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
	110198	A. BUILDING: _____ B. WING _____	R-C 04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD VILLAGE TABOR OAKS	6175 MINERAL POINT RD MADISON, WI 53705

(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 04/19/2024, The Bureau of Assisted Living, Southern Regional Office conducted an enforcement verification visit and complaint investigation at Oakwood Village Tabor Oaks a CBRF located in Madison, WI. As a result of this survey, 0 violations of Chapter DHS 83 were issued. Complaint was unsubstantiated. 1 violation from previous statement of deficiency (SOD) # JDJH11 dated 12/20/2023 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 54	{N 000}		

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