

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 10/16/2024
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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on record review and interview, the facility did not accurately code the Minimum Data Set (MDS) assessments for 2 of 13 residents (R) reviewed. (R1 and R27)</p> <p>R1's MDS assessment is coded in error stating that a PASARR level 2 screen had not been completed when it was completed at the time of assessment.</p> <p>R27 receives hospice services; the MDS assessments were not coded for hospice service.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE] with diagnoses including schizophrenia effective disorder, and anxiety.</p> <p>Review of R1's medical record found a PASARR level 2 screen was completed, dated 03/01/24.</p> <p>R1's admission MDS assessment, dated 03/07/24, indicated for question A1500 that no PASARR level 2 had been completed.</p> <p>On 10/16/24 at 9:46 AM, Surveyor interviewed Registered Nurse (RN) C, MDS coordinator, about the coding of R1's 03/07/24 MDS not having a PASARR level 2 completed. RN C indicated she did not start the MDS position until 07/15/24 and still has not been completing MDSs alone. Executive Assistant (EA) D indicated the previous MDS coordinator would have completed the MDS. EA D indicated a correction MDS will be completed.</p> <p>Example 2</p> <p>R27 was admitted to the facility on [DATE] with diagnoses including dementia without behaviors, abnormal finding of lung and kidney and ureter, repeated falls, cancer of bronchus and lung, pain, restlessness and agitation, and anxiety disorder.</p> <p>On 12/29/23, R27 was enrolled with hospice services.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R27's MDS quarterly assessments, dated 07/08/24 and 10/08/24, section O0110K1B was not coded receiving hospice services.</p> <p>On 10/16/24 at 9:48 AM, Surveyor interviewed RN C about R27's MDS dated [DATE] and 10/08/24 not coded receiving hospice services. RN C indicated R27 is on hospice. RN C indicated that she would have completed the MDS on 10/08/24 and may have just copied from the previous MDS. EA D indicated the previous MDS coordinator would have completed the 07/08/24 MDS and EA D will send in a correction for the MDSs</p>