STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014395	A. BUILDING: _____ B. WING _____	C 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE WAUWATOSA	1621 RIVERS BEND WAUWATOSA, WI 53226

(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 08/28/2025 with information gathered through 09/09/2025, Surveyor conducted a complaint investigation, at Oak Park Place of Wauwatosa, a Community-Based Residential Facility (CBRF) in Wauwatosa, WI. Four deficiencies were identified. Two of the 4 deficiencies are repeat deficiencies from Statement of Deficiency (SOD) W0M012, dated 07/06/2021, W0M013, dated 10/25/2022, SOD W0M014, dated 04/27/2023, SOD W0M015, dated 05/08/2024, and SOD W0M016, dated 01/31/2025. Complaint substantiated. Census: 51	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident (Resident	N 381		

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

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N 381	Continued From page 1 1) reviewed when s/he had a fall that led to emergency room visit. Resident 1 did not have an assessment completed after s/he returned from the hospital. Findings include: On 08/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/06/2024. -Resident 1 was his/her own person. -Resident 1's incident report, dated 08/14/2025, stated the following: "While doing cares [staff] asked [Resident 1] to turn on [his/her] left to clean [his/her] bottom and in the middle of [him/her] turning [s/he] went over the rail. Paramedics was called to assist with getting [Resident 1] up off the floor, [Resident 1] stated pain in legs and left arm and was taken to Froedtert hospital." -Assisted Living Facility Self-Report, dated 08/15/2025, reported the following: "Staff was providing incontinent care and asked [Resident 1] to roll to [his/her] left side. While [Resident 1] was turning [s/he] rolled off the bed. The care staff attempted to stop [Resident 1] but [s/he] fell to floor. [Emergency Medical Services] was contacted to assist back to bed but [Resident 1] complained of pain despite no visible injuries. [Resident 1] was transported to hospital. [Resident 1] did have 1/4 side rail in the up position which was not enough to prevent [his/her] body from sliding out to the floor." -Resident 1's After Visit Summary, dated 08/15/2025, stated the following: "Reason for	N 381		

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N 381	Continued From page 2 visit: Fall. Diagnosis: Mechanical fall. Diagnoses: Fall, chest wall discomfort." Resident 1 did not have an assessment completed after s/he returned from the hospital. On 09/09/2025, at approximately 1:34 PM, Surveyor interviewed Director of Housing (DOH) A. DOH A confirmed Resident 1 did not have an assessment completed when s/he returned from the hospital. DOH A stated the assessment was not completed by facility previous nurse.	N 381		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the	N 387		

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N 387	Continued From page 3 resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident's record reviewed (Resident 1). This is a repeat deficiency. See Statement of Deficiency (SOD) W0M012, dated 07/06/2021, W0M013, dated 10/25/2022, SOD W0M014, dated 04/27/2023, and SOD W0M015, dated 05/08/2024. Findings include: On 08/28/2025, surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 11/06/2024. -Resident 1 was his/her own person. -Resident 1's ISP, dated 07/28/2025, was not signed or dated by Resident 1. On 08/28/2025, at approximately 9:41 AM, Surveyors interviewed Director of Housing (DOH) A. DOH A confirmed Resident 1's ISP was not signed or dated by Resident 1.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service	N 389		

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N 389	Continued From page 4 providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) had his/her individual service plan (ISP) updated when there was a change in condition. Resident 1's ISP was not updated to reflect Resident 1's need of a 2 person assist for all cares, Hoyer for transfers, frequent position changes and toileting every 2 hours to keep clean and dry. This is a repeat deficiency. See Statement of Deficiency (SOD) W0M013, dated 10/25/2022, SOD W0M015, dated 05/08/2024, and SOD W0M016, dated 01/31/2025. Findings include: On 07/25/2025, the Department received a complaint alleging a resident has been defecating and urinating on themselves for the last 2 months, due to staff being unable to get the Hoyer in a resident bathroom to toilet resident. On 08/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/06/2024 with the following diagnoses: muscle weakness, difficulty in walking, and repeated falls.	N 389		

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N 389	Continued From page 5 -Resident 1's Preceptor Clinician Visit Report, dated 08/13/2025, stated the following: "Assist x [times] 2 + [and] Hoyer for all cares & transfers. Frequent position changes + toilet every 2 hours to keep clean & dry." -Resident 1's ISP, dated 07/28/2025, stated the following: -"Bathing: Bathing/Showering: [Resident 1] requires moderate assistance by 1 of care team members with bathing/showering twice weekly and as necessary." -"Dressing: Allow sufficient time for dressing and undressing." - "Toileting: Bathroom assistance: Encourage [Resident 1] to participate as much as possible to promote independence. [Resident 1] needs assistance from 1 of care team members for toilet use." -"Transferring: Transfer: [Resident 1] requires assist of 1 to stand and pivot. [Resident 1] may also use a sit to stand to transfer as needed." On 08/28/2025, at approximately 9:41 AM, Surveyor interviewed Director of Housing (DOH) A. DOH A confirmed the most recent ISP for Resident 1 was 07/28/2025. DOH A confirmed Resident 1's ISP, dated 07/28/2025, was not updated to reflect Resident 1's change of condition.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to	N 394		

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N 394	Continued From page 6 respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) evacuation abilities were assessed when they experienced a change in condition. Findings include: On 08/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/06/2024 with the following diagnoses: muscle weakness, difficulty in walking, and repeated falls. -Resident 1's evacuation assessment dated, 11/08/2024, indicated Resident 1 needed help from only one staff in a fire emergency. -Resident 1's Preceptor Clinician Visit Report, dated 08/13/2025, stated the following: "Assist x [times] 2." The provider did not ensure Resident 1's evacuation abilities were assessed when Resident 1 experienced a change in condition. On 08/28/2025, at approximately 12:30 PM, Surveyor interviewed Director of Housing (DOH) A. DOH A confirmed Resident 1's evacuation abilities were not assessed when Resident 1 experienced a change in condition. DOH A confirmed Resident 1 required 2 staff for all transfer assistance and cares.	N 394		