

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2026
NAME OF PROVIDER OR SUPPLIER Oak Park Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 718 Jupiter Drive Madison, WI 53718	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to protect 2 of 22 sampled residents' (R2 and R3) right to be free from verbal abuse by a Registered Nurse (RN1). RN1 referred to R2 as a (drug) addict and told R3 to Stop your damn crying while administering the resident's eye drops. Findings include: The facility's Abuse, Neglect, Exploitation or Misappropriation Prevention Program Policy dated most recently revised in 04/2021 read, in pertinent part, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation; and The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: a facility staff;. 1.Review of R2's admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included acute and chronic respiratory failure and heart disease. Review of R2's significant change Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/10/25 and located in the EMR under the MDS tab, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. 2.Review of R3's admission Record, located in the EMR (electronic medical record) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included hypertensive heart disease and generalized anxiety disorder. Review of R3's quarterly MDS, assessment with an ARD of 10/29/25 and located in the EMR under the MDS tab, indicated a BIMS score of 6 out of 15 which indicated the resident was severely cognitively impaired.The facility is R3's home. A reasonable person would expect that he/she is safe and will be treated with respect and dignity while being free from intimidation within their own home. Review of the facility's incident reporting and investigation documentation revealed an investigation related to reported potential verbal abuse of R2 and R3 was initiated on 12/14/25. The report indicated that R2 reported on the morning of 12/14/25, RN1 had been verbally abusive to R3 on the evening of 12/13/25 when RN1 told R3 to Stop your Damn crying when R3 cried while RN1 administered eye drops. In addition, R2 reported RN1 was abusive to her (R2) during the early morning of 12/14/25 when R2 requested her ordered narcotic pain medication. RN1 responded by referring to her (R2) as Addicted. During an interview conducted with R2 as part of the investigation into alleged verbal abuse of R2 and R3 by RN1, R2 confirmed she witnessed RN1 telling R3 to Stop your Damn crying and had referred to herself (R2) as addicted when she requested her ordered pain medication on the evening/night of 12/13/25-12/14/25. The facility investigation into the incident resulted in RN1 being immediately removed from the facility and placed on the facility's Do Not Return List. The investigation summary revealed the facility did not substantiate verbal abuse of R2 and R3 by RN1, however the facility concluded the matter was a breach of proper customer service.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525266	Facility ID: 525266 If continuation sheet Page 1 of 11

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with R2 on 01/07/26 at 12:30 PM, R2 indicated she remembered the incident and stated she felt like she was verbally abused by RN1 when RN1 referred to her as addicted and she felt R3 was verbally abused by RN1 when she witnessed R3 being told to Stop her Damn Crying by RN1 when RN1 was administering her eye drops.R3 could not be interviewed during the investigation due to her poor cognition. During an interview with the Administrator and the Regional Nurse Consultant (RNC) on 12/10/26 at 1:13 PM, the Administrator stated he did not feel R2 or R3 were abused by RN1. He stated he felt the reported abuse came down to a He Said/She Said situation and abuse was not substantiated.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interviews, and facility policy review, the facility failed did not establish and maintain an infection prevention and control program designed to provide a safe environment and to help prevent the development and transmission of communicable disease and infections. This has the potential to affect all 70 residents. The facility failed to ensure adequate infection control processes were followed to ensure containment of Influenza, Respiratory Syncytial Virus (RSV), and COVID during a concurrent facility outbreak of all three infections. This failure created the potential for all residents, staff, and visitors to the facility to become infected with one or more of these viruses, potentially leading to serious illness, hospitalization, and or/death, thus leading to a finding of immediate jeopardy. The facility's Administrator and Regional Nurse Consultant were informed on 01/09/26 at 4:45 PM that Immediate Jeopardy existed at F880 (Infection Control) related to the failure to ensure appropriate orders and care plans were in place to address influenza/RSV/COVID infection for 6 of 70 Residents (Residents (R)8, R9, R21, R18, R17 and R16) currently infected with the virus(s), failure to ensure proper signage was in place to indicate isolation procedures for two Residents (R8 and R9) currently infected with influenza and RSV, and failure to ensure accurate and timely monitoring and management of the current outbreak of influenza, COVID and RSV. The Immediate Jeopardy began on 01/02/26 when the facility was determined to be in an active outbreak of influenza, RSV and COVID and an adequate facility plan was not in place to address the outbreak. The facility provided an Immediate Jeopardy Removal Plan that was accepted on 01/10/26 at 2:40 PM. The survey team could not validate implementation of the removal plan prior to survey exit on 01/10/26. Findings include: CDC (center for disease control and prevention) indicates: . Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection.setting specific. Nursing Homes : Assign one or more individuals with training in IPC to provide on-site management of the IPC program. Stay connected with the healthcare-associated infection program in your state health department, as well as your local health department, and their notification requirements. Report SARS-CoV-2 infection data to National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module. See Centers for Medicare & Medicaid Services (CMS) COVID-19 reporting requirements. Placement of residents with suspected or confirmed SARS-CoV-2 infection. Ideally, residents should be placed in a single-person room as described in Section 2. If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location. Responding to a newly identified SARS-CoV-2-infected HCP or resident. When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority. A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed. The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Due to challenges in interpreting the result, testing is</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period. Empiric use of Transmission-Based Precautions for residents and work restriction for HCP are not generally necessary unless residents meet the criteria described in Section 2 or HCP meet criteria in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively. However, source control should be worn by all individuals being tested. In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of Empiric use of Transmission-Based Precautions for residents and work restriction of HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public authority recommends these and additional precautions. If no additional cases are identified during contact tracing or the broad-based testing, no further testing is indicated. Empiric use of Transmission-Based Precautions for residents and work restriction for HCP who met criteria can be discontinued as described in Section 2 and the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, respectively. If additional cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility. As part of the broad-based approach, testing should continue on affected unit(s) or facility-wide every 3-7 days until there are no new cases for 14 days. If antigen testing is used, more frequent testing (every 3 days), should be considered. Indoor visitation during an outbreak response: Facilities should follow guidance from CMS about visitation. Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility. If indoor visitation is occurring in areas of the facility experiencing transmission, it should ideally occur in the resident's room. The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit. Review of the facility's policy titled, Outbreak of Communicable Disease Policy, revised in 09/2022 read, in pertinent part, Outbreaks of communicable diseases within the facility are promptly identified and managed; and An outbreak is defined as one of the following: a. One case of an infection that is highly communicable or has serious health implications; b. Trends that are ten (10) percent (or more) above the historical rate of infection for the facility; or c. Occurrence of three (3) or more cases of the same infection over a specified period of time and in a defined area; and An outbreak of influenza is defined as anything exceeding the endemic rate, or a single case if unusual for the facility; and The administrator is responsible for: a. communicating data about reportable diseases to the health department; b. establishing temporary policies to contain transmission, including: (1) new admissions; (2) visitation; (3) group activities; and (4) staff cohorting; .c. communicating with the infection control committee; and d. notifying families; and The infection preventionist and director of nursing services are responsible for a. managing surveillance data; b. monitoring ill residents and staff; c. initiating transmission-based precautions, as appropriate; and d. communicating with the medical director and attending physicians; and The nursing staff is responsible for: a. notifying the director of nursing services of newly symptomatic residents; b. providing infection surveillance data in a timely manner; and c. obtaining laboratory specimens as directed; and All employees/staff: a. follow standard precautions at all times, and transmission-based precautions as indicated; and b. report any symptoms relating to the current disease outbreak to their supervisor. Review of the facility's policy titled, Isolation - Categories of</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Transmission-Based Precautions Policy revised 09/2022 revealed, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents; and When a resident is placed on transmission-based precautions; appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution; and Droplet Precautions: 1. Droplet precautions are implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking or by performance of procedures such as suctioning; and Masks are worn when entering the room; and Gloves, gown and goggles are worn if there is risk of spraying secretions. Review of the facility's policy titled, Influenza, Prevention and Control of Seasonal Policy revised 03/2022 revealed, Surveillance: 1. When there is influenza activity in the local community, or one laboratory-confirmed influenza case is identified in the facility, active daily surveillance for influenza illness is conducted among all new and current residents, healthcare personnel and visitors; and Visits to residents on precautions for influenza are scheduled and controlled to allow for: b. providing instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and the use of personal protective equipment (PPE) while in the resident's room. 1. Review of R8's admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included history of stroke. Review of R8's admission Minimum Data Set (MDS), assessment with an Assessment Reference Date (ARD) of 12/16/25 and located in the EMR under the MDS tab, indicated a Brief Interview for Mental States (BIMS) score of four out of 15 which indicated the resident had severe cognitive impairment. Review of R8's Progress Notes, dated 01/05/26 and located in the EMR under the Notes tab, revealed the resident began presenting symptoms of respiratory illness, including coughing and runny nose on that date. Review of R8's laboratory result documentation, dated 01/06/26 and provided directly to the survey team, revealed R8 tested positive for both influenza and RSV on that date. Review of R8's comprehensive Physician Order Set, dated 01/08/26 and located in the EMR under the Orders tab, revealed no orders related to the management of R8's influenza or RSV infection, including orders for the resident to be placed on Transmission-Based (Droplet) Precautions (TBP). Review of R8's Comprehensive Care Plan, dated 01/08/26 and located in the EMR under the Care Plan tab, revealed no care planning related to the resident's influenza or RSV infection. Observations on 01/08/26 between 9:30 AM and 9:45 AM and again between 10:00 AM and 10:45 AM revealed R8 (influenza positive and observed with a frequent cough) was observed in her room. There was no signage on the resident's door to indicate the resident's positive influenza/Droplet Precautions status. Observations and interviews on 01/08/26 between 10:00 AM and 10:45 AM, revealed R8's daughter visiting with the resident in her room. Observations made on 01/08/26 at 10:01AM revealed a visitor entered R8's room without performing hand hygiene or putting on personal protective equipment (PPE). The visitor remained in the room briefly and then exited the room without performing hand hygiene carrying a drinking glass and asking for water. A staff member accompanied the visitor off the unit to obtain a glass of water. The visitor re-entered R8's room without PPE or performing hand hygiene. The visitor may have overheard the conversations of staff outside room [number] and exited the room to ask if R8 had something and was it contagious. Certified Nurse Aide (CNA)9 and CNA10 responded to the visitor's question with yes. When the visitor had additional questions, the CNAs directed her to the nurse. Facility staff Housekeeper (HK)2, Housekeeping Manager (HKM), CNA 8, and CNA9 confirmed the lack of signage indicating what PPE was needed and</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Precautions on the doors of R8 or R9. She stated her expectation was signage would be present on room doors to indicate if anyone was on precautions. During an interview with the DON on 01/09/26 at 10:00 AM, she confirmed isolation and droplet precaution orders had not been entered for any of the residents currently on droplet precautions for influenza, COVID, and RSV. The DON confirmed care plans had not been entered for any of the residents related to the management of influenza, COVID, or RSV. The DON stated she was not sure why the orders and care plans had not been initiated. She stated the information was being added to each record that day (01/09/26). The DON additionally stated symptom tracking for respiratory illness was also initiated for all residents in the facility that day (01/09/26) as this had not been happening prior to that. During an interview with the Regional Nurse Consultant on 01/09/26 at 10:30 AM, he confirmed his expectation was any facility outbreak would be appropriately managed and documentation would be in place related to this management, including line listing of residents with symptoms of illness and/or positive for illness such as influenza, RSV or COVID infection, a functioning outbreak management plan, evidence of symptom tracking in staff and residents and family notification of infection and facility outbreak status. The survey team requested the facility's documentation related to the tracking and management of the facility's current influenza and COVID outbreak on 01/08/26 at 10:30 AM, again on 01/08/26 at 1:00 PM, again on 01/08/26 at 4:00 PM, and again on 01/09/26 at 9:15 AM. Requested documentation included the facility's current staff and resident line listing documentation related to each outbreak, the facility's outbreak management plan, and evidence of respiratory symptom tracking for non-infected residents to ensure potential new cases of influenza, RSV and COVID were detected. The facility could not provide evidence of an Outbreak Management Plan related to the outbreaks or documentation to show the facility was tracking non-infected residents to ensure new infections were caught and treated timely. The facility provided documentation printed from the facility's Point Click Care (PCC) Infection Control Management System to the surveyors on 01/09/26 at 10:30 AM. The documentation indicated the facility's current outbreak status had not been evaluated, tracked, or updated since 01/05/26. The documentation indicated the facility IP began contact tracking of symptoms of respiratory illness on 12/30/25, however nothing had been documented on the contact tracking documentation since 12/30/25 when the document was initiated. The facility provided a Resident Symptom Management Log dated 01/09/26 to the survey team on 01/09/26 at 12:30 PM. The document indicated five residents with positive COVID infection and four residents with current positive influenza infection had been identified in the facility between 12/30/25 and 01/09/26. The facility provided a Symptom Management Log dated 01/09/26 to the survey team on 01/09/26 at 12:30 PM to indicate the following staff reported respiratory illness symptom reporting by staff: Activity Aide (AA1) reported she was feeling Feverish on 01/01/26. AA2 reported a cough and nausea on 01/02/26. Houskeeper (HK1) reported a cough and nausea on 01/02/26. Certified Nursing Assistant (CNA)5 reported a cough, sore throat, and headache on 01/04/26. CNA3 reported nausea and vomiting on 01/04/26. CNA10 reported vomiting and fever on 01/05/26. CNA11 reported chills and a sore throat on 01/05/26. RN4 reported a sore throat, runny nose, and congestion on 01/09/26. The facility's failure to implement a plan to track infections, isolate ill residents, develop care plans to manage ill residents, and to implement procedures to prevent the spread of three concurrent infections (influenza, RSV, and COVID) created a reasonable likelihood for serious resident harm, thus leading to a finding of immediate jeopardy. The facility submitted a removal plan; however, the survey team could not confirm the removal of the jeopardy by the conclusion of the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2026
NAME OF PROVIDER OR SUPPLIER Oak Park Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 718 Jupiter Drive Madison, WI 53718	
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 0882</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and document review, the facility failed to designate a qualified infection preventionist (IP) to develop, implement, and monitor the facility's infection prevention program. This has the potential to affect all 70 residents residing at the facility. The facility failed to monitor residents and staff with signs and symptoms of an acute respiratory illness and protect residents and staff from contracting an acute respiratory illness during a concurrent outbreak of influenza, RSV and COVID in January 2026. The facility's failure to have an infection preventionist who developed, implemented and monitored infectious illnesses placed 70 of 70 residents and facility staff at risk for development of an infectious illness which could result in serious harm and/or death, thus leading to a finding of immediate jeopardy. The facility's Administrator and Regional Nurse Consultant were informed on 01/09/26 at 4:45 PM that Immediate Jeopardy existed at F882 (Infection Preventionist Qualifications/Role) related to the failure to employ a qualified Infection Preventionist to initiate, direct and manage the facility's infection prevention program and failed to employ a qualified back-up trained Infection Preventionist to act in the event the primary Infection Preventionist is not available. The Immediate Jeopardy began on 01/02/26 when the facility was determined to be in an active outbreak of influenza, respiratory syncytial virus (RSV) and COVID and the facility IP (infection preventionist) was not available to properly monitor, track and trend infections during a current outbreak to prevent the spread of COVID, Influenza and RSV. The facility provided an Immediate Jeopardy Removal Plan that was accepted on 01/10/26 at 2:40 PM. The survey team could not validate implementation of the removal plan prior to survey exit on 01/10/26. Findings include: Review of the facility policy titled Infection Preventionist- Policy Statement, which lacked a review date, indicated: The infection preventionist is responsible for coordinating the implementation and updating of the infection prevention and control program. Responsibilities included The infection preventionist coordinated the development and monitoring of the infection prevention and control program. the infection preventionist collects, analyzes any infection data and trends, and provides education and training on infection prevention and control practices. On 01/07/26 at 8:30 AM, the facility reported they were in outbreak status with COVID-19, influenza, and RSV. Three residents were identified with COVID-19 and/or RSV, and three residents were positive for influenza. The facility identified a Regional Nurse as the facility's IP and reported the IP worked at the facility 20 hours per week. Review of the Regional Nurse job description, which was not signed or dated, had a Job Description of The primary purpose of your job position is to plan, organize, develop and direct the overall operations of the facility. The job description included follow established infection control procedures. During an interview with the Director of Nursing (DON) on 01/08/26 at 1:00 PM, the DON confirmed the facility's IP was in the facility half-time (20 hours per week). The DON confirmed she and the ADON were responsible for managing the facility's infection control program, including the current outbreak, when the IP was not present in the building or available to analyze and review the facility's outbreak status. The DON stated neither she nor the ADON were able to access the facility's EMR Infection Tracking Program and stated they would not be able to read and understand the information in the system if they did obtain access to it. The DON stated she had only received basic training related to infection control and was not sure she was going to be able to provide comprehensive information or data related to the current outbreak. During interviews on 01/08/26 at 10:30 AM, and again at 1:00 PM, and 4:00 PM, the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) confirmed that neither were trained as the facility's IP and could not interpret the IP's</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oak Park Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 718 Jupiter Drive Madison, WI 53718	
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<p>F 0882</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>information nor act on her behalf. The facility's designated IP was not present in the facility on 01/08/26, 01/09/26 or 01/10/26 and was not able to be interviewed related to the facility's current outbreak status. On 01/09/26 at 11:30 AM, the facility identified nine residents with illness and five staff off work from illness. The survey team requested the facility's documentation related to the tracking and management of the facility's current influenza and COVID outbreak on 01/08/26 at 10:30 AM, again on 01/08/26 at 1:00 PM, again on 01/08/26 at 4:00 PM, and again on 01/09/26 at 9:15 AM. Requested documentation included the facility's current staff and resident line listing documentation related to each outbreak, the facility's outbreak management plan, and evidence of respiratory symptom tracking for non-infected residents to ensure potential new cases of influenza, RSV and COVID were detected. The facility could not provide evidence of an Outbreak Management Plan related to the outbreaks or documentation to show the facility was tracking non-infected residents to ensure new infections were caught and treated timely. The facility provided documentation printed from the facility's Point Click Care (PCC) Infection Control Management System to the surveyors on 01/09/26 at 10:30 AM. The documentation indicated the facility's current outbreak status had not been evaluated, tracked, or updated since 01/05/26. The documentation indicated the facility IP began contact tracking of symptoms of respiratory illness on 12/30/25, however nothing had been documented on the contact tracking documentation since 12/30/25 when the document was initiated. 1. Review of R8's admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included history of stroke. Review of R8's Progress Notes, dated 01/05/26 and located in the EMR under the Notes tab, revealed the resident began presenting symptoms of respiratory illness, including coughing and runny nose, on that date. Review of R8's laboratory result documentation, dated 01/06/26 and provided directly to the survey team, revealed R8 tested positive for both influenza and RSV on that date. 2. Review of R9's admission Record, located in the EMR (electronic medical record) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Parkinson's Disease. Review of R9's Progress Notes, dated 12/31/25 and located in the EMR under the Notes tab, revealed the resident began presenting symptoms of respiratory illness on that date. Review of R9's laboratory result documentation, dated 01/02/26 and provided directly to the survey team, revealed R9 tested positive for influenza on that date. 3. Review of R18's admission Record, located in the EMR (electronic medical record) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included atrial fibrillation and recent fracture of right pubic bone. Review of R18's Progress Notes, dated 01/06/26 and located in the EMR under the Notes tab, revealed the resident began exhibiting symptoms of respiratory illness on that date. Review of R18's laboratory result documentation, dated 01/06/26 and provided directly to the survey team, revealed R18 tested positive for COVID on that date. On 01/08/26 at 9:45 AM, it was determined that the facility failed to post signage (personal protective equipment/isolation precaution type) outside the doors of R8 and R11, residents with RSV and/or influenza. Observations made on 01/08/26 at 10:01 AM revealed a visitor entered R8's room without performing hand hygiene or putting on personal protective equipment (PPE). The visitor remained in the room briefly and then exited the room without performing hand hygiene, carrying a drinking glass, and asking for water. A staff member accompanied the visitor off the unit to obtain a glass of water. The visitor re-entered R8's room without PPE or performing hand hygiene. The visitor exited the room to ask if R8 had something and was it contagious. Certified Nurse Aide (CNA) 9 and CNA10 responded to the visitor's question with Yes. When the visitor had additional questions, the CNAs directed her to the nurse. During an interview on 01/08/26 at 10:30 AM,</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Housekeeper (HK)2 and the Housekeeping Manager (HKM) revealed they were unaware of the resident's infective illness and were unaware of the PPE required to wear to enter the residents' rooms. HK2 and HKM confirmed there were no signs at the doorway of the room directing them on what to do prior to entering the residents' rooms. Cross reference F880. The facility's failure to ensure it employed a qualified Infection Preventionist to initiate, direct and manage the facility's infection prevention program and its failure to employ a qualified back-up trained Infection Preventionist to act in the event the primary Infection Preventionist is not available created a reasonable likelihood for serious harm, thus leading to a finding of immediate jeopardy. The survey team was unable to confirm removal of the jeopardy by the conclusion of the survey.</p>		