADMINISTRATION

Compliance
Verified
6/7/22

Corrected
Yes

Survey ID: 0136865 **End Date:** 1/7/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #68Q111 Served 7/30/2021

Deficiencies Cited
83.38(1)(h)
83.48(3)(a)

Subject Area
MEDICATION ADMINISTRATION
FIRE DETECTION SYSTEMS INSPECTED
ANNUALLY

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (HERMAN HOUSE--0010082)

Date: 2/20/2022 **SOD #**68Q112 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(h)

Date: 7/30/2021 **SOD #**68Q111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOMES OF HOPE LLC (0014586)

Address: 6609 NORTH 53RD STREET, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 8/2/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: HOWARD HOUSE (310672)

Address: 3959 3961 S 51ST ST, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 5/1/1993 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140264 **End Date:** 7/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138019 **End Date:** 7/29/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HL2T11 Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	7/19/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	7/19/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	7/19/22	Yes
83.47(2)(d)	FIRE DRILLS	7/19/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/19/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	7/19/22	Yes
83.59(5)(a)	EXIT STAIRWAYS COMPLIANT	7/19/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (HOWARD HOUSE--310672)

Date: 12/20/2021 SOD #HL2T11 Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.48(8)(b)

Complaint History (HOWARD HOUSE--310672)

Date Complaint Received: 1/5/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

HL2T11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: JACKSON HOUSE (0015156)

Address: 2956 S 60TH ST, MILWAUKEE, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 7/28/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138089 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136842 **End Date:** 1/11/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EJ3L11 Served 7/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(b)	TOILET AND BATHING AREA	9/22/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	9/22/21	Yes

Enforcement History (JACKSON HOUSE--0015156)

Date: 7/28/2021 **SOD #**EJ3L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JC VILLA ONE (0015286)

Address: 8030 W APPLETON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/8/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141755 **End Date:** 8/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Survey ID: 0139822 **End Date:** 1/6/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEP812 Served 6/10/2022

Deficiencies Cited

83.32(3)(g)

83.37(1)(g)

Subject Area

RIGHTS OF RESIDENTS: FREE OF PHYSICAL
RESTRAINTS

DISPOSITION OF MEDICATIONS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137362 **End Date:** 4/16/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEP811 Served 9/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	1/6/22	No
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/6/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/6/22	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/6/22	Yes

Enforcement History (JC VILLA ONE--0015286)

Date: 1/5/2023 **SOD #EEP813** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/12/2022 **SOD #EEP812** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(g) 2nd Cite

FORFEITURE---83.37(1)(g) 2nd Cite

Date: 10/3/2021 **SOD #EEP811** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(g)

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (JC VILLA ONE--0015286)

Date Complaint Received: 7/29/2022

Date Investigation Completed: 8/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JC VILLA TWO (0015287)

Address: 8040 W APPLETON AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 12/8/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142898 **End Date:** 4/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142128 **End Date:** 8/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WJ013 Served 2/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	4/14/23	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/14/23	
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	4/14/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/14/23	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140100 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RDFK11 Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/14/23	Yes

Survey ID: 0138906 **End Date:** 10/8/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WJ012 Served 4/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/12/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136902 **End Date:** 2/16/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WJ011 Served 8/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)2	PRIVACY: HEALTH CARE	10/8/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/8/21	No
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	10/8/21	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	10/8/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/8/21	Yes
83.45(3)	TOXIC SUBSTANCES	10/8/21	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/8/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/8/21	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	10/8/21	Yes

Survey ID: 0133734 **End Date:** 5/20/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (JC VILLA TWO--0015287)

Date: 2/13/2023 **SOD #**0WJ013 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.37(3)(c)

FORFEITURE---83.45(3)

Date: 7/13/2022 **SOD #**RDFK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/10/2022 **SOD #**0WJ012 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(3)(c) 2nd Cite

Date: 8/5/2021 **SOD #**0WJ011 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(3)(g)

FORFEITURE---83.43(1)

FORFEITURE---83.59(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (JC VILLA TWO--0015287)

Date Complaint Received: 7/29/2022

Date Investigation Completed: 8/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/28/2021

Date Investigation Completed: 3/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/11/2021

Date Investigation Completed: 2/16/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/30/2020

Date Investigation Completed: 2/16/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/24/2020

Date Investigation Completed: 2/16/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/28/2020

Date Investigation Completed: 2/19/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: JEANNETTA ROBINSON HOUSE (310701)

Address: 5427 W VILLARD AVENUE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 11/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141279 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135960 **End Date:** 2/23/2021 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136923 **End Date:** 1/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SMTK11 Served 8/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	8/9/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/9/22	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	8/9/22	Yes
83.45(3)	TOXIC SUBSTANCES	8/9/22	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	8/9/22	Yes
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	8/9/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (JEANNETTA ROBINSON HOUSE--310701)

Date: 8/11/2021 **SOD #** SMTK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (JEANNETTA ROBINSON HOUSE--310701)

Date Complaint Received: 2/2/2021

Date Investigation Completed: 4/13/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/5/2021

Date Investigation Completed: 1/29/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: JEFFERSON CREST III YELLOW ROSE (0011678)

Address: 8717 W PALMETTO AVE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 10/10/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142968 **End Date:** 5/3/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140567 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139183 **End Date:** 12/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XU9Z11 Served 4/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	8/9/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	8/9/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (JEFFERSON CREST III YELLOW ROSE--0011678)

Date: 4/10/2022 **SOD #** XU9Z11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.48(3)(a)

Complaint History (JEFFERSON CREST III YELLOW ROSE--0011678)

Date Complaint Received: 7/29/2022

Date Investigation Completed: 8/9/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/27/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/5/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: JOSHUA GLOVER HOUSE (310186)

Address: 2404 N 50TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 2/14/1995 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136072 **End Date:** 3/25/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135387 **End Date:** 10/12/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H9WZ11 Served 1/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/25/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/25/21	Yes

Enforcement History (JOSHUA GLOVER HOUSE--310186)

Date: 1/6/2021 **SOD #**H9WZ11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.28(4)(a) Resident Health Screening

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (JOSHUA GLOVER HOUSE--310186)

Date Complaint Received: 9/22/2020

Date Investigation Completed: 10/12/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LYNX (0014191)

Address: 6188 N 122ND ST, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 6/1/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137330 **End Date:** 9/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MAGNOLIA HOUSE (0017607)

Address: 8919 N MICHELE ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 5/1/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136603 **End Date:** 5/26/2021 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MANITOBA GROUP HOME (0014252)

Address: 3018 S 9TH ST, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 11/1/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142957 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OI4G11 Served 5/8/2023

Deficiencies Cited
83.32(3)(k)

Subject Area
RIGHTS OF RESIDENTS:
SELF-DETERMINATION

Compliance
Verified

Corrected

Survey ID: 0139347 **End Date:** 3/23/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138399 **End Date:** 1/14/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7VG611 Served 1/21/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138386 **End Date:** 9/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IDM311 Served 1/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/23/22	Yes
83.48(4)(h)	SMOKE DETECTOR IN EACH ROOM OF BASEMENT	3/23/22	Yes

Enforcement History (MANITOBA GROUP HOME--0014252)

Date: 5/8/2023 **SOD #**OI4G11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(k)

Date: 1/20/2022 **SOD #**IDM311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (MANITOBA GROUP HOME--0014252)

Date Complaint Received: 12/6/2022 **Date Investigation Completed:** 1/31/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	OI4G11

Date Complaint Received: 8/24/2020 **Date Investigation Completed:** 9/21/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE GLENDALE (THE) (0011513)

Address: 4567 N 71ST STREET, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 6/21/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139638 **End Date:** 4/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ESUL11 Served 5/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	7/8/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/8/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE POTOMAC (THE) (0016332)

Address: 7901 W POTOMAC AVE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 2/2/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138916 **End Date:** 8/19/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YKVC11 Served 3/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	4/23/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/23/22	Yes

Complaint History (MARANATHA HOUSE POTOMAC (THE)--0016332)

Date Complaint Received: 6/21/2021

Date Investigation Completed: 8/19/2021

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: MARANATHA HOUSE TACOMA (THE) (0012162)

Address: 6811 N TACOMA ST, MILWAUKEE, WI 532244748

License Status: REGULAR

Licensed/Certified/Registered 2/1/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140102 **End Date:** 3/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IWCC11 Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.41(3)(b)	FOOD SAFETY		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Enforcement History (MARANATHA HOUSE TACOMA (THE)--0012162)

Date: 7/11/2022

SOD #IWCC11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MATT TALBOT RECOVERY CENTER (310016)

Address: 2613 W North Ave, MILWAUKEE, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 12/1/1987 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139171 **End Date:** 4/6/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139016 **End Date:** 3/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: META HOUSE RIVERWEST CAMPUS NORTH (310044)

Address: 2626 N BREMEN ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 4/1/1989 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139686 **End Date:** 1/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CM6P11 Served 5/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER		
	BACKGROUND CHECK		
83.25	CONTINUING EDUCATION		

Enforcement History (META HOUSE RIVERWEST CAMPUS NORTH--310044)

Date: 5/31/2022 **SOD #**CM6P11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: META HOUSE (310697)

Address: 2618 N BREMEN ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 12/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142786 **End Date:** 1/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5T1S13 Served 4/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0138168 **End Date:** 8/12/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5T1S12 Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	1/27/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/27/23	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (META HOUSE--310697)

Date: 4/17/2023 **SOD #**5T1S13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(e)

Date: 1/7/2022 **SOD #**5T1S12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILWAUKEE CATHOLIC HOME (0014598)

Address: 2330 NORTH PROSPECT AVENUE, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 10/21/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141986 **End Date:** 1/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MILWAUKEE CATHOLIC HOME--0014598)

Date Complaint Received: 11/23/2022

Date Investigation Completed: 1/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MORGAN HOUSE (0015064)

Address: 3749 3751 S 80TH STREET, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 8/5/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137703 **End Date:** 6/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PJOU11 Served 11/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/24/21	Yes

Complaint History (MORGAN HOUSE--0015064)

Date Complaint Received: 1/5/2021

Date Investigation Completed: 6/29/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES EDGERTON (0014595)

Address: 5255 SOUTH 18TH STREET, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 7/1/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES RAMSEY (0016600)

Address: 2524 W RAMSEY AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 5/1/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139709 **End Date:** 5/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: PARKWAY HOUSE (0012752)
Address: 2780 N MENOMONEE RIVER PKWY, MILWAUKEE, WI 53222
License Status: REGULAR
Licensed/Certified/Registered 7/1/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140449 **End Date:** 8/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NVVZ12 Served 9/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0138725 **End Date:** 10/6/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NVVZ11 Served 2/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/4/22	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	8/4/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/4/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (PARKWAY HOUSE--0012752)

Date: 8/16/2022

SOD #NVVZ12

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.55(6)(b)

Date: 2/17/2022

SOD #NVVZ11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PARSONS HOUSE (310022)

Address: 2930 N 25TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 6/30/1983 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PEACE RESIDENTIAL HOME (310223)

Address: 6477 N 91ST ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 1/10/1996 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138393 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2NHX11 Served 1/28/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

Enforcement History (PEACE RESIDENTIAL HOME--310223)

Date: 1/20/2022 **SOD #**2NHX11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PEACEFUL BLESSED HOME (0015456)

Address: 2324 W WHITAKER AVE, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 1/15/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136891 **End Date:** 7/26/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRESTIGIOUS ACADEMY INC II (0011926)

Address: 2628 N 16TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 3/1/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138392 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GP4011 Served 1/20/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

Survey ID: 0137708 **End Date:** 11/4/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137009 **End Date:** 3/23/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1SQE14 Served 8/18/2021

Deficiencies Cited
50.065(2)(bm)
83.17(1)

Subject Area
OUT OF STATE BACKGROUND CHECKS
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (PRESTIGIOUS ACADEMY INC II--0011926)

Date: 1/20/2022 **SOD #**GP4011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/18/2021 **SOD #**1SQE14 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRESTIGIOUS ACADEMY INC (0010546)

Address: 2624 N 16TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 7/1/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138391 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C7TZ11 Served 1/20/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

Survey ID: 0139345 **End Date:** 12/29/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3WG11 Served 4/25/2022

Deficiencies Cited
50.09(1)(f)
83.32(3)(l)
83.48(1)(b)
83.59(2)(a)
83.59(7)(a)

Subject Area
PRIVACY
RIGHTS OF RESIDENTS: LEAST RESTRICTIVE
SMOKE AND HEAT DETECTORS PER NFPA 72
ONE-HAND, ONE-MOTION DOOR OPERATION
EMERGENCY EGRESS LIGHTING PROVIDED

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (PRESTIGIOUS ACADEMY INC--0010546)

Date: 4/25/2022 **SOD #**P3WG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/20/2022 **SOD #**C7TZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Primrose on 19th A (0019057)

Address: 1624 North 19th Street, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 9/1/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140686 **End Date:** 9/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: Primrose on 19th B (0019061)

Address: 1628 North 19th Street, Milwaukee, WI 53205

License Status: REGULAR

Licensed/Certified/Registered 9/1/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140689 **End Date:** 9/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PRIMROSE RESIDENTIAL FACILITY (0009366)

Address: 3910 3910A W BURLEIGH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 5/1/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134861 **End Date:** 9/16/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Priority Place LLC (0018879)

Address: 8726 West Mill Road, Milwaukee, WI 53225

License Status: PROBATIONARY

Licensed/Certified/Registered 6/16/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141909 **End Date:** 1/5/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139934 **End Date:** 6/16/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SAINT JOHNS ON THE LAKE (0017822)

Address: 1858 N PROSPECT AVE, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 1/8/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY BLESSED HOME (0017413)

Address: 7937 W HOLMES AVE, MILWAUKEE, WI 53220

License Status: REGULAR

Licensed/Certified/Registered 12/22/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137350 **End Date:** 9/1/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135201 **End Date:** 9/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SERENITY BLESSED HOME--0017413)

Date Complaint Received: 7/19/2021

Date Investigation Completed: 9/1/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 3/26/2021

Date Investigation Completed: 9/1/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVER VIEW LLC (0012742)

Address: 9215 W SILVER SPRING DR, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142950 **End Date:** 3/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX16 Served 5/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS:		
	SELF-DETERMINATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION		
	ADMINISTRATION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141886 **End Date:** 7/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX15 Served 1/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/31/23	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	3/31/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	3/31/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/31/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	3/31/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/31/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/31/23	Yes
83.38(1)(b)	SUPERVISION	3/31/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	3/31/23	Yes
83.41(1)(c)	DISHWASHING	3/31/23	Yes
83.41(3)(b)	FOOD SAFETY	3/31/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/31/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/31/23	Yes
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS	3/31/23	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	3/31/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139338 End Date: 11/30/2021 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX14 Served 4/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	6/28/22	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	7/6/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	7/20/22	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	7/20/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/28/22	Yes
83.19	ORIENTATION	6/28/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/28/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/28/22	Yes
83.25	CONTINUING EDUCATION	6/28/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/29/22	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	7/20/22	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	7/6/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/20/22	No
83.39(1)	INFECTION CONTROL PROGRAM	7/20/22	No
83.41(3)(b)	FOOD SAFETY	7/20/22	No
83.45(3)	TOXIC SUBSTANCES	7/20/22	No
83.47(2)(d)	FIRE DRILLS	6/28/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/28/22	Yes
83.55(4)(a)	BATH AND TOILET AREAS: PRIVACY	7/20/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137033 End Date: 2/23/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDTX13 Served 8/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	11/30/21	No
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/30/21	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/30/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/30/21	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	11/30/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/30/21	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	11/30/21	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	11/30/21	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	11/30/21	Yes
83.41(3)(b)	FOOD SAFETY	11/30/21	No
83.45(3)	TOXIC SUBSTANCES	11/30/21	No
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS	11/30/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SILVER VIEW LLC--0012742)

Date: 5/8/2023 **SOD #**XDTX16 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/18/2023 **SOD #**XDTX15 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(g)
FORFEITURE---83.39(1)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.43(1)
FORFEITURE---83.55(4)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 4/25/2022

SOD #XDTX14

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.065(4m)(b)

FORFEITURE---83.12(4)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.25

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.37(1)(g)

FORFEITURE---83.39(1)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

Date: 8/23/2021

SOD #XDTX13

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.28(4)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.37(3)(f)

FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SILVER VIEW LLC--0012742)

Date Complaint Received: 9/27/2022

Date Investigation Completed: 3/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/24/2022

Date Investigation Completed: 3/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/8/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XDTX15

PROGRAM SERVICES

SUBSTANTIATED

XDTX15

RESIDENT RIGHTS

SUBSTANTIATED

XDTX15

Date Complaint Received: 6/16/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XDTX15

PROGRAM SERVICES

SUBSTANTIATED

XDTX15

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

XDTX15

Date Complaint Received: 1/10/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XDTX15

Date Complaint Received: 1/5/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 6/4/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
XDTX14

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST ANNES HOME FOR THE ELDERLY CBRF (0012345)

Address: 3800 N 92ND ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137921 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136015 **End Date:** 3/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135355 **End Date:** 10/8/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BGI12 Served 12/28/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/10/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/10/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ST ANNES HOME FOR THE ELDERLY CBRF--0012345)

Date: 12/31/2020 SOD #9BGH12 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (ST ANNES HOME FOR THE ELDERLY CBRF--0012345)

Date Complaint Received: 6/3/2020

Date Investigation Completed: 10/8/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST ANNES MISSION COURT CBRF (0015711)

Address: 3800 N 92ND STREET, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 9/28/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137560 **End Date:** 10/20/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST RITA SQUARE I (0018202)

Address: 728 EAST PLEASANT STREET, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 7/22/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140267 **End Date:** 7/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136418 **End Date:** 5/26/2021 **Type:** ABBREVIATED **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136144 **End Date:** 3/16/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7GIQ11 Served 5/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	5/26/21	Yes

Survey ID: 0134711 **End Date:** 8/20/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ST RITA SQUARE I--0018202)

Date: 5/4/2021 **SOD #**7GIQ11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(D)

Complaint History (ST RITA SQUARE I--0018202)

Date Complaint Received: 7/6/2022

Date Investigation Completed: 7/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ST RITA SQUARE II (0018203)

Address: 728 EAST PLEASANT STREET, MILWAUKEE, WI 53202

License Status: REGULAR

Licensed/Certified/Registered 9/1/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139979 **End Date:** 6/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136895 **End Date:** 7/19/2021 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HK2711 Served 8/4/2021

Deficiencies Cited
83.37(2)(d)

Subject Area
DOCUMENTATION OF MEDICATION
ADMINISTRATION

Compliance
Verified
8/25/21

Corrected
Yes

Survey ID: 0136473 **End Date:** 5/26/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136146 **End Date:** 3/16/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #42XS11 Served 5/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	5/26/21	Yes

Survey ID: 0134713 **End Date:** 8/20/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (ST RITA SQUARE II--0018203)

Date: 5/4/2021 **SOD #**42XS11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(d)

Complaint History (ST RITA SQUARE II--0018203)

Date Complaint Received: 6/8/2022 **Date Investigation Completed:** 6/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

Date Complaint Received: 6/4/2021 **Date Investigation Completed:** 7/19/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	HK2711
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SUITES AT GREENFIELD (THE) (0016898)

Address: 5790 S 27TH ST, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 2/22/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141370 **End Date:** 11/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140491 **End Date:** 7/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138382 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDUZ11 Served 1/20/2022

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified

Corrected

Survey ID: 0137706 **End Date:** 10/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137372 **End Date: 6/9/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135978 **End Date: 3/10/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135552 **End Date: 12/21/2020** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SUITES AT GREENFIELD (THE)--0016898)

Date: 1/20/2022 **SOD #JDUZ11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SUITES AT GREENFIELD (THE)--0016898)

Date Complaint Received: 7/27/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/22/2022

Date Investigation Completed: 7/28/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/5/2021

Date Investigation Completed: 10/19/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/27/2021

Date Investigation Completed: 10/19/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 9/21/2021

Date Investigation Completed: 10/19/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 9/17/2021

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/19/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/20/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/9/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/24/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 3/10/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/5/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 12/21/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/30/2020

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 12/21/2020

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UCC LATINAS UNIDAS (0014682)

Address: 1123 SOUTH 6TH STREET, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 1/14/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: UNCAS HOUSE (0015900)

Address: 429 WEST UNCAS AVENUE, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 12/28/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141950 **End Date:** 1/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141292 **End Date:** 6/13/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1H4Q13 Served 11/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/18/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/18/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	1/18/23	Yes
83.41(3)(b)	FOOD SAFETY	1/18/23	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	1/18/23	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	1/18/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138774 End Date: 9/3/2021 Type: ABBREVIATED Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1H4Q12 Served 2/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/13/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/13/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/13/22	No
83.25	CONTINUING EDUCATION	6/13/22	No
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	6/13/22	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/8/22	Yes
83.45(3)	TOXIC SUBSTANCES	6/8/22	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	6/8/22	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS	6/13/22	No
83.60(1)	RELEASE		
	TOTAL/OPENABLE WINDOW AREA	6/13/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (UNCAS HOUSE--0015900)

Date: 11/8/2022 **SOD #1H4Q13** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
ACCRUING FORFEITURE
FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.32(3)(l)
FORFEITURE---83.60(l)

Date: 2/22/2022 **SOD #1H4Q12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.3283.32(3)(l)
FORFEITURE---83.45(3)
FORFEITURE---83.59(4)(e)
FORFEITURE---83.60(l)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITED COMMUNITY CENTER ART 1 (0012894)

Address: 604 W SCOTT ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140046 **End Date:** 3/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TLGU11 Served 7/7/2022

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified

Corrected

Enforcement History (UNITED COMMUNITY CENTER ART 1--0012894)

Date: 7/7/2022

SOD #TLGU11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: UNITED COMMUNITY CENTER LATINAS UNIDAS 2 (0016573)

Address: 614 W SCOTT ST, MILWAUKEE, WI 53204

License Status: REGULAR

Licensed/Certified/Registered 4/27/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139074 **End Date:** 11/17/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D7MC11 Served 3/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.25	CONTINUING EDUCATION		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (UNITED COMMUNITY CENTER LATINAS UNIDAS 2--0016573)

Date: 3/29/2022

SOD #D7MC11

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20 (2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

FORFEITURE---83.37(1)(e)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: UNITY SENIOR LIVING LLC (0018998)

Address: 11017 W APPLETON AVE, MILWAUKEE, WI 53225

License Status: PROBATIONARY

Licensed/Certified/Registered 6/9/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0143040 **End Date:** 5/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142259 **End Date:** 11/1/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I7NU11 Served 2/22/2023

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified
5/10/23

Corrected
Yes

Survey ID: 0139825 **End Date:** 6/9/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (UNITY SENIOR LIVING LLC--0018998)

Date: 2/22/2023

SOD #I7NU11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.17(1)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VILLA ST FRANCIS (310120)

Address: 1910 W OHIO AVE, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 10/18/1991 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141341 **End Date:** 3/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BGY711 Served 11/11/2022

Deficiencies Cited
83.37(3)(a)

Subject Area
MEDICATION STORAGE: ORIGINAL
CONTAINERS

Compliance
Verified
12/26/22

Corrected
Yes

Survey ID: 0139013 **End Date:** 2/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137981 **End Date:** 12/2/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137567 **End Date:** 10/21/2021 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138804 **End Date:** 9/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YZDI11 Served 2/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(b)	SUPERVISION		

Survey ID: 0136847 **End Date:** 1/15/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LXF11 Served 7/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/21/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/21/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/21/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	10/21/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/21/21	Yes
83.45(3)	TOXIC SUBSTANCES	10/21/21	Yes

Survey ID: 0134926 **End Date:** 10/2/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134882 **End Date:** 8/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OWS211 Served 9/25/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/2/20	Yes

Enforcement History (VILLA ST FRANCIS--310120)

Date: 2/24/2022 **SOD #**YZDI11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 7/28/2021 **SOD #**5LXF11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20 (2)(a)-(d)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.45(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VILLA ST FRANCIS--310120)

Date Complaint Received: 3/7/2022

Date Investigation Completed: 3/17/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/26/2021

Date Investigation Completed: 2/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/24/2021

Date Investigation Completed: 12/2/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 8/27/2021

Date Investigation Completed: 9/10/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

RESIDENT RIGHTS

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Date Complaint Received: 1/13/2021

Date Investigation Completed: 1/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/23/2020

Date Investigation Completed: 1/15/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

RESIDENT RIGHTS

SUBSTANTIATED

5LXF11

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/13/2020

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 1/15/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/6/2020

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 1/15/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/26/2020

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 1/15/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/23/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 9/24/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: VILLARD CRC (0015017)

Address: 5409 VILLARD AVENUE, MILWAUKEE, WI 53225

License Status: REGULAR

Licensed/Certified/Registered 8/11/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: WABASH HOME (0017608)

Address: 7716 W WABASH CT, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 5/1/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137925 **End Date:** 12/2/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137381 **End Date:** 10/1/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132834 **End Date:** 9/19/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (WABASH HOME--0017608)

Date Complaint Received: 10/26/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 12/2/2021

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/20/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/1/2021

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/9/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/1/2021

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/2/2020

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/1/2021

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WASHINGTON HEIGHTS MANOR II (0016797)

Address: 10620 W GREENWOOD TERRACE, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 8/15/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141935 **End Date:** 9/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #80WS11 Served 1/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140977 End Date: 6/28/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1YX212 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139331 End Date: 12/14/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1YX211 Served 4/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/28/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/28/22	No
83.19	ORIENTATION	6/27/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/28/22	No
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/28/22	No
83.35(2)	TEMPORARY SERVICE PLAN	6/27/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/28/22	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	6/27/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/27/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/28/22	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	6/27/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	6/28/22	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/28/22	No
83.45(3)	TOXIC SUBSTANCES	6/27/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	6/28/22	No
83.47(2)(d)	FIRE DRILLS	6/27/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/27/22	Yes
83.47(3)	FIRE INSPECTION	6/27/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/28/22	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (WASHINGTON HEIGHTS MANOR II--0016797)

Date: 1/30/2023 **SOD #**80WS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/10/2022 **SOD #**1YX212 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.28(4)(a)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.44(1)(c)
FORFEITURE---83.46(1)(c)

Date: 4/22/2022 **SOD #**1YX211 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)
FORFEITURE---83.19
FORFEITURE---83.37(2)(e)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (WASHINGTON HEIGHTS MANOR II--0016797)

Date Complaint Received: 9/6/2022

Date Investigation Completed: 9/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

80WS11

Date Complaint Received: 10/28/2021

Date Investigation Completed: 12/14/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1YX211

PROGRAM SERVICES

SUBSTANTIATED

1YX211

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WASHINGTON HEIGHTS MANOR (0012706)

Address: 1506 1510 N 48TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 4/1/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139706 **End Date:** 5/24/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139969 **End Date:** 3/30/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #68BL12 Served 6/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(b)	EXIT DIAGRAM		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0138343 **End Date: 12/10/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QIEY12 Served 1/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	5/24/22	Yes

Survey ID: 0136870 **End Date: 6/4/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QIEY11 Served 8/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	12/10/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (WASHINGTON HEIGHTS MANOR--0012706)

Date: 6/28/2022 **SOD #**68BL12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(1)(a)
FORFEITURE---83.47(4)(a)

Date: 1/18/2022 **SOD #**QIEY12 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED

Date: 7/30/2021 **SOD #**QIEY11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
ACCRUING FORFEITURE

Complaint History (WASHINGTON HEIGHTS MANOR--0012706)

Date Complaint Received: 9/15/2020 **Date Investigation Completed:** 3/30/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WHOLE HEALTH CLINICAL GROUP (0018128)

Address: 5566 NORTH 69TH STREET, MILWAUKEE, WI 53203

License Status: REGULAR

Licensed/Certified/Registered 1/28/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138228 **End Date:** 1/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137290 **End Date:** 8/16/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VPXU11 Served 9/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/4/22	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	1/4/22	Yes

Survey ID: 0135701 **End Date:** 2/25/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (WHOLE HEALTH CLINICAL GROUP--0018128)

Date: 9/24/2021

SOD #VPXU11

Appealed: No

Sanctions

ORDER TO COMPLY

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