

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/07/2023
NAME OF PROVIDER OR SUPPLIER OAKWOOD VILLAGE TABOR OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 12/05/2023, with information obtained through 12/07/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and standard licensing survey at Oakwood Village Tabor Oaks, a community-based residential facility (CBRF) located in Madison, WI. As a result of the survey, 0 deficiencies were identified. The complaint was unsubstantiated. Census: 57	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE