STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017530	A. BUILDING: _____ B. WING _____	R-C 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE OF OAK CREEK	155 W SUNNYVIEW DR 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
{U 000}	INITIAL COMMENTS On 02/19/2026, Surveyors completed 3 complaint investigations, and a verification visit at Cornerstone Of Oak Creek. As result, 1 of the 2 previous deficiencies were corrected. One of the previous deficiencies were re-cited with 2 new deficiencies; therefore, 3 total deficiencies were identified. One of 3 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 36	{U 000}		
{U 189}	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview the provider did not complete a signed, jointly negotiated risk agreement with each tenant by the date of occupancy for 3 of 4 tenants reviewed. Tenant 5, Tenant 7, and Tenant 8 did not have risk agreements completed by date of occupancy or signed. This is a repeat deficiency. See Statement of Deficiency (SOD) RFZJ12, dated 07/29/2025. Findings include:	{U 189}		

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

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{U 189}	Continued From page 1 On 02/19/2026, at approximately 10:45 AM, Surveyors reviewed Tenant 5's records. Tenant 5 was admitted to the facility on 09/17/2024. Tenant 5 was his/her own person. Tenant 5's pre-admission assessment dated 09/06/2024, identified Tenant 5 had diagnoses of chronic obstructive pulmonary disease and a leg injury. The assessment identified Tenant 5 to use oxygen and tobacco at the time of preadmission assessment. Tenant 5 had one risk agreement dated and signed on 07/31/2025. The risk agreement identified Tenant 5 used an assisted device for mobility as s/he was a fall risk. Tenant 5's record did not contain a risk agreement for the use of oxygen and tobacco. On 02/19/2026, at approximately 10:45 AM, Surveyors reviewed Tenant 7's records. Tenant 7 was admitted to the facility on 02/02/2026. Tenant 7 was his/her own person. Tenant 7's preadmission assessment, dated 02/02/2026, identified Tenant 7 had diagnoses of diabetes, hypothyroidism, generalized anxiety disorder, essential hypertension, sciatica, muscle weakness, fibromyalgia, muscle weakness, and myositis. Tenant 7's assessment identified him/her to have a fall and choking risk. Tenant 7 had a risk agreement dated 02/02/2026. The risk agreement identified Tenant 7 used a walker as an assistant device and did not mention Tenant 7's choking risk as indicated in the pre-admission assessment. The risk agreement was not signed by Tenant 7 or the Executive Director E. On 02/19/2026, at approximately 10:45 AM, Surveyors reviewed Tenant 8's records. Tenant 8 was admitted to the facility on 11/10/2025. Tenant 8 was his/her own person. Tenant 8's pre admission assessment, dated 12/08/2025, identified Tenant 8 had diagnoses of Parkinson's	{U 189}		

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{U 189}	Continued From page 2 disease, essential hypertension, hyperlipidemia, hypothyroidism, cognitive communication deficit, chronic obstructive pulmonary disease, obstructive sleep apnea, and borderline personality disorder. The pre- admission assessment identified Tenant 8 as a fall risk. Tenant 8's record contained a risk agreement dated 11/10/2025. The risk agreement identified Tenant 8 utilized a walker and wheelchair for ambulation. The risk agreement was not signed by Tenant 8 or Executive Director E. On 02/19/2025, at approximately 12:50 PM, Surveyors interviewed Executive Director E. Executive Director E confirmed s/he did not have a risk agreement for Tenant 5's use of oxygen and tobacco. Executive Director E reported s/he started as the Executive Director on 10/12/2025 and s/he was not aware of Tenant 5 needing a risk agreement for the use of oxygen and smoking. Executive Director E confirmed s/he created a risk agreement for Tenant 7's assisted walking devices and did not include the choking risk on the risk agreement. Executive Director E did not provide a reason as to why the choking risk for Tenant 7 was not included. Executive Director E confirmed s/he did not obtain Tenant 7's signature for the risk agreement. Executive Director E confirmed Tenant 8's risk agreement was created for assisted devices for ambulation however Tenant 8's signature was not obtained. Surveyors informed Executive Director E of the Departments requirement for risk agreements.	{U 189}		
U 239	89.29(3)(c)1.b. ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT.	U 239		

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U 239	Continued From page 3 (c) Procedures for termination. 1.b. Notice of termination shall include the grounds for termination and information about how to file a grievance consistent with the termination and grievance policies and procedures containied in the service agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant's (Tenant 5's) 30-day notice included how to file a grievance consistent with the facility policy. Findings include: On 11/11/2025, the department received a complaint alleging Tenant 5 was not allowed back to the facility when s/he was medically stable and ready for discharge. On 02/19/2026, at approximately 10:45 AM, Surveyors reviewed Tenant 5's records. Tenant 5 was admitted to the facility on 09/17/2024 and was his/her own person. Tenant 5 had diagnoses of chronic obstructive pulmonary disease and a leg injury. Tenant 5's record included a 30-day involuntary discharge notice addressed to Tenant 5 and dated 10/23/2025. The notice stated, " You or your legal representative may ask the department of Health Services/Division of Quality Assurance/ Bureau of Assisted Living of DHS/DQA/ BAL to review the involuntary discharge by sending a written request within 10 days of receipt of this discharge statement with an explanation as to why the discharge should not take place. This statement can be sent to the Regional DQA	U 239		

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U 239	Continued From page 4 Office via mailing address 819 N. 6th Street, Room 609B, Milwaukee, WI 53203, via phone 414-227-2005, or email DHSDQABALSERO@dhs.wisconsin.gov. As well as a copy should be provided to Cornerstone of Oak Creek. You also have the right to reach out the Ombudsman office via phone at 800-815-0015, or email boaltc@ltc.state.wi.us" On 02/19/2026, at approximately 10:45 AM, Surveyor observed the facilities residency and service agreement. The service agreement included a grievance policy. The grievance policy stated, " At the resident's request, the Administrator , or his or her designee, must assist the resident with filing a grievance with : a. Department of Health Services, Division of Quality Assurance- Bureau of Assisted Living i. PO BOX 2969, Madison, WI 53701 b. Wisconsin Board on Aging and Long- Term Care i. 1402 Pankratz Street, Suite 111, Madison , WI 53704 Regional grievance information may be obtained at the ADRC of Milwaukee County 866-299-9695 or 414-289-6874 agewebinfo@milwaukeecountywi.gov 1220 W Vilet Street, Suite 300, Milwaukee, WI 53205." Surveyors observed the 30 day notice provided to Tenant 5 did not coincide with the language indicated in the facility grievance policy. The 30 day notice provided to Tenant 5 contained incorrect language and did not provide the appropriate language to file a grievance. The 30 day notice provided to Tenant 5 was based on the Departments Community Based Residential Facility(CBRF) code requirement.	U 239		

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U 239	Continued From page 5 On 02/19/2025, at approximately 12:50 PM, Surveyors reviewed the information above with the Executive Director E. Surveyors discussed the concern surrounding Tenant 5's 30-day involuntary discharge notices and the language used in the notice. On 02/19/2025, at approximately 12:50 PM, Surveyors reviewed the information above with Executive Director E. S/he acknowledged the concern and confirmed the language presented in the 30 day notice was incorrect. Executive Director E was unsure why they were using the Department of Health Services CBRF code requirement instead of the RCAC code requirement for 30 day notices.	U 239		
U 254	89.34(3) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (3) SELF-DIRECTION. To make reasonable decisions relating to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in the residential care apartment complex. This Rule is not met as evidenced by:	U 254		

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U 254	Continued From page 6 Based on observation and interview, the provider did not ensure tenants were able to make reasonable decisions related to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in the residential care apartment complex (RCAC) for 1 of 1 tenant. Tenant 5 was not allowed back to the RCAC after being discharged from the hospital as the facility found him/her to need additional services, however Tenant 5 was not provided the opportunity to implement services to meet his/her health needs. Findings Include: On 11/11/2025, the department received a complaint alleging a tenant was not allowed back to the facility when s/he was medically stable and ready for discharge. On 02/19/2025, at approximately 10:45 AM, Surveyors reviewed Tenant 5's record and identified the following: -Tenant 5 was admitted to the facility on 09/17/2024 and was his/her own person. -Tenant 5 was admitted to the hospital on 11/10/2025 to 11/14/2025 due to monitoring of chronic obstructive pulmonary disease. -Resident progress notes stated the following: -"11/13/2025 at 4:00PM: Received a called [sic] from Hospital social worker and Case Manager regarding resident returning to the facility tomorrow. Executive Director informed them resident will not be able to return to facility due to increase level of care that exceed the RCAC care level. Email was sent as well to the POA with the attachment of the assessment and notice. Social worker and Case Manager (MCO) informed they were going to take other steps."	U 254		

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U 254	Continued From page 7 On 02/19/2025, at approximately 10:45 AM, Surveyors reviewed Tenant 5's Occupational Therapy initial evaluation dated 11/10/2025. The notes reported Tenant 5 was agreeable to therapy and reported no pain. Tenant was described to be oriented to person, place, time and situation. Tenant 5 utilized a gait belt and 4 wheeled walker and walked a distance of 100 (ft) while in occupational therapy. The occupational therapy report indicated Tenant 5 did not require therapy at the time of discharge and would need assisted living staff to assist with activities of daily living and instrumental activities of daily living. On 02/19/2025, at approximately 10:45 AM, Surveyors reviewed Tenant 5's Physical Therapy initial evaluation dated 11/10/2025. The report indicated Tenant 5 was able to support body weight in standing and used a gait belt with a wheeled walker in standing. Tenant 5's level of function was reported to be slightly below baseline and therapy was needed 1 to 3 times per week to support Tenant 5's activities of daily living and instrumental activities of daily living at the point of discharge. On 02/19/2025, at approximately 12:50 PM, Surveyors reviewed the information above with the Executive Director E . Executive Director E reported s/he did not talk to occupational therapy or physical therapy about Tenant 5's rehabilitation status. Executive Director E reported s/he used the hospital staff reports and decided Tenant 5 was not appropriate to return to the facility. Executive Director E reported s/he did not allow Tenant 5 to return to the facility upon discharge from the hospital. Executive Director E reported s/he was not aware tenants had the right to return to the facility and implement supplemental	U 254		

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U 254	Continued From page 8 services such as therapy.	U 254		