

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/12/2024
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE OF JANESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 MYRTLE WAY JANESVILLE, WI 53545		
(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 09/11/2024, the bureau of assisted living southern regional office conducted 3 complaint investigations and a verification visit at Oak Park Place Janesville a CBRF located in Janesville, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Three of 3 complaints were unsubstantiated. Two violations from previous statement of deficiency (SOD) #Z7JQ11 dated 05/23/2024 were corrected. Under statutory provisions of Wis. Stat. Ch 50, a \$200 revisit fee is being assessed. Census: 53	{N 000}		

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

TITLE

(X6) DATE