

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Tudor Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  S77 W12929 McShane Dr Muskego, WI 53150	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect a resident's right to be free from abuse for 1 of 5 residents (R4).R4 made an allegation of abuse by a staff member on 9/5/25 and the facility did not put measures into place to correct the abuse and ensure R4 and other residents were kept safe and free from any additional abuse by staff.The facility's abuse policy states, in part:* The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation that achieves: .Identifying, correcting and intervening in situations in which abuse, neglect, exploitation, and or misappropriation of resident property is more likely to occur.* An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: 1.) Identifying staff responsible for the investigation 2.) Exercising caution in handling evidence that could be used in a criminal investigation 3.) Investigation different types of alleged violations 4.) Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations 5.) Focusing the investigation on determining if abuse, neglect, exploitation, and /or mistreatment has occurred, the extent, and cause; and 6.) Providing complete and thorough documentation of the investigation.*The facility will have written procedures that include: .taking all necessary actions as a result of the investigation, which may include, but are not limited to, the following: Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences. R4 was admitted to the facility on [DATE].On 9/5/25, R4 made an allegation of abuse, alleging that CNA C (Certified Nursing Assistant) was rough when rolling R4 in bed. According to documentation submitted to the State Agency by the facility, R4 alleged CNA C had ear buds in and wasn't listening to R4 as she tried to communicate what was hurting and how to perform the cares. This documentation also states that R4 was tearful after the interaction. The facility contacted the local police and interviewed residents and staff. The facility did not have documentation, nor was there any other evidence provided to Surveyors that the facility took measures to ensure the abuse did not happen again. On 10/28/25 at 12:00 PM, Surveyor interviewed NHA A (Nursing Home Administrator) who stated that the facility substantiated the abuse that R4 alleged had occurred. When asked if the facility took any measures to correct the abuse and ensure further abuse did not occur to R4 or any other residents, NHA A stated that they terminated CNA C. The facility received an allegation of abuse and substantiated the allegation but did not put measures into place to correct the abuse and help prevent similar abuse situations in the future from occurring.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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