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	410156	A. BUILDING: _____ B. WING _____	R-C 05/19/2026

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{N 000}	Initial Comments On 05/18/2026 with additional information gathered through 05/19/2026, Surveyor conducted a verification visit and standard survey at Oaks Fam Care Ctr Oakland House. As a result, 7 of 8 previous deficiencies were corrected. Seven (7) new deficiencies were identified. Two (2) of seven (7) deficiencies were repeat violations. See Statement of Deficiency (SOD) B4LZ11, dated 03/12/2024 and SOD 75J211, dated 08/20/2025. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 6	{N 000}		
N 189	83.13(3)(b) Post house rules, resident rights, grievances The CBRF shall post all of the following: House rules, resident rights and grievance procedures as required under s. DHS 83.32(2) (b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the grievance procedures and resident rights were posted. Findings include: On 05/18/2026, Surveyor arrived at the facility to conduct a verification visit and standard survey. On 05/18/2026 at 1:10 PM, Surveyor toured the facility with Program Manager (PM) B. Surveyor did not observe the grievance procedures or resident rights posted anywhere in the home.	N 189		

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

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N 189	Continued From page 1 At 1:30 PM, Surveyor interviewed PM B who acknowledged Surveyor's concern the grievance procedures and resident rights were not posted in the facility. S/he stated s/he thought they were posted on the display board outside the office but confirmed they were no longer there. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who acknowledged Surveyor's concern the grievance procedures and resident rights were not posted in the facility. Licensee A stated s/he thought they were posted but must have been taken down. S/he reported s/he will ensure they are posted.	N 189		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant,	N 220		

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N 220	Continued From page 2	N 220		

clinical nurse practitioner or licensed registered nurse indicating 2 of 2 employees (Lead Resident Care Worker G and Resident Care Worker H) had been screened for illness detrimental to residents, including tuberculosis (TB), within 90 days before the start of employment.

Lead Resident Care Worker G was hired 06/28/2004. His/her record contained a communicable disease screen, but no TB test.

Resident Care Worker H was hired 03/2026. His/her record contained a TB test, but no communicable disease screen.

Findings include:

On 05/18/2026, Surveyor conducted a verification visit and standard survey. Surveyor requested Lead Resident Care Worker (RCW) G and RCW H's employee records from Program Manager (PM) B.

On 05/18/2026 at 10:15 AM, Surveyor reviewed Lead RCW G and RCW H's employee records. The following was identified:

- Lead RCW G was hired on 06/28/2024 and his/her record contained a document titled "Fitness for Duty Evaluation Report" dated 11/29/2006. There was an area at the bottom of the form that read: "Communicable disease evaluation and "Free from communicable disease" with a "Yes" or "No" with a check mark on "Yes." There was also an "X" marked next to "Need negative PPD verified" with comments that read in part: "No show for TB read ... called x2 to have PPD ... done to [Licensee A]." There was no additional documentation located in Lead RCW G's record to verify s/he was free from TB.

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N 220	Continued From page 3 - RCW H was hired 03/2026 and had a TB test on 03/03/2026. RCW H's record did not contain evidence s/he was screened for other communicable disease. On 05/18/2026 at 10:47 AM, Surveyor interviewed PM B who confirmed s/he was unable to locate any additional information in Lead PCW G's record to show s/he completed the TB test and was free from TB. PM B stated s/he will need to follow up with Licensee A on PCW H's communicable disease screening. On 05/18/2026 at 12:55 PM, PM B verified s/he spoke with Licensee A who verified s/he did not have a communicable disease screening for PCW H. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who confirmed s/he did not have any additional documentation to provide showing Lead PCW G completed his/her TB test or that PCW H was screened for other communicable disease. S/he stated s/he will ensure this gets completed as soon as possible. On 05/19/2026 at 1:10 PM, Surveyor received an email from Licensee A with an attachment stating, "I just wanted to send you [PCW H's] physical report, as she had it completed already." Surveyor reviewed the attachment titled "Physical Examination" dated 05/19/2026. The attachment was signed by a clinical nurse practitioner and there were "X's" marked next to "may work without limitations/restrictions" and "no obvious signs or symptoms of communicable disease." The provider did not obtain documentation from a physician, physician assistant, clinical nurse	N 220		

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N 220	Continued From page 4 practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease within 90 days before the start of employment.	N 220		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 and Resident 3 were screened for communicable disease. Findings include: On 05/18/2026, Surveyor conducted a verification visit and standard survey. Surveyor requested a sample of resident records from Program Manager (PM) B to include Resident 1 and Resident 3.	N 302		

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N 302	Continued From page 5 On 05/18/2026 at 11:30 AM, Surveyor reviewed Resident 1 and Resident 3's record and noted the following: - Resident 1 was admitted to the facility on 09/12/2024. His/her record included a tuberculosis (TB) test, but did not contain a screening of other communicable disease. - Resident 3 was admitted to the facility on 06/07/2021. His/her record included a TB test, but did not contain a screening of other communicable disease. On 05/18/2026 at 12:40 PM, Surveyor interviewed PM B who confirmed s/he was unable to locate Resident 1 and Resident 3's communicable disease screenings in their records. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who acknowledged s/he did not have any additional documentation to provide showing Resident 1 and Resident 3 were screened for communicable disease within 90 days before or 7 days after admission to the facility.	N 302		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident	N 394		

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N 394	Continued From page 6 1 and Resident 3) had an annual evacuation evaluation completed. Resident 1 did not have an evacuation evaluation for 2025. Resident 3 did not have an evacuation evaluation for 2022, 2023, 2024 or 2025. Findings include: On 05/18/2026, Surveyor conducted a verification visit and standard survey. Surveyor requested a sample of resident records from Program Manager (PM) B to include Resident 1 and Resident 3. On 05/18/2026 at 11:30 AM, Surveyor reviewed Resident 1 and Resident 3's record and noted the following: - Resident 1 was admitted to the facility on 09/12/2024. Resident 1's evacuation assessment was dated 09/13/2024. - Resident 3 was admitted to the facility on 06/07/2021. Resident 3's evacuation assessment was dated 06/09/2021. On 05/18/2026 at 12:30 PM, Surveyor interviewed Program Manager (PM) B who stated s/he completes the evacuation assessments upon admission and was not aware they needed to be reviewed annually. PM B confirmed s/he did not have any additional evacuation assessments to provide for Resident 1 or Resident 3. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who acknowledged Surveyor's concern the evacuation assessments	N 394		

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N 394	Continued From page 7 for Resident 1 and Resident 3 were not done annually. Licensee A stated, "That is my fault. I didn't know they needed to be done annually."	N 394		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) 75J211, dated 08/20/2025. Findings include: On 05/18/2026, Surveyor conducted a verification visit and standard survey. At approximately 1:10 PM, Surveyor and Program Manager (PM) B toured the home and observed the following: Kitchen - The kitchen cabinets in front of the sink and stove had grime and liquid splatter. - The linoleum-type wall covering in front of the sink was ripped and missing exposing the wall behind it. There was a black-like substance resembling mold near the missing wall covering and on the top edge of the counter. - A plastic window blind was covered in a layer of	{N 481}		

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{N 481}	Continued From page 8 dust. There were multiple cobwebs on the inside of the window behind the blind. Sunroom - A patterned floral cloth chair had fraying on both arm rests and on the seat cushion. - A dark brown recliner chair was missing fabric on the head rest, both arm rests and the seat cushion. Stairs - The wood surface along the carpeted stairs leading up to 3 of the resident rooms on the second floor had a layer of dust and visible debris on each carpeted step. - The walls had multiple cobwebs on the ceiling of the open stairwell. - The wallpaper had brown stains and grime throughout. Hallway (2nd floor) - The wallpaper had brown stains and cobwebs. - The ceiling light was missing a cover. - The baseboards and heating vent were covered in a thick layer of dust. Bathroom (2nd floor) - The walk-in shower floor was covered in soap scum and grime that was black/brown in color. - The area surrounding the toilet had debris, dried urine and a layer of dust. - There were multiple cobwebs on the ceiling. Resident 1's room (upstairs) - There was a thick layer of dust on his/her baseboards surrounding the entire room and a dusty ceiling fan. - The door frame was grimy and missing chips and areas of paint.	{N 481}		

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{N 481}	Continued From page 9	{N 481}		

Resident 5's room (upstairs)
- There were vertical blinds that were covered in layers of dust.
- There were multiple cobwebs on the walls and ceiling.
- The walls were dirty with brown/black colored marks. There was a large circular dark brown/gray discolored area on the wall directly above the pillow and bed. The area was approximately 1 to 2 feet in diameter.
- There was a dirty, brown stained pillow on the bed.
- There was brown carpeting on the floor that was dirty with black colored stains and debris throughout.

Bathroom (1st floor)
- There were pink colored tiles missing on the wall next to the toilet which revealed water damage stains, dirt and debris. There were approximately 3 missing pink tiles along the wall of the bathtub and an additional missing tile on the wall on the opposite side of the toilet.
- The grout between the small tiles around the toilet and on the walls were dark black and thickened, dirty and grimy.

On 05/18/2026 at 1:25 PM, Surveyor interviewed Resident Care Worker (RCW) D who was cleaning Resident 5's room. RCW D stated Resident 5 does not like to clean his/her room and likes to "collect things." S/he reported, "[S/he] allows me to clean [his/her] room once a week."

On 05/18/2026 at 1:35 PM, Surveyor interviewed Program Manager (PM) B who acknowledged Surveyor's concerns with cleanliness. PM B stated all staff have daily, weekly and monthly cleaning tasks. S/he stated all staff have cleaning responsibilities and they sign off on the tasks

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{N 481}	Continued From page 10 when they are completed. PM B reported staff sign off on the tasks but also acknowledged s/he needs to follow up to ensure they are being completed. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who acknowledged Surveyor's concerns with cleanliness. Licensee A discussed s/he has made updates to the home and has plans to do more. Surveyor asked about the missing tiles in the downstairs bathroom and Licensee A stated s/he was not aware of that but would ensure they are fixed.	{N 481}		
N 483	83.43(2)(b) Clean, comfortable mattress and pad. Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: A clean, comfortable mattress covered with a mattress pad and when necessary, waterproof covering. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had a mattress pad for 3 of 6 residents' beds checked (Resident 1, Resident 2 and Resident 4). Findings include: On 05/18/2026, Surveyor conducted a verification visit and standard survey. On 05/18/2026 at 1:10 PM during a tour of the facility accompanied by Program Manager (PM) B, Surveyor observed Resident 1's, Resident 2's and Resident 4's mattresses without mattress	N 483		

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N 483	Continued From page 11 pads. On 05/18/2026 at 1:15 PM, Surveyor interviewed PM B who acknowledged Surveyor's concern Resident 1, Resident 2 and Resident 4 did not have mattress pads covering their mattresses. S/he discussed that Resident 1 had a mattress pad but would rip it or remove it completely. PM B stated s/he could not recall if Resident 2 or Resident 4 ever had mattress pads on their beds. On 05/19/2026 at 10:55 AM, Surveyor interviewed Licensee A who reported s/he was not aware Resident 1, Resident 2 or Resident 4 did not have mattress pads covering their mattresses. S/he stated s/he would purchase mattress pads and ensure they get placed on all resident beds.	N 483		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other emergency drills were conducted semi-annually for 2 of 2 years reviewed (2024 and 2025). This is a repeat deficiency. See Statement of Deficiency (SOD) B4LZ11, dated 03/12/2024. Findings include: On 05/18/2026, Surveyor conducted a verification visit and standard survey. At 10:50 AM, Surveyor	N 526		

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N 526	Continued From page 12 reviewed the provider's other emergency drills provided by Program Manager (PM) B. The following was noted: The documentation included 1 tornado drill conducted in 2024 (07/20/2024) and 1 tornado drill conducted in 2025 (06/16/2025). On 05/18/2026 at 10:55 AM, Surveyor interviewed Program Manager (PM) B who confirmed s/he did not have any other emergency drills to provide for 2024 or 2025. The provider did not ensure other emergency drills were conducted semi-annually in 2024 or 2025.	N 526		