

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2024
NAME OF PROVIDER OR SUPPLIER  Oak Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 8th Ave Union Grove, WI 53182	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692</b></p> <p>Based on observation, interview, and record review, the Facility did not provide the necessary care and services to prevent development of pressure injuries and promote healing of pressure injuries for 1 (R1) of 3 Residents reviewed with pressure injuries.</p> <p>R1 had a Stage 4 pressure injury and was observed to be in bed with her air mattress unplugged for 2 hours and 10 minutes.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that Dementia. R1 receives hospice services that started on 12/21/22.</p> <p>On 3/28/24 at 10:00 AM R1 was observed in bed and her air mattress was observed to be unplugged from the wall and no power to the air mattress.</p> <p>On 3/28/24 at 12:10 PM Director of Nurses (DON)-B came into R1's room with the Surveyor and verified R1's mattress did not have power. DON-B plugged R1's air mattress in and it inflated.</p> <p>On 3/28/24 R1's pressure injury measurements to her coccyx were reviewed and indicated it was facility acquired and was declining rapidly as R1 only was eating for pleasure feeding. R1 was last seen by the Wound Physician-C on 3/25/24 and coccyx pressure injury was assessed 9 centimeter (cm) long by 5 cm wide and 4 cm deep, stage 4. The start date for the pressure injury was noted as 1/27/24 when it presented as moisture associated dermatitis and measured 1.5 cm wide by 0.5 cm long with no depth.</p> <p>On 4/1/24 at 9:36AM R1's coccyx pressure injury was observed. Per observation it appeared as large deep pressure injury which appeared clean and had a large area of surrounding redness.</p> <p>On 4/1/24 Wound Physician-C was interviewed and indicated because of R1's condition and rapid deterioration he felt the wound was a [NAME] Ulcer with the goal being to keep R1 as comfortable as possible.</p> <p>On 3/28/24 R1's current care plan for pressure ulcer (injury) dated 3/19/24 was reviewed and read: make sure air mattress is plugged in and set on 150 pounds.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	The above findings were shared with Administrator-A and DON-B on 3/28/24 at 3:00 PM. Additional information was requested if available. None was provided.		