STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015715	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD HOUSE OF WAUKESHA CORP MA	1408 MARION AVE SOUTH MILWAUKEE, WI 53172

(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
M 000	INITIAL COMMENTS On 02/10/2026, Surveyor completed an abbreviated survey at Oakwood House of Waukesha Corp Marion. As a result, 2 deficiencies were identified. Census: 3	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2024 and 2025 and to date in 2026. Findings include: On 02/09/2026, at 12:10 PM, Surveyor reviewed the facility safety files. Surveyor did not review any evidence of smoke detector testing in 2024, 2025 and January of 2026. On 02/09/2026, at 12:15 PM, Surveyor interviewed House Manager A. House Manager A reported the fire department came in to complete	M 336		

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

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M 336	Continued From page 1 the testing on the smoke detectors. House Manager A confirmed the fire department did not come in monthly and only came in annually. House Manager A reported they would ensure smoke detector testing was completed and documented during the fire drills.	M 336		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents had privacy in their own home. There was a camera in the kitchen of the home. Findings include: On 02/09/2026, at 12:20 PM, Surveyor toured the facility. Surveyor observed a camera in the kitchen, on top of a cabinet. On 02/09/2026, at 12:20 PM, Surveyor	M 550		

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M 550	Continued From page 2 interviewed House Manager A and Manager B. House Manager A reported s/he used the camera to monitor Resident 1 in the kitchen due to behaviors of self-harm. House Manager A reported s/he did not have a subscription for the camera, so nothing was being recorded. House Manager A reported the camera would detect motion if someone entered the kitchen and send a notification to her/his phone. Manager B confirmed the code requirement. Manager B reported s/he was unaware of the camera and would ensure it was removed immediately.	M 550		