Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
819 N 6TH ST ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005
Fax: 414-227-3903
TTY: 711 or 800-947-3529

July 11, 2024

ELECTRONIC MAIL
SOD #W0M015

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

NOTICE OF REVISIT FEE

Scott Frank
719 Jupiter Dr
Madison, WI 53718

C/O Licensee: Oak Park Place of Wauwatosa LLC

Re: Oak Park Place of Wauwatosa, 0014395
1621 Rivers Bend
Wauwatosa, WI 53226

Dear Scott Frank:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Oak Park Place of Wauwatosa, located at 1621 Rivers Bend, Wauwatosa, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On May 8, 2024, a standard survey, a verification visit and three complaint investigations were concluded for Oak Park Place of Wauwatosa by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #W0M015 for violations of Wis. Stat. ch. 50 or Wis.

Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #W0M015 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.03(5g)(cm), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southeastern Regional Office, at DHSDQABALSERO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Oak Park Place of Wauwatosa:**

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall develop and implement corrective measures to ensure a separate record for each employee is maintained and kept current.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review each employee record and ensure the record includes the following information, at a minimum:
a) written job description including duties, responsibilities and qualifications required for the employee;
b) beginning date of employment;
c) completed caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12;

d) documentation of all required training, or exemption verification; and
e) documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis.

ADDITIONALLY,

WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the administrator and resident care staff, as appropriate, for calendar year 2023.

Documentation of training will be maintained in personnel records and will include the date(s)/duration of training, the signature/qualifications of the instructor, and an outline of course content.

2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to ensure an Individual Service Plan is created, implemented, and revised as needed to meet the assessed needs for each resident.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include the development (or review/revision) of a written procedure to address, at a minimum:

Individual Service Plans, how the licensee will ensure:
- All required written individual service plans (ISPs) will be retained in resident records, in accordance with Wis. Admin. Code § DHS 83.42(1).
- All employees responsible for service plan development shall successfully complete training prior to assuming these job duties.
- The timely development, completion, and revision of individualized services plans. The ISP review process shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or legal representative shall sign the ISP acknowledging their involvement in, understanding of, and agreement with the ISP.
- All staff responsible for providing services to residents will review the resident's individualized service plan and will provide services in accordance with the plan.

All managers and resident care staff, as appropriate, shall receive training on the procedure required by Order #2. The training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

A copy of the written procedure will be made available to department representatives upon request.

3. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 10 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for Resident 20, Resident 21, and Resident 22 with a copy of Statement of Deficiency W0M015 and a copy of

this Notice and Order letter. The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #3. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #W0M015. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $4,640.00 IS IMPOSED** for the following violations described in SOD #W0M015.

TAG	DHS Code	Forfeiture Amount
N220	**83.17(2)(a)**	**$300.00**
N230	**83.19**	**$500.00**
N277	**83.25**	**$800.00**
N305	**83.28**	**$200.00**
N352	**83.32(3)(h)**	**$240.00**
N387	**83.35(3)(b)**	**$500.00**
N389	**83.35(3)(d)**	**$500.00**
N416	**83.37(2)(e)**	**$400.00**
N431	**83.38(1)(g)**	**$600.00**
N525	**83.47(2)(d)**	**$300.00**
N526	**83.47(2)(e)**	**$300.00**

Total Forfeiture Due: $4,640.00

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

If you choose not to appeal the forfeiture, any of the violations in SOD #W0M015, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $3,016.00.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a $200 inspection fee on the community-based residential facility.

On May 8, 2024, a verification visit was concluded at Oak Park Place of Wauwatosa by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #W0M014 were corrected. **Therefore, an inspection fee of $200 is being assessed.**

Please send a check or money order in the amount of $200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against Oak Park Place of Wauwatosa. There are no appeal rights for revisit fees.

POSTING OF NOTICES

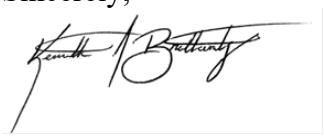
According to Wis. Admin. Code DHS § 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman, Assisted Living Regional Director, at (414) 227-2005.

Sincerely,



Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/ram