

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2025
NAME OF PROVIDER OR SUPPLIER  Hebron Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE  510 Genomic Drive Madison, WI 53719	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility did not implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. RN J's (Registered Nurse) background check information did not include an out of state criminal background check. Findings include: The facility policy, Abuse, Neglect, Misappropriation, Mistreatment, and Exploitation, Preventing, Investigating, and Mandatory Reporting Policy, updated 8/25/23, indicates, in part: .Procedure: (1) Screening Components: It is the policy of Oakwood Village to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of license, and criminal background check. 1. Employee screening and training. a.iii. A complete caregiver background check always consists of the following documents: i. A completed F-82064 Background Information Disclosure (BID) form and Appendix F-82069: ii. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request.iii. A Response to Caregiver Background Check letter from the Department of Health Services (DHS) that reports the person's administrative finding or licensing restriction status.v. Other documentation must be obtained by [Facility Name] when information is needed to complete the background check, such as other states' conviction records.d. A criminal background check will be conducted on all prospective employees as provided by [Facility Name] policy on criminal background checks.On 7/16/25, Surveyor reviewed RN J's (Registered Nurse) background check information provided by the facility. RN J's date of hire was 4/29/25. RN J's BID (Background Information Disclosure), completed on 4/28/25, indicated RN J had resided outside of Wisconsin within the last three years and listed an address in California. Surveyors were unable to find evidence in the information provided that an out-of-state criminal background check was completed for RN J.On 7/17/25 at 12:04 PM, Surveyor interviewed HRBP I (Human Resources Business Partner) who indicated the facility did not have the California background check and should have run it prior to RN J starting patient care.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, and record review, the facility did not ensure food was stored, prepared, and served in a safe and sanitary manner. This practice has the potential to affect all 42 residents who reside at the facility. Surveyor observed left over food items not properly covered, labeled, and expired. Surveyor observed walk in freezer to have a large puddle of water outside freezer, door sticking, and to the front left side of the freezer large chunks of ice covering boxes of food and left over food item. Surveyor observed cleanliness concerns in main kitchen. Surveyor observed staff in kitchen and kitchenette not wearing beard restraints. Surveyor observed staff wearing gloves, touching cabinets and door handles, and then directly touching food with same pair of gloves. During dishwashing Surveyor observed staff going from dirty to clean with no handwashing in between. Evidenced by: The facility policy, Food Storage, dated 3/22, states: . Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. Leftover food is used within 7 days or discarded.a. All freezer units will be kept clean and in good working conditions at all times.The facility policy, Oakwood Dining Appearance &amp; Dress Code Policy, dated 1/25, states, in part: .All supervisors are charged with monitoring adherence to dress code for their department's staff.hair restraint when in kitchens.Beard or mustache restraint, if applicable.The facility policy, General Food Preparation and Handling, dated 3/25, states, in part: . The kitchen will be kept neat and orderly.Bare hands should never touch ready to eat raw food directly.Food will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods.The facility policy, Cleaning Dishes/ Dish Machine, dated 4/10, states, in part: .The person loading dirty dishes will not handle the clean dishes unless they wash hands thoroughly before moving from dirty to clean dishes. On 7/15/25 at 8:51AM, during initial walk through of kitchen, Surveyor observed left over food not properly stored. Surveyor observed left over rice uncovered, noodles uncovered, tuna salad use by 7/13/25, and chicken salad use by 7/14/25. Dining Service Manager C (DSM) indicated leftovers will be thrown out. DSM C indicated everyone is responsible for checking dates and throwing out items. On 7/15/25 at 8:51 AM, during initial walk through of kitchen, Surveyor observed a puddle of water outside of walk-in freezer. Surveyor observed door difficult to open, curtains of freezer to have ice chunks, ice on the floor of the freezer, and large chunks of ice on boxes of food to the front left of the freezer. Storeroom [NAME] E (SP) indicated she has reported this to maintenance a couple times now and this is an ongoing issue. DSM C indicated the boxes of food will be thrown out and food should not be served if it is covered in ice. On 7/15/25 at 8:51 AM, during initial walk through of kitchen, Surveyor observed food wrappers, food, and splatters of red substance in the walk-in refrigerator floor. SP E indicated all floors need to be swept and mopped daily. On 7/15/25 at 8:51 AM in main kitchen and 11:18 AM in kitchenette Surveyor observed kitchen staff to not be wearing beard restraints. On 7/15/25 at 11:14 AM, Surveyor observed Dietary Aid G (DA) prepping for lunch. Surveyor observed DA G wearing gloves, opening cabinets and refrigerator door, and then directly touching food with same pair of gloves on. On 7/16/25 at 9:31 AM, SP E indicated the walk-in freezer has been an issue for the last couple of months. SP E indicated she threw out some boxes of food because the food has ice on it. On 7/16/25 at 9:53 AM, Certified Dietary Manager D (CDM) indicated the walk-in freezer has been an ongoing issue. CDM D indicated they have put in a work order with maintenance, moved all boxes, and threw out some food items. CDM D indicated beard restraints should be worn in the kitchen and kitchenettes. CDM D indicated staff should not directly touch food with dirty gloves. CDM D indicated all left over food items should be covered, labeled and dated. CDM D indicated the kitchen does have cleaning schedules and expectations.On 7/16/25 at 2:03 PM, Surveyor observed dishwashing observation on 2nd floor. Surveyor observed Dietary Aide F (DA) loading dirty dishes, taking off gloves, and going directly to clean dishes without any handwashing. Surveyor observed this twice. Surveyor reviewed concern with DSM C. DSM C indicated staff should wash their hands when going from dirty to clean and typically there are two staff in the kitchen. DSM C translated this concern to Dietary Aide F (DA). Surveyor reviewed kitchen concerns with DSM C at 2:15 PM. DSM C indicated understanding. On 7/17/25 at 9:18 AM, Facilities Services Supervisor H (FSS) indicated he found out about the walk-in freezer this week. FSS H indicated the kitchen could have submitted a work order, but the person who reviews work orders has been out on vacation this week. FSS H indicated he does not recall knowing about the freezer prior to this week. Surveyor asked if FSS H would expect a phone call or to be notified immediately about freezer concerns. FSS H indicated his experience is with construction so he would consult with kitchen staff</p>		