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 04/16/2025

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 04/16/2025, Surveyor conducted two complaint investigations at Oak Park Place of Wauwatosa, a Community-Based Residential Facility (CBRF) in Wauwatosa, WI. One deficiency identified. Two of 2 complaints unsubstantiated. Census: 49	N 000		
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 resident's legal representative, as appropriate, were involved in developing the individual service	N 387		

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

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N 387	Continued From page 1	N 387		

plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 3 resident records reviewed (Resident 1 and Resident 2).

This requirement is being cited for the fifth time. See Statement of Deficiency (SOD) W0M012, dated 07/06/2021, SOD W0M013, dated 10/25/2022, SOD W0M014, dated 04/27/2023, and SOD W0M015 dated 05/08/2024.

Findings include:

On 04/16/2025 at 10:30 AM, Surveyor reviewed the records of Resident 1 and Resident 2.

Resident 1 was admitted on 08/23/2024. Resident 1's ISP, dated 04/04/2025, was not signed or dated by Resident 1's Health Care Power of Attorney (POA).

Resident 2 was admitted on 01/25/2022. Resident 2's ISP, dated 01/21/2025, was signed by Resident 2 on 01/30/2025. Resident 2's record identified Resident 2 had an Activated Health Care Power of Attorney.

On 04/16/2025, at 12:15 PM, Surveyor interviewed Director of Housing A (DOH), Regional Nurse B, and Director of Healthcare Services (DOHS) C. DOH A and Regional Nurse B stated they had thought Resident 2 was his/her own person so that is why Resident 2 signed off on it but they did contact Veteran Affairs Hospital and Resident 2 had been activated since being admitted to the facility. DOHS C stated s/he had gone over Resident 1's ISP with his/her POA but s/he had not been in lately to sign it. DOHS C stated s/he had sent it via e-mail to Resident 1's POA but s/he could not find the documentation for

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N 387	Continued From page 2 proof. DOH A and Regional Nurse B stated moving forward the ISPs will be signed by the appropriate parties.	N 387		