Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018813	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HART PARK SQUARE	**6600 W RIVER PARKWAY WAUWATOSA, WI 53213**

(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
U 000	INITIAL COMMENTS On 09/05/2023, Surveyor completed a complaint survey at Hart Park Square. One of 1 complaint was substantiated. One deficiency was identified. Census:24	U 000		
U 152	89.25(1)(c) SCHEDULE OF FEES FOR SERVICES. Residential care apartment complexes shall have a written schedule of fees for services which includes all of the following: The facility's refund policy regarding application and entrance fees, security deposits and monthly rent, meal and service charges in the event of death or termination of the contract between the tenant and the facility. This Rule is not met as evidenced by: Based on record review and interview, the provider violated the terms of the service agreement for 1 (Tenant 1) of 1 tenant reviewed. The provider did not follow their refund policy when Tenant 1 moved out of his/her apartment. Tenant 1 was not refunded his/her community fee within 30 days of him/her moving out of his/her apartment. Findings include: On 08/14/2023, the Department received a complaint alleging a tenant did not receive his/her security deposit within 30 days of vacating his/her apartment.	U 152		

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

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U 152	Continued From page 1 On 09/05/2023, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 02/17/2023. Tenant 1's move out date was 05/22/2023. Tenant 1's service agreement, dated 02/17/2023, reported a community fee of $2,000. Tenant 1's service agreement stated, " ...COMMUNITY FEE & POLICY: Residents shall pay before moving in a $2000 community fee. The community fee may be refunded if the resident is discharged within the first 6 months following the date of initial admission or if the Resident is voluntarily discharged ...TERMINATION OF RESIDENCY AND REFUNDS/RESIDENT DISCHARGE: ...Any refunds will be issued within thirty (30) days from the date the room is fully vacated ..." On 09/05/2023, Surveyor reviewed the provider's "Request Accounts Check Request," dated on 07/18/2023. The request indicated the provider provided a check in the amount of $1,455 for "Refundable Security Deposit" on 07/18/2023 made to Tenant 1. At minimum, the refundable security deposit should have been returned to Tenant 1 on or by 06/21/2023. On 09/05/2023 at approximately 9:40 a.m., Surveyor interviewed Executive Director (ED) A. ED A acknowledged Tenant 1's community fee was not refunded within 30 days of him/her vacating the apartment. ED A did not state why the community fee was not refunded within the 30 days of him/her vacating his/her apartment.	U 152		