STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015876	A. BUILDING: _____ B. WING _____	10/20/2025

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OAKWOOD HOUSE OF WAUKESHA COLLEGE	3772 E COLLEGE AVE CUDAHY, WI 53110

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M 000	INITIAL COMMENTS On 10/07/2025, with information gathered through 10/20/2025, Surveyor conducted a standard licensure survey at Oakwood House of Waukesha College. Seven deficiencies were identified. Census: 2	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was safe, clean, well-maintained and provide a homelike environment for 2 of 2 residents. Findings include: On 10/07/2025, at approximately 3:30 PM, Surveyor conducted a tour of the home and observed: -Grey carpeting in the stairwell to the resident bedrooms had dark grey markings in the middle of the steps where consistent foot traffic would have occurred -Kitchen faucet was not secured to the sink countertop -Kitchen curtains had a layer of what appeared to	M 276		

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

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M 276	Continued From page 1 be dust buildup along the top fringes -Walls in the common area had black markings and scrapes on the drywall approximately 4 feet from the floor, around the room. -Smoke detector cover, in upstairs hallway, was hanging from the device -Window blinds throughout the home had a layer of what appeared to be dust buildup On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated s/he would address the concerns immediately.	M 276		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not assess the needs and abilities in the areas of activities of daily living for 1 of 1 resident reviewed. Resident 1's assessment and Individualized Service Plan (ISP) did not identify if s/he was capable of safely ambulating the stairs to his/her bedroom, when s/he utilized a walker.	M 408		

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M 408	Continued From page 2	M 408		

Findings include:

The provider is licensed to serve up to 4 residents in the client groups: emotionally disturbed/mental illness and developmentally disabled.

On 10/07/2025, at approximately 4:40 PM, Surveyor toured Resident 1's room, which was located upstairs.

On 10/07/2025, at approximately 5:00 PM, Surveyor observed Resident 1 ambulate into the home. Caregiver B asked Resident 1 where his/her walker was. Resident 1 stated s/he had left it outside.

On 10/07/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 04/30/2022 with diagnoses including osteoarthritis, alcoholism and chronic low back pain.

Resident 1's "Individual Service Plan," dated 09/08/2025, documented:
General Health: alcoholic, chronic pain, brain injury from accident
Chronic Illness: chronic pain
Physical Disabilities: Uses walker for long walks. Had both hips replaced.

Resident 1's nurses notes documented:
06/17/2025 - 8:05 PM, Resident was out for a few hours, came back with blood on his/her nose from an apparent fall on the way back, was intoxicated

On 10/07/2025, at approximately 5:15 PM, Surveyor interviewed Caregiver B. Surveyor

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M 408	Continued From page 3 asked if there were concerns with Resident 1's ambulatory status. Caregiver B stated Resident 1 has returned to the home under the influence of alcohol, making him/her more unstable as s/he ambulates. On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated s/he would discuss the concern with Resident 1's care team and have him/her assessed.	M 408		
M 428	88.07(1)(b) AUTONOMY AND CHOICES The licensee shall encourage a resident's autonomy, respect a resident's need for physical and emotional privacy and take a resident's preferences, choices and status as an adult into consideration while providing care, supervision and training. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not encourage 2 of 2 resident's autonomy, respect for a resident's needs, or take a resident's preferences, choices, and status as an adult into consideration while providing care, supervision, and training. Resident 1 and Resident 2 were not allowed to utilize the refrigerator. Findings include: The provider is licensed to serve up to 4 residents in the client groups: emotionally disturbed/mental illness and developmentally disabled.	M 428		

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M 428	Continued From page 4 On 10/07/2025, at approximately 3:35 PM, Surveyor toured the home and observed a locking device on the refrigerator. Surveyor checked the device to determine if it was locked, which it was. On 10/07/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1's "Individual Service Plan," dated 09/08/2025, documented: Food Preparation/Eating/Special Diet: Breakfast, Lunch, Dinner, Snacks - 3 times daily, healthy meals The ISP did not document any behaviors that would require a restrictive measure to be implemented. Resident 2's "Behavioral Support Plan," dated 2024, did not document any behaviors that would require a restrictive measure to be implemented. On 10/13/2025, Surveyor reviewed the department facility file to determine if the licensee had filed for a waiver regarding restrictions on Resident 1 and Resident 2. Surveyor did not detect any filed waivers. On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated the refrigerator should not have been locked.	M 428		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.	M 436		

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M 436	Continued From page 5	M 436		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the licensee did not provide services determined for 1 of 1 resident's identified in his/her Individual Service Plan (ISP).

Resident 1 required 24/7 (24 hours a day / 7 days a week) supervision, which was not provided.

Findings include:

On 10/07/2025, at approximately 5:00 PM, Surveyor observed Resident 1 independently return to the home.

On 10/07/2025, at approximately 5:20 PM, Surveyor and Caregiver B observed Resident 1's medication in the med closet. Surveyor observed Resident 1's blister card of Gabapentin, scheduled at 4:00 PM, with 09/19/2025, 09/24/2025, 09/25/2025, 09/26/2025, 09/30/2025 to 10/04/2025 doses still in the blister card. Caregiver B stated Resident 1 is often not in the home during med administration as s/he is allowed to come and go as s/he pleases.

On 10/07/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 04/30/2022 with diagnoses including osteoarthritis, alcoholism, brain injury and chronic low back pain.

Resident 1's "Individual Service Plan," dated 09/08/2025, documented:

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M 436	Continued From page 6 Supervision: 24-hour supervision On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated s/he would discuss the concern with Resident 1's care team and determine if s/he needed to be reassessed.	M 436		
M 504	88.09(1)(d)8 RESIDENT RECORD-ISP The individual service plan required under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident record contained an individual service plan (ISP) for 1 of 2 residents reviewed (Resident 1). Findings include: On 10/07/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 09/10/2014 and was represented by Guardian C and managed care organization (MCO) Care Manager (CM) D. On 10/07/2025, at approximately 4:30 PM, Surveyor interviewed Administrator A. Surveyor requested Resident 2's current ISP as s/he was only able to locate "Behavioral Support Plans (BSPs)" which did not identify the description of services, and the level of supervision Resident 2 required. Administrator A stated s/he had been working on the resident's ISPs and Resident 2's current ISP was at his/her home. Surveyor stated s/he would wait, while Administrator A retrieved	M 504		

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M 504	Continued From page 7 Resident 2's record. When Administrator A returned, s/he stated s/he had been unable to locate Resident 2's record. As of 10/13/2025, Surveyor did not receive any additional documentation related to Resident 2's ISP. On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated s/he was going to take additional training on how to properly complete an ISP.	M 504		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record of resident funds controlled by the provider was maintained for 2 of 2 residents (Resident 1 and Resident 2). Findings include: The provider is licensed to serve up to 4 residents in the client groups: emotionally disturbed/mental illness and developmentally disabled. On 10/09/2025, at approximately 4:15 PM, Surveyor asked Administrator A for clarification on how Resident 1's and Resident 2's petty cash funds were handled. Administrator A explained that Resident 1's money all went towards cigarettes and the transportation driver purchased	M 510		

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M 510	Continued From page 8 the cigarettes for him/her. Administrator A stated s/he was responsible for Resident 2's funds and s/he learned during his/her previous survey that the Surveyor had completed at the sister facility, that s/he needs to keep a detailed ledger and all receipts. Surveyor requested Resident 1's and Resident 2's financial ledgers along with receipts for 2025. Administrator A stated s/he would forward Surveyor that documentation. On 10/13/2025 at 1:46 PM, Surveyor emailed Administrator A and stated s/he had not received the requested documentation. As of 10/18/2025 at 10:00 AM, Surveyor did not receive any additional documentation.	M 510		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment appropriate for residents. There were combustibles next to the furnace and water	M 570		

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M 570	Continued From page 9 heater. Findings include: On 10/07/2025, at approximately 4:50 PM, Surveyor toured the physical environment. Surveyor observed in the basement, next to the washer and dryer and the furnace and hot water heater, there were stacks and stacks of clothes, bags of clothes and containers of clothes. On 10/20/2025 at 8:07 AM, Surveyor interviewed Administrator A. Administrator A stated s/he would address the concern immediately.	M 570		