

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 WEST ALLIS. 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 41.00 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 AA (AMBULATORY)

Facility Information

Facility Name: 2ND CENTURY (0013598)

Address: 2187 S 85TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 3/1/2012 12:00:00AM

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

Survey History

Survey ID: 0139292 **End Date:** 12/14/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9MGZ11 Served 4/19/2022

Deficiencies Cited
83.17(2)(a)

Subject Area
EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE

Compliance
Verified

Corrected

Enforcement History (2ND CENTURY--0013598)

Date: 4/21/2022 **SOD #**9MGZ11 **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: ANGELS HEARTH (0013961)

Address: 3468 S 119TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 10/17/2012 12:00:00AM

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

Survey History

Survey ID: 0142938 **End Date:** 4/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137807 **End Date:** 11/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137148 **End Date:** 3/18/2021 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NUPC11 Served 9/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	11/1/21	Yes

Enforcement History (ANGELS HEARTH--0013961)

Date: 9/3/2021 **SOD #NUPC11** **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 (ANGELS HEARTH--0013961)

Date Complaint Received: 3/13/2023

Date Investigation Completed: 4/21/2023

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ARIA WEST ALLIS (0018335)

Address: 5301 W LINCOLN AVE, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 11/10/2021 12:00:00AM

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

Survey History

Survey ID: 0142155 **End Date:** 8/5/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PHK12 Served 2/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(2)(b)	NUTRITION: MEALS		
83.45(3)	TOXIC SUBSTANCES		
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 CNA (NONAMBULATORY)

Survey ID: 0139889 **End Date:** 4/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6PHK11 Served 6/20/2022

<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	8/2/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/2/22	Yes

Survey ID: 0137461 **End Date:** 10/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136864 **End Date:** 4/1/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #25PG11 Served 7/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/1/21	Yes
83.41(1)(a)	FOOD SUPPLY	10/1/21	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	10/1/21	Yes

Survey ID: 0135429 **End Date:** 12/15/2020 **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 (ARIA WEST ALLIS--0018335)

Date: 2/14/2023 **SOD #**6PHK12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(2)(c)
FORFEITURE---83.41(2)(b)

Date: 7/30/2021 **SOD #**25PG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(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 (ARIA WEST ALLIS--0018335)

Date Complaint Received: 7/5/2022

Date Investigation Completed: 8/5/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/28/2022

Date Investigation Completed: 8/5/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/28/2022

Date Investigation Completed: 8/5/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/14/2022

Date Investigation Completed: 8/5/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/15/2022

Date Investigation Completed: 4/22/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/11/2021

Date Investigation Completed: 4/1/2021

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

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

25PG11
25PG11

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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: 12/28/2020

Date Investigation Completed: 4/1/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
25PG11

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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: CHI CARES WEST ALLIS (0018894)

Address: 2355 S 68th ST, West Allis, WI 53219

License Status: PROBATIONARY

Licensed/Certified/Registered 12/8/2022 12:00:00AM

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

Survey History

Survey ID: 0141686 **End Date:** 12/23/2022 **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 AA (AMBULATORY)

Facility Information

Facility Name: GREENFIELD HOUSE (0015031)

Address: 10521 W GREENFIELD AVENUE, WEST ALLIS, WI 53214

License Status: REGULAR

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

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

Survey History

Survey ID: 0137116 **End Date:** 4/26/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R8QK11 Served 8/30/2021

Deficiencies Cited

83.19

83.21(1)-(3)

Subject Area

ORIENTATION

ALL EMPLOYEE TRAINING

Compliance

Verified

Corrected

Enforcement History (GREENFIELD HOUSE--0015031)

Date: 8/31/2021

SOD #R8QK11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (GREENFIELD HOUSE--0015031)

Date Complaint Received: 7/15/2020

Date Investigation Completed: 4/26/2021

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE WEST ALLIS HERITAGE 7 LLC (0012725)

Address: 7801 W NATIONAL AVE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 11/1/2010 12:00:00AM

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

Survey History

Survey ID: 0141830 **End Date:** 1/4/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140970 **End Date:** 10/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138427 **End Date:** 6/23/2021 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #280G11 Served 1/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(2)	TEMPORARY SERVICE PLAN	1/4/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	1/4/23	Yes
83.38(1)(b)	SUPERVISION	1/4/23	Yes

Survey ID: 0135025 **End Date:** 10/13/2020 **Type:** OTHER **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: 0134609 **End Date:** 6/19/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT9612 Served 8/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/13/20	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	10/13/20	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	10/13/20	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/13/20	Yes

Enforcement History (HERITAGE WEST ALLIS HERITAGE 7 LLC--0012725)

Date: 1/21/2022 **SOD #280G11** **Appealed:**

Sanctions

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

Date: 8/26/2020 **SOD #KT9612** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.22(1)(4)
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)

Complaint History (HERITAGE WEST ALLIS HERITAGE 7 LLC--0012725)

Date Complaint Received: 11/4/2022

Date Investigation Completed: 1/4/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/31/2022

Date Investigation Completed: 10/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/1/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

280G11

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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: HILLCREST HOMES 75 LLC (0018687)

Address: 1467 S 75TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 1/10/2023 12:00:00AM

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

Survey History

Survey ID: 0141160 **End Date:** 10/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7JMZ11 Served 10/27/2022

<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	12/11/22	Yes

Survey ID: 0138397 **End Date:** 1/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (HILLCREST HOMES 75 LLC--0018687)

Date Complaint Received: 8/23/2022

Date Investigation Completed: 10/20/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	7JMZ11
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 CA (AMBULATORY)

Facility Information

Facility Name: INFINITY ASSISTED LIVING HOME (0015779)

Address: 1665 SOUTH 64TH STREET, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 3/15/2016 12:00:00AM

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

Survey History

Survey ID: 0137933 **End Date:** 11/5/2021 **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: LINCOLN TERRACE GROUP HOME (0014399)

Address: 2416 S 60TH ST, WEST ALLIS, WI 53219

License Status: REGULAR

Licensed/Certified/Registered 12/1/2013 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: MARANATHA HOUSE SOUTH (THE) (0012681)

Address: 2526 S 85TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0141734 **End Date:** 8/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBIL11 Served 1/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		
83.64(7)	SMALL CBRF: CLEAR-WIDTH DOOR OPENINGS		

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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 SOUTH (THE)--0012681)

Date: 1/5/2023

SOD #QBIL11

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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)

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES WEST ALLIS (0016596)

Address: 2577 S 118TH STREET, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 5/9/2017 12:00:00AM

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

Survey History

Survey ID: 0140823 **End Date:** 9/16/2022 **Type:** INITIAL **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NEXT STEP IN RESIDENTIAL SERVICES WEST ALLIS--0016596)

Date Complaint Received: 11/18/2021

Date Investigation Completed: 9/16/2022

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: NOBLE SENIOR LIVING AT WEST ALLIS (0018017)

Address: 7400 WEST GREENFIELD AVENUE, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 4/1/2021 12:00:00AM

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

Survey History

Survey ID: 0141723 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IDMM11 Served 1/9/2023

<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		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET
83.38(1)(g)	HEALTH MONITORING
83.38(1)(k)	TRANSPORTATION
83.39(1)	INFECTION CONTROL PROGRAM
83.41(3)(b)	FOOD SAFETY
83.42(1)	RESIDENT RECORD MAINTAINED
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS
83.44(2)(b)	TOILET AND BATHING AREA
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS
83.45(3)	TOXIC SUBSTANCES
83.45(4)	PEST CONTROL
83.46(1)(a)	COMFORTABLE AND SAFE TEMPERATURES
83.60(3)	HABITABLE ROOM WINDOW COVERINGS

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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: 0140956 **End Date:** 6/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VC4811 Served 10/7/2022

<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		
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.38(1)(g)	HEALTH MONITORING		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0137801 **End Date:** 11/4/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135774 **End Date:** 2/10/2021 **Type:** OTHER **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 CS (SEMIAMBULATORY)

Survey ID: 0135346 End Date: 11/17/2020 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B4GS11 Served 12/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/10/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/10/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	2/10/21	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/10/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (NOBLE SENIOR LIVING AT WEST ALLIS--0018017)

Date: 1/4/2023 **SOD #**IDMM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NNAO EXTENDED

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.32(3)(k)

FORFEITURE---83.32(3)(n)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(1)(d)

FORFEITURE---83.38(1)(g)

Date: 10/7/2022 **SOD #**VC4811 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(b)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

Date: 12/22/2020 **SOD #**B4GS11 **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 (NOBLE SENIOR LIVING AT WEST ALLIS--0018017)

Date Complaint Received: 10/26/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	IDMM11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
RESIDENT RIGHTS	SUBSTANTIATED	IDMM11

Date Complaint Received: 9/15/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11

Date Complaint Received: 8/25/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
ADMINISTRATION	SUBSTANTIATED	IDMM11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11
PROGRAM SERVICES	SUBSTANTIATED	IDMM11
RESIDENT RIGHTS	SUBSTANTIATED	IDMM11

Date Complaint Received: 8/19/2022

Date Investigation Completed: 11/10/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDMM11

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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: 7/11/2022

Subject Area(s)

PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/10/2022

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

IDMM11
IDMM11
IDMM11

Date Complaint Received: 6/29/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

IDMM11
IDMM11
IDMM11

Date Complaint Received: 3/30/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

VC4811

Date Complaint Received: 3/8/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/17/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

VC4811

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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: 2/9/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 6/22/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/22/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/24/2022

Result

SUBSTANTIATED

SOD #

VC4811

Date Complaint Received: 12/8/2021

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/22/2022

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 9/27/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/4/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/4/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 11/4/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/24/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/4/2021

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 CS (SEMIAMBULATORY)

Date Complaint Received: 6/14/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/4/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/26/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/4/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/8/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/22/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/19/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 2/10/2021

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: OHIO HOUSE (0015016)

Address: 3309 S 112TH STREET, WEST ALLIS, WI 53227

License Status: REGULAR

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

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

Survey History

Survey ID: 0137055 **End Date:** 8/18/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135456 **End Date:** 1/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OHIO HOUSE--0015016)

Date Complaint Received: 5/19/2021

Date Investigation Completed: 8/18/2021

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: RAINBOW PARK HOUSE (0017600)

Address: 1217 S 118TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 6/18/2019 12:00:00AM

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

Survey History

Survey ID: 0138814 **End Date:** 2/8/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134361 **End Date:** 7/28/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133942 **End Date:** 6/10/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4W8211 Served 6/16/2020

Deficiencies Cited

83.37(1)(h)

Subject Area

SCHEDULED PSYCHOTROPIC MEDICATIONS

Compliance

Verified

7/28/20

Corrected

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)

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR (0017577)

Address: 11101 W LINCOLN AVE, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 7/10/2019 12:00:00AM

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

Survey History

Survey ID: 0139564 **End Date:** 1/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O8VZ11 Served 5/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	7/1/22	

Enforcement History (ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR--0017577)

Date: 5/18/2022 **SOD #**O8VZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ROGERS MEMORIAL HOSPITAL WEST ALLIS RECOVERY CTR--0017577)

Date Complaint Received: 12/3/2021 **Date Investigation Completed:** 1/18/2022

<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 AA (AMBULATORY)

Facility Information

Facility Name: ROOT RIVER HAVEN (0014968)

Address: 3161 S 112TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 3/11/2014 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: RUBY CASTLE (0015522)

Address: 1234 S 112 Street, West Allis, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 2/19/2015 12:00:00AM

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

Survey History

Survey ID: 0137128 **End Date:** 8/25/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

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: Ruby Home (0019323)

Address: 1234 S. 112th Street, West Allis, WI 53214

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 CS (SEMIAMBULATORY)

Facility Information

Facility Name: TALL OAKS OF WEST ALLIS (0018221)

Address: 2825 SOUTH WAUKESHA ROAD, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 8/2/2021 12:00:00AM

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

Survey History

Survey ID: 0137034 **End Date:** 8/12/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136573 **End Date:** 3/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NLUR11 Served 6/23/2021

<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	8/12/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	8/12/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/12/21	Yes
83.46(1)(f)	COMBUSTIBLES	8/12/21	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)

Survey ID: 0136292 **End Date:** 1/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D67J11 Served 5/25/2021

Deficiencies Cited

83.59(1)(g)

Subject Area

PROPER EXIT LOCATIONS, SIDEWALKS,
DRIVEWAYS

Compliance

Verified

8/12/21

Corrected

Yes

Survey ID: 0134828 **End Date:** 9/3/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (TALL OAKS OF WEST ALLIS--0018221)

Date: 6/23/2021

SOD #NLUR11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 5/25/2021

SOD #D67J11

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 (TALL OAKS OF WEST ALLIS--0018221)

Date Complaint Received: 3/1/2021

Date Investigation Completed: 3/30/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

NLUR11
NLUR11

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

NLUR11

Date Complaint Received: 10/22/2020

Date Investigation Completed: 1/28/2021

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: TREE OF LIFE ASSISTED LIVING WEST ALLIS (0018462)

Address: 3050 WAUKESHA ROAD, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 6/27/2022 12:00:00AM

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

Survey History

Survey ID: 0140162 **End Date:** 6/27/2022 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: VILLAGE AT MANOR PARK PALMER HOUSE (310053)

Address: 3023 S 84TH ST, WEST ALLIS, WI 53227

License Status: REGULAR

Licensed/Certified/Registered 5/26/1981 12:00:00AM

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

Survey History

Survey ID: 0138118 **End Date:** 7/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5FSG11 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0133932 **End Date:** 6/15/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (VILLAGE AT MANOR PARK PALMER HOUSE--310053)

Date: 1/4/2022 **SOD #**5FSG11 **Appealed:** **Decision:** PENDING

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)

Complaint History (VILLAGE AT MANOR PARK PALMER HOUSE--310053)

Date Complaint Received: 12/21/2020

Date Investigation Completed: 7/13/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/8/2020

Date Investigation Completed: 7/13/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 7/20/2020

Date Investigation Completed: 7/13/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 7/17/2020

Date Investigation Completed: 7/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/15/2020

Date Investigation Completed: 7/13/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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