

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/29/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE OF JANESVILLE RCAC		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
{U 000}	INITIAL COMMENTS On 08/29/2023, Surveyors conducted a verification visit at Oak Park Place of Janesville RCAC. No deficiencies were identified; one previous deficiency was substantially corrected. Under statutory provisions of Wis. Stat. ch. 50 a \$200 revisit fee is being assessed. Census: 20	{U 000}		

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

TITLE

(X6) DATE