

Provider Inspection Summary

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

Waukesha

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Waukesha County.

The report includes only facilities located within the City of Waukesha. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 28.00 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

Adult Family Home

Facility Information

Facility Name: BOOTH HOUSE (0012912)

Address: 903 SUMMIT AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 10/20/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141725 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141303 **End Date:** 9/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #74KJ13 Served 11/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/29/22	Yes

Survey ID: 0140251 **End Date:** 5/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #74KJ12 Served 7/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE	9/15/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/15/22	No
88.10(3)(c)	CONFIDENTIALITY	9/15/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0138832 **End Date: 10/25/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #74KJ11 Served 2/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	5/11/22	Yes

Survey ID: 0137859 **End Date: 8/16/2021** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #09ZP12 Served 11/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/11/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	5/11/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	5/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	5/11/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (BOOTH HOUSE--0012912)

Date: 11/9/2022 **SOD #**74KJ13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 7/28/2022 **SOD #**74KJ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/28/2022 **SOD #**74KJ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/30/2021 **SOD #**09ZP12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (BOOTH HOUSE--0012912)

Date Complaint Received: 5/11/2022 **Date Investigation Completed:** 5/11/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	74KJ12
RESIDENT RIGHTS	SUBSTANTIATED	74KJ12

Date Complaint Received: 9/23/2021 **Date Investigation Completed:** 10/21/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	74KJ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Booth House (0019199)

Address: 903 Summit Avenue, Waukesha, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/15/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141623 **End Date:** 12/15/2022 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BROOKFIELD ADORABLE HOMES LLC (0018436)

Address: 21850 DAVIDSON ROAD, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137458 **End Date:** 9/23/2021 **Type:** INITIAL **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BROWN HOUSE (THE) (0018378)

Address: 1519 PLEASANTVIEW AVENUE, WAUKESHA, WI 53188

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136885 **End Date:** 4/12/2021 **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

Adult Family Home

Facility Information

Facility Name: BROWN HOUSE LUXURY LIVING HOME A (0019067)

Address: 421 CENTURY OAK DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 8/16/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140708 **End Date:** 8/16/2022 **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

Adult Family Home

Facility Information

Facility Name: BROWN HOUSE LUXURY LIVING HOME B (0019161)

Address: 419 CENTURY OAK DR, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 8/16/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140707 **End Date:** 8/16/2022 **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

Adult Family Home

Facility Information

Facility Name: CCLS OAKDALE 2 (0011899)

Address: 1737 OAKDALE DR, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 7/18/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142377 **End Date:** 3/1/2023 **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
Adult Family Home

Facility Information

Facility Name: COMFORT CARE GROUP HOME LLC (0018357)

Address: 2020 CHAPMAN DRIVE, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 2/9/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138430 **End Date:** 1/20/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #83M311 Served 1/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/11/22	Yes

Survey ID: 0135581 **End Date:** 2/9/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (COMFORT CARE GROUP HOME LLC--0018357)

Date: 1/21/2022 **SOD #**83M311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CONNECTED FAMILY HOME CARE (0018788)

Address: 336 RICHARD STREET, WAUKESHA, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 3/2/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138934 **End Date:** 3/2/2022 **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

Adult Family Home

Facility Information

Facility Name: GREEN VALLEY (390147)

Address: 1128 GREEN VALLEY DR, WAUKESHA, WI 53189

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136450 **End Date:** 5/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135860 **End Date:** 3/11/2021 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FXL011 Served 3/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	5/26/21	Yes

Enforcement History (GREEN VALLEY--390147)

Date: 3/24/2021 **SOD #**FXL011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HIL Canaan (0019392)

Address: 443 Freeman St, Waukesha, WI 53189

License Status: REGULAR

Licensed/Certified/Registered 2/14/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142227 **End Date:** 2/14/2023 **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

Adult Family Home

Facility Information

Facility Name: Holmes Adult Family Home LLC (0019377)

Address: 1007 Aurora St., Waukesha, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 1/17/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141958 **End Date:** 1/26/2023 **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

Adult Family Home

Facility Information

Facility Name: KINGDOM HOMES CAMBRIDGE (0013880)

Address: 201 CAMBRIDGE AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 11/1/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140217 **End Date:** 6/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VZCK11 Served 7/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/8/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	9/8/22	Yes

Enforcement History (KINGDOM HOMES CAMBRIDGE--0013880)

Date: 7/25/2022 **SOD #**VZCK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KINGDOM HOMES CLEVELAND (0014151)

Address: 1434 CLEVELAND AVE, WAUKESHA, WI 531863875

License Status: REGULAR

Licensed/Certified/Registered 6/6/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139056 **End Date:** 12/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1WY111 Served 4/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	7/12/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/12/22	Yes

Survey ID: 0140163 **End Date:** 7/7/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KINGDOM HOMES CLEVELAND--0014151)

Date: 3/25/2022 **SOD #**1WY111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MANHATTAN (390229)

Address: 2031 MANHATTAN DR, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 9/8/1998 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141497 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W24811 Served 12/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/2/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/2/22	Yes

Survey ID: 0140630 **End Date:** 8/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MANHATTAN--390229)

Date: 12/7/2022 **SOD #**W24811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (MANHATTAN--390229)

Date Complaint Received: 9/27/2022

Date Investigation Completed: 11/2/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	W24811
PROGRAM SERVICES	SUBSTANTIATED	W24811
RESIDENT RIGHTS	SUBSTANTIATED	W24811

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MICHIGAN (0009604)

Address: 1505 MICHIGAN AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 4/25/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137957 **End Date:** 12/2/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137249 **End Date:** 7/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #32WP11 Served 9/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	11/20/21	Yes

Enforcement History (MICHIGAN--0009604)

Date: 9/20/2021 **SOD #**32WP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (MICHIGAN--0009604)

Date Complaint Received: 7/19/2021

Date Investigation Completed: 7/22/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

32WP11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEXT STEP IN RESIDENTIAL SERVICES CATHERINE (0015181)

Address: 1132 CATHERINE STREET, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 9/11/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RILEYS HOUSE (0014830)

Address: 1010 OAKLAND AVENUE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 11/14/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139089 **End Date:** 3/7/2022 **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

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI GRACE HOME AFH (0016054)

Address: 2812 SUMMIT AVE, WAUKESHA, WI 53188

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141164 **End Date:** 10/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140637 **End Date:** 8/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST COLETTA OF WI GRACE HOME AFH--0016054)

Date Complaint Received: 9/14/2022

Date Investigation Completed: 10/14/2022

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

Adult Family Home

Facility Information

Facility Name: ST COLETTA OF WI ST JULIAN AFH (0015924)

Address: 2812 SUMMIT AVE, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 12/28/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141318 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140638 **End Date:** 8/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ST COLETTA OF WI ST JULIAN AFH--0015924)

Date Complaint Received: 9/30/2022

Date Investigation Completed: 10/11/2022

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

Adult Family Home

Facility Information

Facility Name: WRIGHT STRIDE LLC (0017802)

Address: 316 HARRISON AVENUE, WAUKESHA, WI 53186

License Status: REGULAR

Licensed/Certified/Registered 9/19/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142701 **End Date:** 1/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ANV512 Served 4/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	6/6/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/6/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	6/6/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/6/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0140776 **End Date:** 6/13/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ANV511 Served 9/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	1/18/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/18/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/18/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/18/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/18/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/18/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/18/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/18/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/18/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/18/23	Yes
88.06(3)(f)	REVIEW OF ISP	1/18/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	1/18/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/18/23	Yes

Survey ID: 0134943 **End Date:** 9/29/2020 **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

Adult Family Home

Enforcement History (WRIGHT STRIDE LLC--0017802)

Date: 4/11/2023 **SOD #** ANV512 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 9/16/2022 **SOD #** ANV511 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (WRIGHT STRIDE LLC--0017802)

Date Complaint Received: 8/28/2020

Date Investigation Completed: 9/24/2020

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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