

Provider Inspection Summary

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

Waukesha

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 114.00 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: BUTLER HOUSE (0017522)

Address: 12605 W COURTLAND AVE, BUTLER, WI 53007

License Status: REGULAR

Licensed/Certified/Registered 1/13/2020 12:00:00AM

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

Survey History

Survey ID: 0142986 **End Date:** 2/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00H711 Served 5/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(g)	HEALTH MONITORING		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(4)	PEST CONTROL		

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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: 0140985 **End Date:** 9/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6ODX11 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/24/22	Yes
83.45(3)	TOXIC SUBSTANCES	11/24/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	11/24/22	Yes

Enforcement History (BUTLER HOUSE--0017522)

Date: 5/8/2023 **SOD #**00H711 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---83.42(1)

Date: 10/10/2022 **SOD #**6ODX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BUTLER HOUSE--0017522)

Date Complaint Received: 2/14/2023 **Date Investigation Completed:** 2/20/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	00H711
RESIDENT RIGHTS	SUBSTANTIATED	00H711

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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: ADULT EATING DISORDER RESIDENTIAL CARE (0017711)

Address: W277 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 6/26/2019 12:00:00AM

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

Survey History

Survey ID: 0137316 **End Date:** 9/21/2021 **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 AA (AMBULATORY)

Facility Information

Facility Name: ROGERS MEMORIAL HOSPITAL DELAFIELD B (0012061)

Address: W325 OAKWOOD DR, DELAFIELD, WI 53018

License Status: REGULAR

Licensed/Certified/Registered 2/8/2008 12:00:00AM

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

Survey History

Survey ID: 0137385 **End Date:** 9/21/2021 **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 AA (AMBULATORY)

Facility Information

Facility Name: CORY HOME (0012200)

Address: 201/203 CORY AVE, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 11/27/2007 12:00:00AM

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

Survey History

Survey ID: 0142789 **End Date:** 4/6/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141744 **End Date:** 9/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KQZV11 Served 1/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	4/6/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	4/6/23	Yes

Survey ID: 0135826 **End Date:** 3/15/2021 **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 AA (AMBULATORY)

Enforcement History (CORY HOME--0012200)

Date: 1/4/2023 **SOD #**KQZV11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

FORFEITURE---83.59(1)(g)

Date: 6/4/2020 **SOD #**VB5U11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.47(2)(d)

FORFEITURE---83.48(1)(b)

FORFEITURE---83.59(1)(g)

FORFEITURE---83.59(7)(a)

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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: HANSON HOUSE (0009739)

Address: 240 WOLF DRIVE, DOUSMAN, WI 53118

License Status: REGULAR

Licensed/Certified/Registered 5/1/2003 12:00:00AM

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

Survey History

Survey ID: 0140164 **End Date:** 7/1/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RIVERSIDE LODGE (310510)

Address: 410 N MAIN ST, DOUSMAN, WI 53118

License Status: REGULAR

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

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

Survey History

Survey ID: 0136953 **End Date:** 7/8/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVERSIDE LODGE--310510)

Date Complaint Received: 6/11/2021

Date Investigation Completed: 7/8/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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: HERITAGE ELM GROVE (0015092)

Address: 800 WALL ST, ELM GROVE, WI 53122

License Status: REGULAR

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

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

Survey History

Survey ID: 0139910 **End Date:** 5/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137370 **End Date:** 9/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136742 **End Date:** 6/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E9IS11 Served 7/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/30/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/30/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/30/21	Yes
83.38(1)(g)	HEALTH MONITORING	9/30/21	Yes
83.40	OXYGEN STORAGE	9/30/21	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)

Survey ID: 0135615 **End Date:** 2/9/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HERITAGE ELM GROVE--0015092)

Date: 7/13/2021 **SOD #**E9IS11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

Complaint History (HERITAGE ELM GROVE--0015092)

Date Complaint Received: 5/5/2022

Date Investigation Completed: 5/24/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/3/2021

Date Investigation Completed: 9/30/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
E9IS11

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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: WOODSIDE TERRACE ASSISTED LIVING (0017406)

Address: 1820 WESTMOOR TERRACE, ELM GROVE, WI 53122

License Status: REGULAR

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

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

Survey History

Survey ID: 0143164 **End Date:** 3/22/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9O2811 Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
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 CS (SEMIAMBULATORY)

83.45(2)

STORAGE AREAS

Survey ID: 0141309 **End Date: 11/4/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140527 **End Date: 8/18/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142290 **End Date: 5/19/2022** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138071 **End Date: 12/1/2021** **Type: OTHER** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UI4L14 Served 12/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	8/18/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/18/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/18/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/18/22	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: 0137777 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #36SU11 Served 11/17/2021

<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	8/3/22	Yes

Survey ID: 0137258 **End Date:** 8/31/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UI4L13 Served 9/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	11/24/21	Yes

Survey ID: 0136509 **End Date:** 5/25/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UI4L12 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	8/31/21	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: 0135662 End Date: 2/1/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UI4L11 Served 2/22/2021

<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	5/25/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/25/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/25/21	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 (WOODSIDE TERRACE ASSISTED LIVING--0017406)

Date: 12/22/2021 **SOD #UI4L14** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 11/16/2021 **SOD #36SU11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 9/21/2021 **SOD #UI4L13** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.39(3)

Date: 6/17/2021 **SOD #UI4L12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 2/22/2021 **SOD #UI4L11** **Appealed:**

Sanctions

ORDER TO COMPLY

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

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 CS (SEMIAMBULATORY)

Complaint History (WOODSIDE TERRACE ASSISTED LIVING--0017406)

Date Complaint Received: 2/24/2023

Date Investigation Completed: 3/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9O2811

RESIDENT RIGHTS

SUBSTANTIATED

9O2811

Date Complaint Received: 10/14/2022

Date Investigation Completed: 11/4/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/2/2020

Date Investigation Completed: 2/1/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UI4L11

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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: BRADFORD HOME (0012560)

Address: 644 BRADFORD WAY, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 12/3/2008 12:00:00AM

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

Survey History

Survey ID: 0140484 **End Date:** 7/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137850 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137667 **End Date:** 10/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPQX11 Served 11/11/2021

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
11/29/21

Corrected
Yes

Survey ID: 0138504 **End Date:** 7/14/2021 **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 AA (AMBULATORY)

Survey ID: 0136000 **End Date:** 3/31/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OECU12 Served 4/16/2021

Deficiencies Cited

83.32(3)(d)

Subject Area

RIGHTS OF RESIDENTS: FREE OF
MISTREATMENT

Compliance

Verified

7/14/21

Corrected

Yes

Enforcement History (BRADFORD HOME--0012560)

Date: 11/5/2021 **SOD #**SPQX11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 4/15/2021 **SOD #**OECU12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

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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 (BRADFORD HOME--0012560)

Date Complaint Received: 7/8/2022

Date Investigation Completed: 7/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/22/2022

Date Investigation Completed: 7/14/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 3/12/2021

Date Investigation Completed: 3/31/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

OECU12

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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: HARTLAND PLACE (0015977)

Address: 444 MERTON AVE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 4/1/2017 12:00:00AM

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

Survey History

Survey ID: 0140925 **End Date:** 6/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QPFI11 Served 10/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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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: 0140361 **End Date:** 4/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MYI511 Served 8/3/2022

<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		
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.42(1)	RESIDENT RECORD MAINTAINED		

Survey ID: 0136274 **End Date:** 5/5/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135690 **End Date:** 2/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PVEQ11 Served 3/1/2021

<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	5/5/21	Yes
83.17(2)(c)	STAFF WITH COMMUNICABLE DISEASE NOT TO WORK	5/5/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/5/21	Yes
83.39(3)	HAND WASHING	5/5/21	Yes
83.41(1)(c)	DISHWASHING	5/5/21	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/5/21	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	5/5/21	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/5/21	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 (HARTLAND PLACE--0015977)

Date: 3/7/2023 **SOD #**QPF112 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a0

FORFEITURE---83.14(2)(a)

FORFEITURE---83.21(1-3)

FORFEITURE---83.25

FORFEITURE---83.32(3)(d)

FORFEITURE---83.37(2)(d)

Date: 10/4/2022 **SOD #**QPF111 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(d)

Date: 8/3/2022 **SOD #**MY1511 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.12(4)(b)

FORFEITURE---83.38(1)(i)

Date: 2/28/2021 **SOD #**PVEQ11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a-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 (HARTLAND PLACE--0015977)

Date Complaint Received: 10/31/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QPFI12

Date Complaint Received: 5/20/2022

Date Investigation Completed: 6/1/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QPFI11

Date Complaint Received: 5/5/2022

Date Investigation Completed: 6/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QPFI11

Date Complaint Received: 3/8/2022

Date Investigation Completed: 4/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MYI511

Date Complaint Received: 1/1/2021

Date Investigation Completed: 2/8/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

PVEQ11

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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: HARTLAND TERRACE (0012378)

Address: 327B NORTH AVE, HARTLAND, WI 53029

License Status: REGULAR

Licensed/Certified/Registered 5/1/2009 12:00:00AM

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

Survey History

Survey ID: 0140543 **End Date:** 8/17/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HERITAGE LAKE COUNTRY (0016506)

Address: 2975 VILLAGE SQUARE DR, HARTLAND, WI 53029

License Status: REGULAR

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

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

Survey History

Survey ID: 0141597 **End Date:** 12/7/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140647 **End Date:** 5/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YOKS11 Served 9/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	12/7/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/7/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	12/7/22	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/7/22	Yes

Survey ID: 0137991 **End Date:** 12/14/2021 **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: 0136523 **End Date:** 6/16/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135306 **End Date:** 11/2/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZ2D11 Served 12/16/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/16/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/16/21	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	6/16/21	Yes

Enforcement History (HERITAGE LAKE COUNTRY--0016506)

Date: 9/2/2022 **SOD #**YOKS11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(i)
FORFEITURE---83.42(1)

Date: 12/15/2020 **SOD #**ZZ2D11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(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 (HERITAGE LAKE COUNTRY--0016506)

Date Complaint Received: 5/23/2022

Date Investigation Completed: 5/31/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/14/2021

Date Investigation Completed: 12/14/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/6/2021

Date Investigation Completed: 6/16/2021

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/8/2020

Date Investigation Completed: 12/15/2020

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
ZZ2D11

Date Complaint Received: 6/24/2020

Date Investigation Completed: 11/2/2020

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
ZZ2D11

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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: ARBORETUM (THE) (0018808)

Address: W180 N7890 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 6/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142838 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142119 **End Date:** 1/18/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DU112 Served 2/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	4/18/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	4/18/23	Yes

Survey ID: 0140994 **End Date:** 8/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DU111 Served 10/12/2022

<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	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: 0139720 **End Date:** 6/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (ARBORETUM (THE)--0018808)

Date: 2/10/2023 **SOD #**7DU112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/12/2022 **SOD #**7DU111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ARBORETUM (THE)--0018808)

Date Complaint Received: 1/3/2023 **Date Investigation Completed:** 1/18/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 8/16/2022 **Date Investigation Completed:** 8/23/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 7DU111

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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: AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE) (0017800)

Address: W128 N6900 NORTHFIELD DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/13/2020 12:00:00AM

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

Survey History

Survey ID: 0142497 **End Date:** 2/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11U911 Served 3/17/2023

Deficiencies Cited
83.32(3)(i)

Subject Area
RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified
5/16/23

Corrected
Yes

Survey ID: 0141598 **End Date:** 12/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139911 **End Date:** 5/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137629 **End Date:** 10/21/2021 **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: 0134611 **End Date:** 8/26/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134500 **End Date:** 8/6/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4YK811 Served 8/17/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.06(3)	CHANGE IN PROGRAM STATEMENT	11/30/20	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/30/20	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	11/30/20	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/30/20	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	11/30/20	Yes

Survey ID: 0134418 **End Date:** 7/30/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE)--0017800)

Date: 3/17/2023 **SOD #**11U911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

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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 (AUBERGE AT OAK VILLAGE A MEMORY CARE COMM (THE)--0017800)

Date Complaint Received: 1/24/2023

Date Investigation Completed: 2/20/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PROGRAM SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

11U911

Date Complaint Received: 10/19/2022

Date Investigation Completed: 12/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/11/2022

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/14/2021

Date Investigation Completed: 10/21/2021

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: DICKSON HOLLOW (0016047)

Address: W156 N4881 PILGRIM RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 5/1/2017 12:00:00AM

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

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: ELITE ADULT FAMILY HOME INC 3 (0019186)

Address: N88 W17630 CHRISTMAN RD, MENOMONEE FALLS, WI 53051

License Status: PROBATIONARY

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

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

Survey History

Survey ID: 0141660 **End Date:** 12/20/2022 **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: GRACE COMMONS II (0018200)

Address: W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W

License Status: REGULAR

Licensed/Certified/Registered 8/1/2021 12:00:00AM

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

Survey History

Survey ID: 0139524 **End Date:** 9/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137259 **End Date:** 8/25/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JT6611

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
11/26/21

Corrected
Yes

Survey ID: 0136055 **End Date:** 4/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134493 **End Date:** 8/6/2020 **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 (GRACE COMMONS II--0018200)

Date: 9/21/2021 SOD #JT6611 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (GRACE COMMONS II--0018200)

Date Complaint Received: 9/14/2021

Date Investigation Completed: 9/22/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/10/2021

Date Investigation Completed: 8/25/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

JT6611
JT6611
JT6611

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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: GRACE COMMONS III (0018201)

Address: W195N9550 ROLLING MEADOWS CIRC, MENOMONEE FALLS, W

License Status: REGULAR

Licensed/Certified/Registered 9/1/2021 12:00:00AM

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

Survey History

Survey ID: 0142131 **End Date:** 1/31/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q3NY12 Served 2/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	1/31/23	Yes

Survey ID: 0141022 **End Date:** 6/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q3NY11 Served 10/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	1/31/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/31/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/31/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	1/31/23	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)

83.38(1)(i)

BEHAVIOR MANAGEMENT

1/31/23

Yes

Survey ID: 0136552 **End Date: 6/21/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136551 **End Date: 6/10/2021** **Type: OTHER** **Purpose: SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TQI511 Served 6/21/2021

Deficiencies Cited

83.12(2)(a)

Subject Area

CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance

Verified

6/21/21

Corrected

Survey ID: 0136057 **End Date: 4/13/2021** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134661 **End Date: 8/18/2020** **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 (GRACE COMMONS III--0018201)

Date: 2/13/2023 **SOD #**Q3NY12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/13/2022 **SOD #**Q3NY11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(i)

Date: 6/21/2021 **SOD #**TQI511 **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: HERITAGE COURT (0010630)

Address: N48 W14250 HAMPTON AVE, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 5/1/2005 12:00:00AM

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

Survey History

Survey ID: 0142727 **End Date:** 3/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137914 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137628 **End Date:** 10/27/2021 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137826 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #04PJ11 Served 11/22/2021

Deficiencies Cited
83.14(2)(a)

Subject Area
LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

Compliance
Verified
12/6/21

Corrected
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: 0136834 **End Date:** 7/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136410 **End Date:** 5/18/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B74W16 Served 6/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/22/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/22/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/22/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135674 **End Date:** 1/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B74W15 Served 3/1/2021

<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	5/18/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/18/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/18/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/18/21	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/18/21	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	5/18/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	5/18/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/18/22	Yes
83.38(1)(g)	HEALTH MONITORING	5/18/22	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/18/21	Yes
83.41(1)(b)	EQUIPMENT	5/18/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/18/21	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	5/18/21	Yes
83.47(2)(d)	FIRE DRILLS	5/18/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/18/21	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	5/18/21	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 (HERITAGE COURT--0010630)

Date: 6/7/2021 **SOD #**B74W16 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)

Date: 2/26/2021 **SOD #**B74W15 **Appealed:**

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.35(5)(b)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(i)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Complaint History (HERITAGE COURT--0010630)

Date Complaint Received: 2/18/2023 **Date Investigation Completed:** 3/21/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/28/2020 **Date Investigation Completed:** 1/14/2021

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED B74W15

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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: HIL HAWTHORNE HOUSE (0009796)

Address: N60 W15734 W HAWTHORNE DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

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

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

Survey History

Survey ID: 0140623 **End Date:** 5/18/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OIBQ13 Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.29(2)	ADMISSION AGREEMENT		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(h)	MEDICATION ADMINISTRATION		
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)

83.47(2)(b)	EXIT DIAGRAM
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS

Enforcement History (HIL HAWTHORNE HOUSE--0009796)

Date: 8/31/2022 SOD #OIBQ13 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.20(20(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.43(1)

Complaint History (HIL HAWTHORNE HOUSE--0009796)

Date Complaint Received: 5/4/2022 Date Investigation Completed: 5/18/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	OIBQ13
PROGRAM SERVICES	SUBSTANTIATED	OIBQ13

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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: Riverview Village Senior Living (0015619)

Address: W176 N9430 RIVER CREST DR, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0143267 **End Date:** 5/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UFG012 Served 6/5/2023

Deficiencies Cited
83.41(1)(b)

Subject Area
EQUIPMENT

Compliance
Verified

Corrected

Survey ID: 0142428 **End Date:** 12/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UFG011 Served 3/10/2023

Deficiencies Cited
83.35(3)(c)

Subject Area
IMPLEMENT, FOLLOW THE INDIVIDUAL
SERVICE PLAN

Compliance
Verified
5/11/23

Corrected
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: 0141741 **End Date:** 9/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6KFT11 Served 1/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	5/11/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	5/11/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/11/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/11/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/11/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/11/23	Yes

Survey ID: 0140533 **End Date:** 8/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138849 **End Date:** 1/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GGXM11 Served 3/2/2022

<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	5/5/22	Yes

Survey ID: 0136660 **End Date:** 6/25/2021 **Type:** STANDARD **Purpose:** SURVEY/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 CNA (NONAMBULATORY)

Survey ID: 0135546 **End Date:** 12/18/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134399 **End Date:** 7/9/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UYTN11 Served 8/4/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	6/25/21	Yes

Survey ID: 0133965 **End Date:** 5/28/2020 **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 (Riverview Village Senior Living--0015619)

Date: 3/10/2023

SOD #UFG011

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(c)

Date: 1/4/2023

SOD #6KFT11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(e)

FORFEITURE---83.42(1)

Date: 3/2/2022

SOD #GGXM11

Appealed: No

Sanctions

ORDER TO COMPLY

Date: 8/4/2020

SOD #UYTN11

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.38(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 (Riverview Village Senior Living--0015619)

Date Complaint Received: 10/18/2022

Date Investigation Completed: 12/5/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 10/15/2022

Date Investigation Completed: 12/5/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UFG011

RESIDENT RIGHTS

SUBSTANTIATED

UFG011

Date Complaint Received: 9/9/2022

Date Investigation Completed: 9/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/25/2022

Date Investigation Completed: 8/17/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/30/2021

Date Investigation Completed: 1/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/1/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

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)

Date Complaint Received: 8/18/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/18/2020

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	RXM511

Date Complaint Received: 6/30/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 7/9/2020

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	UYTN11
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: VISTA POINT III (0016846)

Address: W180 N8240 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/29/2017 12:00:00AM

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

Survey History

Survey ID: 0138572 **End Date:** 1/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137552 **End Date:** 10/20/2021 **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: VISTA POINTE II (0015261)

Address: W180 N8220 TOWN HALL RD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 11/1/2015 12:00:00AM

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

Survey History

Survey ID: 0138513 **End Date:** 1/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134198 **End Date:** 6/30/2020 **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)

Facility Information

Facility Name: VISTA POINTE (0014822)

Address: W180 N8200 TOWN HALL ROAD, MENOMONEE FALLS, WI 53051

License Status: REGULAR

Licensed/Certified/Registered 10/10/2013 12:00:00AM

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

Survey History

Survey ID: 0142244 **End Date:** 2/14/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137657 **End Date:** 10/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VISTA POINTE--0014822)

Date Complaint Received: 1/19/2023

Date Investigation Completed: 2/14/2023

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: BIRCHROCK CASTLE (0017104)

Address: 210 MCDIVITT LN, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 3/30/2018 12:00:00AM

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

Survey History

Survey ID: 0137686 **End Date:** 11/1/2021 **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: BROLEN MEADOWS (0016907)

Address: 1340 MAIN ST, MUKWONAGO, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 8/20/2018 12:00:00AM

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

Survey History

Survey ID: 0141603 **End Date:** 12/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140540 **End Date:** 8/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139356 **End Date:** 1/10/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7WXZ12 Served 5/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/10/22	Yes
83.47(2)(d)	FIRE DRILLS	8/10/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/10/22	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)

Enforcement History (BROLEN MEADOWS--0016907)

Date: 5/3/2022 **SOD #**7WXZ12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25 Continuing Education

Date: 7/2/2020 **SOD #**7WXZ11 **Appealed:** No

Sanctions

OTHER SANCTION

FORFEITURE---83.12(4)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(h)

Complaint History (BROLEN MEADOWS--0016907)

Date Complaint Received: 10/19/2022

Date Investigation Completed: 12/7/2022

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: LINDENCOURT MUKWONAGO (310452)

Address: 845 E Veterans Way, Mukwonago, WI 53149

License Status: REGULAR

Licensed/Certified/Registered 4/1/1997 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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Bayview Assisted Living Center (0019023)

Address: S77W18690 Janesville Rd, Muskego, WI 53150

License Status: PROBATIONARY

Licensed/Certified/Registered 10/12/2022 12:00:00AM

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

Survey History

Survey ID: 0143044 **End Date:** 3/8/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D3EQ11 Served 5/16/2023

<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	3/8/23	Yes

Survey ID: 0141059 **End Date:** 10/6/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Bayview Assisted Living Center--0019023)

Date Complaint Received: 2/27/2023

Date Investigation Completed: 3/8/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
D3EQ11

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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: CARING ALTERNATIVES OF MUSKEGO (0017155)

Address: W182 S8320 PIONEER DR, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 9/24/2018 12:00:00AM

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

Survey History

Survey ID: 0142511 **End Date:** 3/1/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134181 **End Date:** 6/22/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CARING ALTERNATIVES OF MUSKEGO--0017155)

Date Complaint Received: 6/17/2020

Date Investigation Completed: 6/22/2020

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 ANA (NONAMBULATORY)

Facility Information

Facility Name: CHI CARES MUSKEGO (0018893)

Address: S68W12699 BRISTLECONE LANE, MUSKEGO, WI 53150

License Status: PROBATIONARY

Licensed/Certified/Registered 6/9/2022 12:00:00AM

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

Survey History

Survey ID: 0142811 **End Date:** 4/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142068 **End Date:** 1/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1JYK11 Served 2/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	4/11/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/11/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/11/23	Yes
83.48(8)(a)	SPRINKLER SYSTEM: TYPE	4/11/23	Yes
83.63(3)(a)	DRAWING, SPECIFICATIONS MEET REQUIREMENTS	4/11/23	Yes

Survey ID: 0140210 **End Date:** 6/9/2022 **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 ANA (NONAMBULATORY)

Enforcement History (CHI CARES MUSKEGO--0018893)

Date: 2/7/2023

SOD #1JYK11

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: HERITAGE MUSKEGO (0017261)

Address: S64 W13780 JANESVILLE RD, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 12/10/2018 12:00:00AM

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

Survey History

Survey ID: 0138838 **End Date:** 2/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZVF911 Served 4/15/2022

Deficiencies Cited
83.12(5)(a)

Subject Area
NOTIFICATION: INCIDENT, INJURY, CHANGES

Compliance
Verified
4/15/22

Corrected
Yes

Survey ID: 0136397 **End Date:** 5/25/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HERITAGE MUSKEGO--0017261)

Date: 3/1/2022 **SOD #**ZVF911 **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 (HERITAGE MUSKEGO--0017261)

Date Complaint Received: 1/4/2022

Date Investigation Completed: 2/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZVF911

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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: TUDOR OAKS WINDSOR GARDENS (0013745)

Address: S77 W12929 MCSHANE DR, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 8/1/2012 12:00:00AM

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

Survey History

Survey ID: 0136121 **End Date:** 4/21/2021 **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 ANA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN LEAF ASSISTED LIVING LLC (0018278)

Address: 12850 WEST EUCLID AVENUE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 2/24/2021 12:00:00AM

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

Survey History

Survey ID: 0135841 **End Date:** 2/24/2021 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CREATIVE LIVING ENVIRONMENTS RAINBOW TERRACE (0012504)

Address: 15831 W SANTA ROSA BLVD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 10/1/2008 12:00:00AM

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

Survey History

Survey ID: 0139258 **End Date:** 4/5/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ELIZABETH RESIDENCE NEW BERLIN (0016570)

Address: 4461 S SUNNY SLOPE RD, NEW BERLIN, WI 53151

License Status: REGULAR

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

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

Survey History

Survey ID: 0142347 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFRT11 Served 3/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.39(3)	HAND WASHING		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.46(1)(c) HEATING SYSTEM MAINTENANCE
83.47(2)(d) FIRE DRILLS

Survey ID: 0137772 **End Date:** 11/15/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137739 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JI5F11 Served 11/11/2021

<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	11/15/21	Yes

Survey ID: 0136680 **End Date:** 6/24/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136032 **End Date:** 3/23/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DVYZ12 Served 4/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/24/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/24/21	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 (ELIZABETH RESIDENCE NEW BERLIN--0016570)

Date: 3/3/2023 **SOD #**OFRT11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.47(2)(d)

Date: 11/11/2021 **SOD #**JI5F11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

ACCRUING FORFEITURE

Date: 4/19/2021 **SOD #**DVYZ12 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(b)

Date: 6/15/2020 **SOD #**DVYZ11 **Appealed:**

Sanctions

OTHER SANCTION

FORFEITURE---83.20(2)(a)

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 (ELIZABETH RESIDENCE NEW BERLIN--0016570)

Date Complaint Received: 5/14/2021

Date Investigation Completed: 7/2/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/16/2021

Date Investigation Completed: 3/23/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

DVYZ12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

DVYZ12

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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: GOLDEN OAKS ASSISTED LIVING (0018246)
Address: 21600 WEST CLEVELAND AVENUE, NEW BERLIN, WI 53146
License Status: REGULAR
Licensed/Certified/Registered 9/30/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143010 **End Date:** 2/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TE5011 Served 6/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.25	CONTINUING EDUCATION		
83.32(3)(e)	RIGHTS OF RESIDENTS: FREE OF SECLUSION		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0140868 **End Date:** 9/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137342 **End Date:** 9/28/2021 **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 AS (SEMIAMBULATORY)

Survey ID: 0134857 End Date: 9/15/2020 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (GOLDEN OAKS ASSISTED LIVING--0018246)

Date Complaint Received: 2/6/2023

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TE5011

Date Complaint Received: 2/1/2023

Date Investigation Completed: 2/15/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TE5011

RESIDENT RIGHTS

SUBSTANTIATED

TE5011

Date Complaint Received: 8/30/2022

Date Investigation Completed: 9/21/2022

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: GRAND HILLS CASTLE (THE) (0017249)

Address: 13050 W CLEVELAND AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 8/30/2018 12:00:00AM

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

Survey History

Survey ID: 0142380 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137295 **End Date:** 7/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0BZ611 Served 9/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/2/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/2/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/2/23	Yes

Enforcement History (GRAND HILLS CASTLE (THE)--0017249)

Date: 9/24/2021 **SOD #**0BZ611 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(c)

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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 COURT DEER CREEK (0009763)

Address: 3585 S 147TH ST, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 9/1/2003 12:00:00AM

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

Survey History

Survey ID: 0143082 **End Date:** 3/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U8H011 Served 5/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

Survey ID: 0140052 **End Date:** 6/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136635 **End Date:** 6/23/2021 **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: 0135880 **End Date:** 3/11/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JUEN12 Served 3/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	6/23/21	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	6/23/21	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	6/23/21	Yes
83.46(1)(f)	COMBUSTIBLES	6/23/21	Yes

Enforcement History (HERITAGE COURT DEER CREEK--0009763)

Date: 3/29/2021 **SOD #**JUEN12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(j)

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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 COURT DEER CREEK--0009763)

Date Complaint Received: 5/26/2022

Date Investigation Completed: 6/22/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 1/15/2021

Date Investigation Completed: 3/11/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/5/2020

Date Investigation Completed: 3/11/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: HIL SKYLINE HOUSE (0009690)

Address: 5265 S SKYLINE DR, NEW BERLIN, WI 53151

License Status: REGULAR

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

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

Survey History

Survey ID: 0140833 **End Date:** 9/15/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140184 **End Date:** 4/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D4J011 Served 7/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/15/22	Yes

Enforcement History (HIL SKYLINE HOUSE--0009690)

Date: 7/21/2022 **SOD #**D4J011 **Appealed:**

Sanctions

ORDER TO COMPLY
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)

Complaint History (HIL SKYLINE HOUSE--0009690)

Date Complaint Received: 8/9/2022

Date Investigation Completed: 9/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: LINDENCOURT NEW BERLIN (0014615)

Address: 13705 W FIELDPOINTE DRIVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 8/1/2014 12:00:00AM

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

Survey History

Survey ID: 0142425 **End Date:** 12/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0RQ11 Served 3/9/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0136442 **End Date:** 6/2/2021 **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: 0135743 **End Date:** 3/4/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135415 **End Date:** 12/29/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LINDENCOURT NEW BERLIN--0014615)

Date: 3/10/2023 **SOD #**I0RQ11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
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 (LINDENCOURT NEW BERLIN--0014615)

Date Complaint Received: 11/8/2022

Date Investigation Completed: 12/20/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I0RQ11

Date Complaint Received: 4/28/2021

Date Investigation Completed: 6/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/1/2021

Date Investigation Completed: 3/4/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/12/2020

Date Investigation Completed: 12/28/2020

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)

Facility Information

Facility Name: RENAISSANCE MEMORY CARE OF NEW BERLIN (0017828)

Address: 21903 W NATIONAL AVE, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 9/30/2019 12:00:00AM

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

Survey History

Survey ID: 0140893 **End Date:** 9/21/2022 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: ROBINS LANDING AT NEW BERLIN (0018488)

Address: 2900 S MOORLAND BLVD, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 7/1/2022 12:00:00AM

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

Survey History

Survey ID: 0141842 **End Date:** 12/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OB2F11 Served 1/13/2023

<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	2/27/23	Yes

Survey ID: 0142058 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V00D11 Served 2/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.43(1) ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Survey ID: 0139669 End Date: 5/24/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139498 End Date: 5/5/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139145 End Date: 3/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LS9D12 Served 4/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.29(2)	ADMISSION AGREEMENT	5/5/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	5/5/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/5/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/5/22	Yes
83.41(1)(c)	DISHWASHING	5/5/22	Yes
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	5/5/22	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: 0138781 **End Date:** 2/8/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LS9D11 Served 2/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.04(1)(b)	MEDIUM CBRF--9 TO 20 RESIDENTS	3/23/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/23/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/23/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/23/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/23/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/23/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	3/23/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/23/22	Yes
83.29(2)	ADMISSION AGREEMENT	3/23/22	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/23/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	3/23/22	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/3/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/23/22	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/23/22	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/23/22	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	3/23/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	3/23/22	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)

83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/23/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/4/22	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/23/22	Yes
83.41(1)(c)	DISHWASHING	4/4/22	No
83.41(3)(b)	FOOD SAFETY	3/23/22	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	3/23/22	Yes
83.45(2)	STORAGE AREAS	3/23/22	Yes
83.46(1)(f)	COMBUSTIBLES	3/23/22	Yes
83.47(2)(d)	FIRE DRILLS	3/23/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	3/23/22	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	3/23/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/23/22	Yes

Survey ID: 0136718 **End Date:** 6/28/2021 **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 (ROBINS LANDING AT NEW BERLIN--0018488)

Date: 2/7/2023 **SOD #**V0OD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)

Date: 1/13/2023 **SOD #**OB2F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 4/5/2022 **SOD #**LS9D12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.29(2)
FORFEITURE---83.35(3)(b)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.41(1)(c)

Date: 2/23/2022 **SOD #**LS9D11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
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 (ROBINS LANDING AT NEW BERLIN--0018488)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/20/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/20/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

V0OD11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

V0OD11

RESIDENT RIGHTS

SUBSTANTIATED

V0OD11

Date Complaint Received: 8/29/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

V0OD11

RESIDENT RIGHTS

SUBSTANTIATED

V0OD11

Date Complaint Received: 5/16/2022

Date Investigation Completed: 5/24/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 4/6/2022

Date Investigation Completed: 5/5/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/26/2022

Date Investigation Completed: 2/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LS9D11

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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: SKY RESIDENTIAL BROOKSIDE (0009132)

Address: 2405 S BROOKSIDE PKWY, NEW BERLIN, WI 531512905

License Status: REGULAR

Licensed/Certified/Registered 5/1/2001 12:00:00AM

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

Survey History

Survey ID: 0141607 **End Date:** 11/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6Z8411 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.41(1)(b)	EQUIPMENT		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0135245 **End Date:** 11/3/2020 **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)

Enforcement History (SKY RESIDENTIAL BROOKSIDE--0009132)

Date: 12/14/2022 **SOD #**6Z8411 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

Complaint History (SKY RESIDENTIAL BROOKSIDE--0009132)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

6Z8411

Date Complaint Received: 11/1/2022

Date Investigation Completed: 11/10/2022

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: Victorian Home (0019325)

Address: 19700 W. Cleveland Avenue, New Berlin, WI 53146

License Status: PROBATIONARY

Licensed/Certified/Registered 6/9/2023 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR VIEW COMMUNITIES OF PEWAUKEE (0017089)

Address: W232 N3471 HUNTERS RIDGE RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 4/16/2018 12:00:00AM

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

Survey History

Survey ID: 0137283 **End Date:** 8/26/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VX5G11 Served 9/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/7/21	Yes
83.39(3)	HAND WASHING	11/7/21	Yes

Survey ID: 0134371 **End Date:** 7/24/2020 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ARBOR VIEW COMMUNITIES OF PEWAUKEE--0017089)

Date: 9/23/2021 **SOD #**VX5G11 **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 (ARBOR VIEW COMMUNITIES OF PEWAUKEE--0017089)

Date Complaint Received: 8/11/2021

Date Investigation Completed: 8/11/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/8/2020

Date Investigation Completed: 7/24/2020

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN BAY OF PEWAUKEE (0014550)

Address: 539 E. Wisconsin Ave., PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 6/1/2014 12:00:00AM

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

Survey History

Survey ID: 0143046 **End Date:** 3/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2HBW11 Served 5/16/2023

Deficiencies Cited
83.41(3)(b)

Subject Area
FOOD SAFETY

Compliance
Verified
3/28/23

Corrected
Yes

Survey ID: 0140718 **End Date:** 9/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138628 **End Date:** 1/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135561 **End Date:** 2/1/2021 **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)

Complaint History (AUTUMN BAY OF PEWAUKEE--0014550)

Date Complaint Received: 9/10/2020

Date Investigation Completed: 2/1/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: HERITAGE COURT WAUKESHA (0015285)

Address: 1831 MEADOW LANE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 10/1/2015 12:00:00AM

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

Survey History

Survey ID: 0138106 **End Date:** 11/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134443 **End Date:** 7/23/2020 **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)

Complaint History (HERITAGE COURT WAUKESHA--0015285)

Date Complaint Received: 10/25/2021

Date Investigation Completed: 11/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/8/2021

Date Investigation Completed: 11/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/7/2020

Date Investigation Completed: 7/23/2020

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)

Facility Information

Facility Name: HIL DEER HAVEN (0009962)

Address: N26 W26286 QUAIL HOLLOW RD, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 9/1/2003 12:00:00AM

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

Survey History

Survey ID: 0142283 **End Date:** 11/14/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MQKN11 Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.41(2)(c)	NUTRITION: MENUS		
83.45(3)	TOXIC SUBSTANCES		
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED		

Survey ID: 0135776 **End Date:** 3/10/2021 **Type:** STANDARD **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)

Enforcement History (HIL DEER HAVEN--0009962)

Date: 2/23/2023 **SOD #**MQKN11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.37(2)(c)
FORFEITURE---83.45(3)

Date: 6/20/2020 **SOD #**LYWF12 **Appealed:** No

Sanctions

OTHER SANCTION

Complaint History (HIL DEER HAVEN--0009962)

Date Complaint Received: 11/2/2022 **Date Investigation Completed:** 11/9/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	MQKN11

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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: KIRKLAND CROSSINGS (0009361)

Address: 700 QUINLAN DR, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 5/1/2002 12:00:00AM

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

Survey History

Survey ID: 0142975 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141920 **End Date:** 1/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #961T12 Served 1/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/18/23	Yes

Survey ID: 0141001 **End Date:** 8/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #961T11 Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/18/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/18/23	Yes
83.25	CONTINUING EDUCATION	1/18/23	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 (KIRKLAND CROSSINGS--0009361)

Date: 1/24/2023 **SOD #**961T12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 10/12/2022 **SOD #**961T11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25

Complaint History (KIRKLAND CROSSINGS--0009361)

Date Complaint Received: 6/23/2022

Date Investigation Completed: 8/10/2022

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: LEGACY ASSISTED LIVING (0017088)

Address: N26W26511 COLLEGE AVE, PEWAUKEE, WI 53072

License Status: REGULAR

Licensed/Certified/Registered 6/17/2020 12:00:00AM

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

Survey History

Survey ID: 0142692 **End Date:** 1/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND13 Served 4/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		
83.41(3)(b)	FOOD SAFETY		
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED		

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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: 0141429 **End Date:** 10/17/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	1/18/23	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	1/18/23	Yes
83.41(3)(b)	FOOD SAFETY	1/18/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/18/23	Yes

Survey ID: 0140041 **End Date:** 6/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERND11 Served 7/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/17/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/17/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	10/17/22	Yes

Survey ID: 0137307 **End Date:** 9/16/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135811 **End Date:** 3/16/2021 **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)

Enforcement History (LEGACY ASSISTED LIVING--0017088)

Date: 4/10/2023 **SOD #**ERND13 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 11/28/2022 **SOD #**ERND12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 7/6/2022 **SOD #**ERND11 **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 (LEGACY ASSISTED LIVING--0017088)

Date Complaint Received: 11/23/2022

Date Investigation Completed: 1/18/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ERND13

Date Complaint Received: 5/24/2022

Date Investigation Completed: 6/6/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ERND11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ERND11

Date Complaint Received: 4/7/2022

Date Investigation Completed: 6/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ERND11

Date Complaint Received: 8/11/2021

Date Investigation Completed: 9/27/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/20/2020

Date Investigation Completed: 3/16/2021

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: LYNNWOOD OF DELAFIELD (0009711)

Address: W302 N1632 MAPLE AVE, PEWAUKEE, WI 53072

License Status: REGULAR

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

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

Survey History

Survey ID: 0137897 **End Date:** 8/23/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y0LD11

<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	5/23/22	Yes

Survey ID: 0135739 **End Date:** 2/25/2021 **Type:** STANDARD **Purpose:** SURVEY/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 CNA (NONAMBULATORY)

Enforcement History (LYNNWOOD OF DELAFIELD--0009711)

Date: 12/3/2021 **SOD #**Y0LD11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 6/9/2020 **SOD #**KP4E14 **Appealed:**

Sanctions

FORFEITURE---83.59(1)(f)

Complaint History (LYNNWOOD OF DELAFIELD--0009711)

Date Complaint Received: 2/17/2021

Date Investigation Completed: 2/25/2021

Subject Area(s)

ADMINISTRATION

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: MATTHEWS OF PEWAUKEE CBRF (0014154)
Address: 1109 CECELIA DR, PEWAUKEE, WI 530722524
License Status: REGULAR
Licensed/Certified/Registered 6/1/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142847 **End Date:** 2/6/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZZI11 Served 4/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		

Survey ID: 0137203 **End Date:** 8/31/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136525 **End Date:** 5/18/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BHF211 Served 6/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	8/31/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/31/21	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 (MATTHEWS OF PEWAUKEE CBRF--0014154)

Date: 4/19/2023 **SOD #**1ZZI11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19

Date: 6/18/2021 **SOD #**BHF211 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Complaint History (MATTHEWS OF PEWAUKEE CBRF--0014154)

Date Complaint Received: 12/19/2022 **Date Investigation Completed:** 2/1/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
1ZZI11

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

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE SUSSEX (310682)

Address: W240 N6351 MAPLE AVE, SUSSEX, WI 53089

License Status: REGULAR

Licensed/Certified/Registered 6/1/1998 12:00:00AM

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

Survey History

Survey ID: 0143051 **End Date:** 4/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137783 **End Date:** 11/15/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137664 **End Date:** 10/7/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VOR811 Served 11/10/2021

<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	11/15/21	Yes

Survey ID: 0135984 **End Date:** 4/6/2021 **Type:** STANDARD **Purpose:** SURVEY/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 CNA (NONAMBULATORY)

Enforcement History (BROOKDALE SUSSEX--310682)

Date: 11/5/2021 **SOD #**VOR811 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
ACCRUING FORFEITURE

Complaint History (BROOKDALE SUSSEX--310682)

Date Complaint Received: 1/20/2021 **Date Investigation Completed:** 4/12/2021

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: COURTYARD AT SUSSEX CBRF (THE) (0018802)

Address: W235 N6350 HICKORY DRIVE, SUSSEX, WI 53089

License Status: REGULAR

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

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

Survey History

Survey ID: 0141901 **End Date:** 1/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139426 **End Date:** 4/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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