STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017289	A. BUILDING: _____ B. WING _____	R-C 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF NAKOMA	4327 NAKOMA RD MADISON, WI 53711

(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 08/06/2025, Surveyor conducted 2 verification visits (statement of deficiency (SOD) Q31H11, dated 02/20/2025 and SOD R49T11, dated 12/09/2025) and complaint investigation at Oak Park Place Nakoma. As a result of this survey, 0 violations of Chapter DHS 83 were issued. Five (5) deficiencies from previous statement of deficiency (SOD) #Q31H11, dated 02/20/2025 were substantially corrected. Three (3) violations from previous SOD #R49T11, dated 12/09/2024 were substantially corrected. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 33	{N 000}		

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