

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  02/25/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for 1 of 5 sampled residents (R1). R1 had multiple wounds on his feet with physician orders for dressing changes and treatment. These treatments were not completed on the AM (morning) shift of 1/18/26. This is evidenced by: The facility policy entitled, Wound Care, dated October 2010, states, in part: . Documentation. The following information should be recorded in the resident's medical record. 2. The date and time the wound care was given. 9. If the resident refused the treatment and the reason(s) why. 10. The signature and title of the person recording the data. R1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes with diabetic polyneuropathy (nerve damage in multiple sites), neutropenia (low white blood cell count, which are cells that fight infection), venous insufficiency (damage to blood vessels that causes fluid to build up in legs), and obesity. R1's Medication Administration Record on 1/18/26 indicates the following treatments were not administered: Calmoseptine External Ointment 0.44-20.6% (moisture barrier cream). Apply to buttocks, groin and folds topically every morning and at bedtime for skin protection/erythema (redness). Prior to applying peri care (cleaning of the genital area and buttocks) should be done and skin patted dry. Also apply after each toileting episode. Start Date: 9/12/25. Keep high bilateral tubi grips (elastic, tubular compression bandage) (extra long so they cover from base of toes to below knees with enough fabric to fold over foot). On AM (Morning). Off at bedtime for edema (swelling) two times a day for edema. Start date: 9/12/25. Wound Care - L (Left) Foot Toes: apply betadine/povidone (antiseptic) to areas BID (twice a day). Two times a day for wound care. Start date: 1/13/25. WOUND CARE - Left Lower Extremity: 1) remove old dressing 2) cleanse w/ (with) normal saline, pat dry 3) apply Calcium Alginate (wound drainage absorber dressing), 4) cover area w/ ABD pad (absorbent dressing) 5) secure w/ kerlix (sterile gauze roll) and knee-high tubi grip to be changed BID and PRN (as needed) if saturated/dislodged. Two times a day for wound care. Start date: 1/13/26. WOUND CARE - R (right) Foot, b/w (between) 1st and 2nd dig (digit), b/w 2nd dig and 3rd: 1) remove old dressing 2) cleanse between toes w/ normal saline (sterile sodium chloride solution) 3) weave calcium alginate w/ silver, between and around toes 4) cover w/ ABD pad 5) secure w/ kerlix and knee-high tubi grip to be changed BID and PRN if saturated/dislodged. Two times a day for wound care. Start date: 1/13/26. WOUND CARE - Right Lower Extremity: 1) remove old dressing 2) cleanse w/ normal saline, pat dry 3) apply Calcium Alginate over intact and open blistered areas 4) cover are w/ ABD pad 5) secure w/ kerlix and knee-high tubi grip. To be changed BID and PRN if saturated/dislodged. Two times a day for wound care. Start date: 1/13/26. On 1/24/26 at 2:50 PM, Surveyor interviewed RN C (Registered Nurse). Surveyor asked RN C how long he has been working for the facility. RN C indicates he is a new nurse graduate and has been working for the facility for one month. Surveyor asked RN C who is responsible for conducting</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>wound treatments or dressing changes. RN C states, the nurses. Surveyor asked RN C if an ordered dressing change or wound treatment is conducted, should those treatments be signed out in the electronic health care record. RN C states, yes. On 1/24/26 at 3:00 PM, Surveyor interviewed RN D. Surveyor asked RN D how long she has been working for the facility. RN D indicates around 4 years. Surveyor asked RN D who is responsible for conducting dressing changes or wound treatments. RN D states the nurses. Surveyor asked RN D if an ordered dressing change or wound treatment is conducted, should those treatments be signed out in the electronic health care record. RN E states, yes On 1/24/26 at 3:29 PM, Surveyor interviewed RN E and DON B (Director of Nursing). Surveyor asked RN E how long she has been working for the facility. RN E indicates around 5 years. Surveyor asked DON B how long he has been working for the facility. DON B indicates a few weeks. Surveyor asked RN E if she works directly with the facility's wound physician when he does weekly rounds at the facility. RN E states, yes. Surveyor asked RN E and DON B who is responsible for conducting dressing changes or wound treatments. RN E and DON B state the nurses. Surveyor asked RN E and DON B if an ordered dressing change or wound treatment is conducted should those treatments be signed out in the electronic health care record. RN E and DON B state, yes, and that they would expect staff to indicate if the resident refuses their treatment.No further documentation was provided regarding R1's wound care treatments for the AM shift on 1/18/26.</p>		