STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012510	A. BUILDING: _____ B. WING _____	C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE BARABOO AUTUMN LANE	800 WALDO STREET BARABOO, WI 53913

(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 05/27/2025, the bureau of assisted living southern regional office conducted a standard survey and complaint investigation at Oak Park Place Baraboo a CBRF located in Baraboo, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. Complaint was unsubstantiated. Census: 34	N 000		
N 344	83.32(2)(b) Post resident rights, grievance procedure Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a copy of resident rights, grievance procedure and house rules were posted in a prominent public place available to residents, employees and guests. Residents could not freely access the resident rights when it was posted outside of the CBRF, and the grievance procedure and house rules were not posted. Findings include: The facility (a locked memory care unit attached to another separately licensed assisted living facility by a hallway) is licensed as a Class CNA CBRF able to serve up 34 residents within the	N 344		

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

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N 344	Continued From page 1 client groups of irreversible dementia/Alzheimer's and advanced age. On 05/27/2025 at 1:49 PM, Surveyor and Director of House A observed the resident rights posted in the hallway outside of the locked doors to the memory care unit. Director of Housing A stated the memory care residents could be escorted out the locked memory care doors to review the posting. Director of Housing A stated they posted it there so the residents would not take it down. Director of House A stated copies of the grievance procedure and house rules were not posted because they were provided to residents upon admission. On 05/27/2025 at approximately 2:40 PM, Surveyor discussed concern regarding the postings with Director of House A, Assistant Director of Housing B and LPN C. LPN C stated the memory care residents had taken the postings down and they would devise a way to securely re-post them on the memory care unit so residents could independently view them. Cross Reference: N0365 DHS 83.33(4) Posting Of Long Term Care Ombudsman Program	N 344		
N 365	83.33(4) Posting of long term care ombudsman program The CBRF shall post in a conspicuous location in the CBRF a poster provided by the board on aging and long term care ombudsman program, concerning the long-term care ombudsman program under s. 16.009 (2)(b), Stats. The poster shall include the name, address and telephone number of the ombudsman ' s office.	N 365		

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N 365	Continued From page 2 This requirement does not apply to those facilities exclusively licensed to serve clients under the jurisdiction of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the ombudsman poster was posted in a conspicuous location within the CBRF. Residents could not freely access the ombudsman poster when it was posted in the hallway outside of the CBRF. Findings include: The facility (a locked memory care unit attached to another separately licensed assisted living facility by a hallway) is licensed as a Class CNA CBRF able to serve up 34 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 05/27/2025 at 1:49 PM, Surveyor and Director of House A observed the ombudsman poster posted in the hallway outside of locked doors to the memory care unit. Director of Housing A stated staff could escort the residents out the locked memory care doors to review the poster. Director of Housing A stated they posted it there so the residents would not take it down. On 05/27/2025 at approximately 2:40 PM, Surveyor discussed concern regarding the ombudsman poster with Director of House A, Assistant Director of Housing B and LPN C. LPN C stated the memory care residents took the postings down and they would devise a way to securely re-post it on the memory care unit where the residents could independently view it.	N 365		

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N 365	Continued From page 3 Cross Reference: N0344 DHS 83.32(2)b Post Resident Rights, Grievance Procedure	N 365		