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
	0015713	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD HOUSE OF WAUKESHA CORP SHI	8860 S SHEPARD AVE OAK CREEK, WI 53154

(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 02/17/2025, Surveyor conducted a monitoring survey at Oakwood House of Waukesha Corp Shepard. One deficiency was identified.	M 000		
M 330	88.05(3)(o) HOME NOT BE USED FOR OTHER BUSINESS The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the resident's privacy is adversely affected. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure the provider's home was not used for another business purpose that regularly brought customers to the home, adversely affecting the residents' use of their home and privacy. Person C, Person D and Person E routinely visited the provider's home and received care and services from the home's staff, while Resident 1 was also at the home. Findings include: On 02/17/2025, Surveyor reviewed the provider's biennial report, dated 06/20/2021, that documented residents were not in the home between 7:30 AM and 3:00 PM, Monday through Friday. On 02/17/2025, at approximately 4:15 PM, Surveyor arrived at a sister facility where Person C and Person D resided. Caregiver F stated Person C and Person D had just returned to the	M 330		

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

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M 330	Continued From page 1	M 330		

home after spending the day at Shepard. Caregiver F explained that Person E, who resided at the College location, also spends the day with Person C and Person D at the sister facility.

On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed House Manager B. House Manager B stated s/he did not have day staff at all the homes owned by Licensee A, so the residents who did not participate in a day program or work program, were transported to the home from approximately 7:30 AM to 3:00 PM. House Manager B explained that the caregiver scheduled would provide all cares Person C, Person, D and Person E required, along with administering medications. If a resident's day program or work program was canceled, then the residents would stay in their residential home and the live-in sleep staff would be required to work. House Manager B stated Resident 1 was also in the home when Person C, Person D, and Person E are in the home between 7:30 AM to 3:00 PM.

On 02/19/2025, at approximately 11:50 AM, Surveyor interviewed Person D's managed care organization (MCO) Care Manager (CM) F. Surveyor asked for clarification regarding MCO guidelines regarding their clients, who are not independent, congregating at another adult family home due to staffing concerns at the home they reside in. CM F stated each adult family home is responsible for adequate staffing levels, as that is what the provider is being paid for. CM F stated this is Resident 1's home, not Person C's, Person D's or Person E's.

On 02/19/2025 at 4:49 PM, Surveyor interviewed Licensee A. Licensee A stated s/he understood that residents should not have to be transported to another home due to inadequate staffing

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M 330	Continued From page 2 levels.	M 330		