

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/18/2024
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE OF NAKOMA		STREET ADDRESS, CITY, STATE, ZIP CODE 4327 NAKOMA RD MADISON, WI 53711		
(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 01/18/2024, The Bureau of Assisted Living, Southern Regional Office conducted an verification visit and complaint investigation at Oak Park Place Nakoma, a CBRF located in Madison, WI. As a result of this survey, 0 violations of Chapter DHS 83 were issued. 9 violations from previous statement of deficiency (SOD) # HWO15 dated 10/13/2023 were corrected. 2 violations from previous statement of deficiency (SOD) # 4BI011 dated 09/01/2023 were corrected. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed. Census: 24	{N 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE