

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/02/2024
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE OF JANESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 MYRTLE WAY JANESVILLE, WI 53545		
(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 04/02/2024, The Bureau of Assisted Living, Southern Regional Office conducted an Enforcement Verification Visit & 4 complaint investigations at Oak Park Place Nakoma Janesville, a CBRF located in Janesville, WI. As a result of this survey, 0 violations of Chapter DHS 83 were issued. 9 violations from previous statement of deficiency (SOD) # 657X16 dated 01/18/2024 were corrected. 4 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed. Census: 47	{N 000}		

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

TITLE

(X6) DATE