

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2026
NAME OF PROVIDER OR SUPPLIER Oakbrook Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 206 W Prospect St Thorp, WI 54771	
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not implement policies and procedures for ensuring the reporting of physical abuse in accordance with section 1150B of the Act when an allegation of physical abuse was not reported immediately, but no later than 2 hours to the local law enforcement in accordance with state law through established procedures for 1 of 3 residents (R) reviewed (R1).On 05/02/26, the facility was made aware of R1's allegation of abuse. The facility did not report this allegation to local law enforcement within 2 hours. This is evidenced by:Facility policy titled, Resident safety Abuse Policy, with reviewed date of 03/24, states in part: 8. Reporting Suspected Violations: .e. All facility staff members shall ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse.to the administrator and the administrator will ensure reporting to other officials (including to the State Survey Agency and adult protective services where state law provides jurisdiction in long-term care facilities). R1 was admitted to the facility on [DATE] with diagnoses of sepsis, urinary tract infection and weakness.On 03/27/26, Minimum Data Set (MDS) assessment documented R1 had moderately impaired cognitive skills for daily decision making, behaviors of inattention, disorganized thinking, and verbal behaviors directed towards others.The facility's investigation on 05/02/26 documented R1's allegation of abuse by stating, I want to go home, everyone is hurting me. Nursing staff reported to the Nursing Home Administrator (NHA) A. NHA A reported to the State Agency (SA) and completed a full investigation. NHA A did not report the allegation to local law enforcement.On 05/27/26 at 10:29 AM, Surveyor interviewed Certified Nursing Assistant (CNA) C asking about reporting allegation of abuse by a resident. CNA C stated if a resident said someone hurt or abused them CNA C would report to the nurse immediately and the nurse would report to Director of Nursing (DON) or NHA. Surveyor asked if R1 had reported any abuse. CNA C stated R1 was very nice and never had any complaints. CNA C knew at night R1 would have sundowning behaviors. Surveyor asked if CNA C received training about abuse and neglect. CNA C stated staff get training yearly and at staff meetings. On 05/27/26 at 4:02 PM, Surveyor interviewed CNA D asking about R1's reporting of abuse. CNA D stated CNA D was not here when R1 made the allegation. After R1 made the allegation, R1 required 2 staff assistance with all care. Surveyor asked if CNA D received training about abuse and neglect. CNA D stated CNA D gets training all the time, yearly and at every monthly staff meeting. On 05/27/26 at 2:00 PM, Surveyor interviewed NHA A regarding R1's allegation of abuse and reporting to local law enforcement. NHA A stated R1's allegation was reported to the charge nurse around 9:30 PM. The nurse called NHA A and came to the facility right away and interviewed R1. NHA A did not report to police since R1 did not name a person that could be reported to police. When R1 was interviewed R1 continued to say that it didn't happen and didn't recall saying any comments about abuse. On 05/29/26 at 1:05 PM, Surveyor interviewed CNA E regarding R1's allegation of abuse. CNA E stated that R1 was in the activity room and CNA E asked R1 if R1 was ready for bed and this was around 6:30 PM. R1 stated R1 wanted to go home, and (continued on next page)		

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	everyone was hurting R1. CNA E kept asking R1 what happened and R1 would just say that R1 was wanting to go home. R1 had bad dementia and always would ask where my son is, where my family is, and wanting to go home. Surveyor asked if CNA E received training about abuse and neglect. CNA E stated CNA E received training upon hire and NHA A provided training to CNA E the next day before CNA E's shift.		