Tony Evers
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Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Telephone: 920-448-5252
Fax: 608-224-5704
TTY: 711 or 800-947-3529

June 25, 2026

ELECTRONIC MAIL
SOD #CL1T11

NOTICE OF NONCOMPLIANCE
COMPLIANCE REQUIREMENT

Scott Frank
719 Jupiter Drive
Madison, WI 53718

C/O Operator: Oak Park Place of Green Bay LLC

Re: Oak Park Place of Green Bay (0016398)
421 Erie Road
Green Bay, WI 54311

Dear Scott Frank:

This letter is a NOTICE of NONCOMPLIANCE on the registrant of Oak Park Place of Green Bay located at 421 Erie Road, Green Bay, WI 54311. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.034, and Wis. Admin. Code ch. DHS 89.

NOTICE OF NONCOMPLIANCE

On May 04, 2026, a compliance visit was concluded for Oak Park Place of Green Bay by the Division of Quality Assurance, Bureau of Assisted Living, to verify that the above-referenced facility was in compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, or both, which set forth requirements for the administration and operation of a registered residential care apartment complex (RCAC). The Statements of Noncompliance are as follows:

Statement of Noncompliance #1:

Wis. Admin. Code § DHS 89.26(4) Annual Review, requires that A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would necessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub.(3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant (Tenant 1) reviewed had an updated comprehensive assessment. Tenant 1's comprehensive assessment was not updated annually and did not identify his/her ability to administer medications.

Tenant 1's comprehensive assessment was not updated annually and did not identify his/her ability to self-administer Acetaminophen.

Findings include:

On 04/29/2026, the Department received a complaint alleging concerns with tenant self-administration of medications.

On 05/04/2026, Surveyors conducted an onsite visit to the facility.

On 05/04/2026 at 1:30 PM, Surveyor reviewed Tenant 1's record and identified the following:

Tenant 1 was admitted on 05/19/2024 with diagnoses to include hyperlipidemia, hypertension, spinal stenosis, congestive heart failure, atrial fibrillation, age-related osteoporosis and rheumatic heart disease. Tenant 1 was also his/her own decision maker.

Review of Tenant 1's February 2026 Medication Administration Record (MAR) identified s/he was scheduled to take "Acetaminophen Oral Tablet 325 MG" to start 02/03/2026 and then discontinued on 02/16/2026. The instructions were as follows: "Give 2 tablet by mouth as needed for pain unsupervised self-administration, take 2 tablets twice daily for pain PRN [as needed]; ok to keep at bedside and self-administer." In addition, Tenant 1 was also scheduled to take "Acetaminophen ER Oral Tablet 325 MG Extended Release (ER) 650 MG to start 02/23/2026 with instructions "take two tablets by mouth 2 times a day as needed for pain or fever. [Tenant 1] may keep at bedside and self-administer ... for pain ..."

Review of a "Telephone Encounter" document dated 02/03/2026 reflected communication between the facility and Tenant 1's physician. The document noted "[Tenant 1] is requesting [his/her] scheduled [Acetaminophen] 650 mg BID [twice a day] be changed to BID PRN. [Tenant 1] is also requesting to keep the medication in [his/her] room and self-administer ... pharmacy will bubble pack the [Acetaminophen] and staff will give [him/her] the card to keep in [his/her] room. Facility staff [Tenant 1] [sic] is appropriate to keep the [Acetaminophen] in [his/her] room and self-administer ... Okay to change [Acetaminophen] 325 mg tablet, take 2 tablets twice a day as needed for pain or fever. [Tenant 1] may keep medication in [his/her] room and self-administer?" Tenant 1's physician responds on 02/03/2026 stating, "OK as noted below."

Review of Tenant 1's "Service Plan Report" with a print date of 05/04/2026 was the current assessment in place at the time of Surveyor's onsite visit. His/her comprehensive assessment did not contain any signatures and included a revision date of 03/14/2025. The assessment reflected "[Tenant 1] is unable to self-administer [his/her] own medication(s) r/t [sic] preference and memory impairments ... medications will be administered by licensed or certified team members." There was no additional information located on Tenant 1's assessment identifying s/he administers his/her Acetaminophen and keeps it at bedside.

On 05/04/2026 at 3:05 PM, Surveyor interviewed Director of Healthcare Services (DOHS) A who stated s/he is newer to his/her role and started in October 2025. DOHS A reported, "The whole thing with the [Acetaminophen] was an issue. It was switched a few times. I finally asked to let [him/her] administer [his/her] own [Acetaminophen] and had [him/her] sign a risk agreement." DOHS A confirmed Acetaminophen is the only medication Tenant 1 self-administers otherwise staff administer all other medications. When Surveyor asked about Tenant 1's "Service Plan Report" and when the last time it was reviewed, DOHS A stated s/he has never seen his/her assessment before.

On 05/04/2026 at 4:00 PM, Surveyor interviewed DOHS A and Director of Housing (DOH) B who acknowledged Surveyor's concern Tenant 1's comprehensive assessment was not updated annually and did not identify his/her ability to self-administer Acetaminophen. DOH B also verified Tenant 1's "Service Plan Report" provided to Surveyor was the current assessment in place as of the on-site visit.

The provider did not update Tenant 1's comprehensive assessment annually and when there was a change in his/her ability to self-administer Acetaminophen.

COMPLIANCE REQUIREMENT

According to Wis. Admin. Code § DHS 89.43(3), at any time, you shall be able to verify compliance with the applicable provisions of Wis. Stat. ch. 50, and Wis. Admin. Code ch. DHS 89. Various areas of noncompliance have been identified in this NOTICE, consequently, you should review the Statements of Noncompliance and make the necessary changes to your operation to ensure full compliance.

Please note the Statements of Noncompliance in this NOTICE do not affect the registration of Oak Park Place of Green Bay at this time; however, continued noncompliance may result in additional action, including registration revocation, jeopardizing the status of Oak Park Place of Green Bay as a registered RCAC.

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If you have any questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/CC