

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016080</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>07/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIMENSIONS LIVING OCONOMOWOC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>540 E FOREST ST</b><br><b>OCONOMOWOC, WI 53066</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                                   | Initial Comments<br><br>On 07/14/2025, Surveyor conducted a complaint investigation at Dimensions Living Oconomowoc.<br><br>One deficiency was identified.<br><br>The complaint was substantiated.<br><br>Census: 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N 000                                                                                          |                                                                                                                          |                                                                    |
| N 346                                                                   | 83.32(3)(b) Rights of Residents: Confidentiality<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident 's legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the provider did not ensure copies of Resident 1's record were made available to his/her legal representative within 30 days of the request.<br><br>On 05/14/2025, Legal Representative C requested copies in writing of Resident 1's accounting record for their approximate 30 day | N 346                                                                                          |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 346                                                                   | <p>Continued From page 1</p> <p>admission. As of 07/14/2025, the provider could not produce evidence records were sent to Legal Representative C within 30 days.</p> <p>Findings include:</p> <p>On 05/16/2025, the Department received a complaint alleging concerns the provider would not provide resident records after several requests.</p> <p>On 07/14/2025, Surveyor conducted a complaint investigation and identified the following:</p> <p>On 07/14/2025 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was aware of concerns from Legal Representative C regarding a refund amount. Administrator A stated Resident 1 admitted in March 2025, during the transition from Provider D to Provider E. Administrator A noted Provider D took over 04/01/2025, so s/he reached out to Provider E's accounting team regarding Legal Representative C's concerns. Administrator A reported after Provider D took over, his/her email/cell phone was changed so s/he does not have any evidence of submitting information to Provider E.</p> <p>On 07/14/2025 at 10:00 AM, Surveyor interviewed Legal Representative C. Legal Representative C reported s/he reached out to Administrator A via email in May 2025 to request accounting records for Resident 1's admission, because I (Legal Representative C) was upset about the refund amount received. Legal Representative C reported Administrator A stated s/he would have someone from accounting reach out, but no one ever has. Legal Representative C reported s/he saved all emails and will provide to</p> | N 346                                                                       |                                                                                                                          |  |                                                                    |

Wisconsin Department of Health Services

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| N 346                                                                   | <p>Continued From page 2</p> <p>Surveyor.</p> <p>Surveyor reviewed an email from Legal Representative C to Administrator A dated 05/14/2025: "[Administrator A], I left you a voicemail message yesterday &amp; still haven't received a response. When we spoke on Friday, you said you would have "[Provider E]" call me to explain the charges and the refund that I received. On Monday, you again said that you would have [Provider E] call me. On Tuesday you did not responded to me. I want a full of accounting of the charges for [Resident 1's] 30 day stay at [Provider E] which was also partially spent at Oconomowoc hospital. I have been patient but I feel I'm ignored. I expect to hear from someone at [Provider E] soon or I'll have no choice but to take the next step."</p> <p>On 07/14/2025 at 11:58 AM, Surveyor interviewed Administrator A. Administrator A confirmed s/he received the above email from Legal Representative C on 05/14/2025. Administrator A reported s/he spoke to Provider E and sent them Legal Representative C's concerns, but do not have evidence. Additionally, Administrator A stated after talking to Provider E, they claim, an accounting summary was sent with the refund issued on 05/01/2025. Administrator A stated the providers did not have evidence records were sent to Legal Representative C following his/her request on 05/14/2025.</p> | N 346                                                                                          |                                                                                                                          |                                                                    |