STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014642	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE AUTUMN LANE II	719 JUPITER DR MADISON, WI 53718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 01/16/2025, Surveyors conducted a complaint investigation at Oak Park Place Autumn Lane II, a CBRF in Madison. One deficiency was identified. The complaint was substantiated. Census: 47	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the facility did not complete an investigation after learning of allegations of theft and did not take immediate	N 158		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 158	Continued From page 1	N 158		

steps to ensure the safety of all residents after an allegation of theft on 01/06/2025.

Findings include:

The facility is licensed to serve up to 67 residents in the client groups of irreversible dementia/Alzheimer's and advanced aged.

On 01/16/2025 at approximately 1:00 p.m., Surveyor interviewed Director of Housing A regarding theft allegations. Director of Housing A said, "A report had been made last week, by Resident 1, but that it was involving identity theft." Housing Director A stated s/he reported the incident to the police department on behalf of Resident 1.

On 01/16/2025 at approximately 1:20 p.m., Surveyor interviewed Resident 1, who voiced a concern that theft occurred at the facility. Resident 1 stated s/he reviewed his/her checking account approximately 10 days ago and noticed a check had been cashed that s/he hadn't written. Resident 1 stated the account showed a check was written out and cashed by an individual s/he didn't know for approximately $7000 in December 2024. Resident 1 stated s/he did not write the check and that his/her name had been forged on the check. Resident 1 stated his/her checkbook was kept in his/her room at the facility so s/he believed the check had been stolen from there. Resident 1 stated s/he had reported the concerns to Administrator A and was working with the bank in hopes of resolving the issue.

On 01/16/2025, at approximately 1:45 p.m., Surveyor asked the facility to provide documentation of this investigation. Director of Housing A provided Surveyor with a copy of a

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N 158	Continued From page 2 police report. Director of Housing A stated that the facility did not start an investigation. On 01/16/2025, at approximately 2:30 p.m., Surveyor interviewed Director of Housing A. Surveyor asked Director of Housing A what immediate steps the facility took upon hearing of this theft. Director of Housing A stated that s/he thought it was a stolen identity issue and reported that to the police department on 01/08/2025. Director of Housing A stated that s/he did not recognize the name on the check and believed it was someone outside the facility that stole the check. On 01/16/2025, at 2:45 p.m., Surveyor interviewed Executive Director B. Executive Director B acknowledged there was no investigation completed and no interventions that safeguarded Resident 1 while his/her allegation remained under investigation. Upon receiving a report of an allegation of abuse, the provider did not complete an investigation after learning of allegations of theft and did not take immediate steps to ensure the safety of all residents.	N 158		