

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525728	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Oak Park Place of Janesville		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Myrtle Way Janesville, WI 53545	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on observation, interview, and record review, the facility did not ensure residents were treated with dignity and respect in an environment that promotes an enhanced quality of life which affected 3 of 12 residents in the dining area (R65, R113, and R9).</p> <p>RR W (Resident Representative) indicated R65's appearance is important to him, and he depends on the facility staff to advocate and care for R65 as he resides out of state. Surveyor observed R65 being pushed into the dining room by CNA F (Certified Nursing Assistant) and his hair was uncombed, his face was not shaven, and his catheter bag was not covered, exposing the urine inside. R65 was seated at a table with other residents who were eating in front of him. After 11 minutes, his plate of food was delivered but he was not given silverware. After more time, R65 attempted to feed himself with his fingers and CNA F pushed his plate forward just out of his reach. R65 sat with his plate (of hot food) out of reach watching the residents at the table eating their meals for 9 more minutes before staff sat next to him with silverware and began to assist him with his meal. In total, R65 sat at the table while others ate in front of him for 29 minutes before receiving assistance.</p> <p>R9 depends on staff for some of her needs and she was observed in the dining area with her catheter bag uncovered, exposing the urine inside. R9 indicated she would like this covered when out of her room.</p> <p>R113 was brought to the dining room for lunch and his catheter bag was not covered with a dignity bag.</p> <p>Evidenced by:</p> <p>The State Operations Manual, includes, in part: S483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>S483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>S483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>Facility policy, entitled Dignity, dated 2/2021, includes: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Residents are always treated with dignity and respect . When assisted with cares, residents are supported in exercising their rights . Residents are groomed as they wish to be groomed . Hair . nails . facial hair . demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents: helping the resin to keep urinary catheter bags covered . start to be cognitively impaired residents with dignity and sensitivity .</p> <p>Example 1</p> <p>R65 admitted to the facility on [DATE] with diagnoses, including Parkinson's disease, dysarthria following nontraumatic subarachnoid hemorrhage (weakness in muscles used for speech), dysphagia (condition that makes it hard to swallow), conversion disorder (mental condition that causes sensory or motor problems), cognitive communication deficit, and other voice and resonance disorders.</p> <p>R65's CNA Care Card, dated 5/17/24, includes transfer- 2 assist with Hoyer lift . dressing- 2 assist . hygiene: 2 assist . mobility- 2 assist with wheelchair . toileting- indwelling foley catheter, bed pan 2 assist . diet/fluids- regular pureed diet, thin liquids in Kennedy cup, provide 1 on 1 supervision and feeding assist, allow resident to participate as much as possible .</p> <p>On 5/19/24 at 10:59 AM, Surveyor attempted to conduct screening with R65. R65 shook his head up and down for yes, side to side for no, but did not speak aloud. Surveyor observed R65 to have a full head of uncombed white hair about 3 inches long and white facial hair about a fourth of an inch long. Surveyor asked R65 if he usually has a beard. R65 shook his head side to side indicating no. Surveyor asked R65 if he would like to be shaved. R65 nodded his head up and down, indicating yes. Surveyor finished the interview thanking R65 for his time. R65 nodded his head indicating yes.</p> <p>On 5/19/24 at 12:25 PM, Surveyor observed CNA F push R65 up to the dining room table with five (5) other residents who were eating their lunch. R65's facial hair was not shaven, his hair was not combed, and his catheter bag was uncovered, exposing the urine inside.</p> <p>On 5/19/24 at 12:36 PM, Surveyor observed CNA F standing next to R65 ask Lead Activity Aide E if she knew where R65's meal was. Lead Activity Aide E indicated the kitchen still had to puree a meal for him. CNA F and Lead Activity Aide E did not talk directly to R65, just about him while standing near him.</p> <p>On 5/19/24 at 12:45 PM, Surveyor observed Lead Activity Aide E serve R65 his plate of food but did not give R65 silverware.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/24 at 12:47 PM, Surveyor observed R65 to use his fingers to grab mashed potatoes from his plate and bring them to his mouth. CNA F approached R65 and pushed his plate forward out of R65's reach saying, We will be over to help you soon. CNA F told DON B (Director of Nursing) while standing near R65 and the other residents at his table that she was unable to find a dignity bag to cover R65's catheter. DON B indicated resident catheters should be covered.</p> <p>(It is important to note staff are talking about R65's altered diet and his catheter while standing near him and the other residents seated at his table.)</p> <p>On 5/19/24 at 12:49 PM, Surveyor observed Lead Activity Aide E set silverware in front of R65 while his plate remained out of his reach. Surveyor observed 3 of the 5 residents at the table had finished their meals.</p> <p>On 5/19/24 at 12:54 PM, DON B sat next to R65, pulled his plate towards him, and began to assist him with his meal.</p> <p>(It is important to note R65's throughout R65's dining experience his catheter remained uncovered, his hair remained uncombed, his face remained unshaven, and staff talked about R65's altered diet and exposed catheter in front of all who were in the dining room. It is also important to note R65 was left to sit and watch tablemates eat for a total of 29 minutes before receiving assistance and at one point when he tried to eat independently his plate was pushed out of his reach but not out of his line of sight.)</p> <p>On 5/20/24 at 8:16 AM, DON B indicated his personal care items such as his shaver are still in his old room, down the hall (in the Assisted Living Facility section of the home), and someone would have to walk there to get them.</p> <p>(It is important to note R65's admitted was 5/17 and on 5/20 his personal care items had not even been brought to him.)</p> <p>On 5/20/24 at 9:12 AM, during a phone interview, Resident Representative W indicated he lives out of state, and he relies on staff to advocate and anticipate R65's care needs. Resident Representative W indicated R65 often cannot speak words but will appropriately nod up and down for yes or shake his head side to side for no. Resident Representative W indicated R65's appearance is important to him, and he always liked to have his hair fixed and clean shaven.</p> <p>On 5/20/24 at 9:55 AM, Surveyor observed R65 to still have facial hair and to not be shaven.</p> <p>On 5/20/24 at 2:48 PM, RN G (Registered Nurse) indicated resident's cath bags should be covered for infection control reasons and dignity reasons. RN G indicated it is ok if residents eat using their fingers instead of utensils.</p> <p>Example 2</p> <p>R9 admitted on [DATE] with diagnoses including malignant neoplasm of kidney, cognitive communication deficit, aphasia following cerebral infarction, retention of urine, and infection and inflammatory reaction due to internal right hip prosthesis.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/24 at 12:04 PM, Surveyor observed R9 to be sitting in her wheelchair in the dining room with other residents present. R9's catheter did not have a cover on it and the urine inside was exposed.</p> <p>On 5/19/24 at 12:47 PM, Surveyor interviewed with DON B and stated residents' catheter bags should be covered and she would get a cover for the bag.</p> <p>On 5/20/24 at 2:48 PM, RN G indicated resident's cath bags should be covered for infection control reasons and dignity reasons. RN G indicated it is okay if residents eat using their fingers instead of utensils.</p> <p>41788</p> <p>Example 2</p> <p>R113 was admitted to the facility on [DATE] and has diagnoses that include malignant neoplasm of bladder (bladder cancer) and benign prostatic hyperplasia without lower urinary tract symptoms (age-associated prostate gland enlargement that can cause urination difficulty).</p> <p>R113's Admission Minimum Data Set (MDS) Assessment, dated 5/11/24 shows R113 has a Brief Interview for Mental Status (BIMS) score of 9 indicating R113 has moderate cognitive impairment. Section H shows R113 has an indwelling urinary catheter. Section GG shows R113 is dependent on staff for toileting and requires substantial/maximal assistance with personal hygiene.</p> <p>R113's Care Plan, dated 5/6/24, states, in part: .</p> <p>R113 has a catheter (indwelling 16 French 10 mL(milliliters)) r/t (related to) malignant neoplasm of bladder and BPH. Date Initiated: 5/6/24.</p> <p>Goal: R113 will be/remain free from catheter-related trauma through review date. Date Initiated: 5/6/24. Revision on: 5/9/24.</p> <p>Interventions/Tasks:</p> <p>-CATHETER: R113 has (16 French 10 mL) indwelling. Position catheter bag and tubing below the level of the bladder and away from the entrance room door or cover for privacy. Date Initiated: 5/6/24 .</p> <p>On 5/19/24 at 12:07 PM, Surveyor observed R113's catheter bag without a dignity bag covering it. Surveyor asked CNA F (Certified Nursing Assistant) if a catheter bag should be covered with a dignity bag and CNA F indicated yes. CNA F went to get a dignity bag and covered catheter bag.</p> <p>On 5/20/24 at 3:22 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated the catheter bags that come with residents from the hospital need dignity bags covering them; the catheter bags the facility uses has a bag/flap that covers the bag. DON B indicated she would expect catheter bags to be covered with dignity bags.</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not ensure each resident (R), or their representative had the right to participate in the care planning process for 1 of 12 sampled residents (R2).</p> <p>R2 attended a care plan conference where she voiced an intervention that would aid in her pain management during transfer, bed mobility and toileting. This intervention was not considered when revising R2's care plan. R2 indicated she does not get out of bed at all anymore due to staff not following this intervention. SW T did not add the suggested intervention to R2's care plan and did not tell front line staff about this intervention.</p> <p>Evidenced by:</p> <p>R2 admitted to the facility on [DATE] with diagnoses including wedge compression fracture of the second lumbar vertebra, benign paroxysmal vertigo, malignant neoplasm of the left breast, low back pain, edema, and chronic kidney disease stage 3.</p> <p>R2's Comprehensive Care Plan, initiated 2/29/24, includes mobility- 1 assist with wheelchair . toilet use-2 assist . transfer- 2 assist with Hoyer lift . Head of bed greater than 30 degrees . Focus: Has pain related to wedge compression fracture . Goal- .will not have an interruption in normal activities due to pain . Interventions- All staff to monitor, report to nurse any signs or symptoms of non-verbal pain, changes in breathing, vocalizations, mood/behaviors, eyes, face, body . anticipate need for pain relief and respond as quickly as possible to any complaints of pain. Evaluate non-medication pain relief such as rest, massage, heat, cold, adjust positions, pillows . monitor and report loss of appetite, refusal to eat and weight loss . notify physician if interventions are unsuccessful or if current complaint is significant change from the resident's past experience of pain . Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease in range of motion, withdrawal or resistance to care . evaluate the effectiveness of pain interventions. Monitor and document the probable cause of each pain episode. Monitor and document the side effects of pain medication. Monitor and document pain characteristics. Provide opportunities for R65 and family to participate in care.</p> <p>R2's Continuation of Care Conference Note, dated 3/22/24, includes: R65 thinks that doing things at a much slower pace may make things easier and less painful. Discussed that therapy takes as much time and consideration as they can and still has a productive session. R65 states her pain is indescribable at times.</p> <p>R2's CNA Care Card, dated 5/17/24, includes transfer- 2 assist with Hoyer lift, TLSO brace (used to limit motion in the thoracic, lumbar, and sacral regions of the spine) on when out of bed . dressing- 2 assist .L2 fracture with TLSO on when out of bed . Head of bed at 30 degrees .</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/20/24 at 8:14 AM R65 indicated she has a lot of pain in her back and legs. R65 indicated the staff are in a hurry and they do not allow her time to participate in the activities of daily living such as dressing, assisting with bed mobility, and transfer. R65 indicated she needs staff to slow down, and she has told them that.</p> <p>On 5/21/24 at 10:31 AM during an interview SW T (Social Worker) indicated she does add entries to resident's care plans. SW T indicated the facility has care plan meetings with residents and their representatives and this is where they can be involved in making decisions about their care and care plan. SW T and Surveyor reviewed R2's Continuation of Care Conference Note, dated 3/22/24. SW T indicated she should have added this intervention to R2's care plan and shared it with R2's front line staff to assist with her pain management.</p> <p>On 5/21/24 at 4:17 PM DON B (Director of Nursing) indicated SW T should have added an entry to R2's care plan and started education with staff on slower transfers, bed mobility, and other ADLS (Activities of Daily Living). DON B indicated audits could have been started also.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview, and record review, the facility did not ensure that 5 of 5 residents (R1, R115, R4, R9 and R65) reviewed for Activities of Daily Living (ADL) out of a total sample of 12 received the necessary services to maintain good nutrition grooming, personal and oral hygiene.</p> <p>R1 voiced concern of not receiving showers as scheduled.</p> <p>R115 did not receive showers as scheduled.</p> <p>R4 did not receive showers as scheduled.</p> <p>R9 reported that she was not receiving showers.</p> <p>R65 is dependent on staff to meet his needs in dining. R65 was left without food to watch his table mates eat and then was given food without utensils. When R65 began to self assist using his fingers, his plate was slid out of his reach and he was again left to sit and watch his tablemates eating.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Activities of Daily Living, dated 6/29/21, states, in part: .</p> <p>Intent: It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs .</p> <p>Procedure:</p> <p>3. The facility will provide care and services for the following activities of daily living:</p> <p>a. Hygiene- bathing, dressing, grooming, and oral care .</p> <p>4. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE], and has diagnoses that include adult failure to thrive, depression, and need for assistance with personal care.</p> <p>R1's Admission Minimum Date Set (MDS) Assessment, dated 3/13/24 shows that R1 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R1 is cognitively intact.</p> <p>R1's Care Plan, dated 5/6/24, states, in part: .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Focus: R1 has an ADL self-care performance deficit r/t (related to) left proximal humeral fracture. Date Initiated: 5/6/24 .</p> <p>Interventions: .</p> <p>-Bathing/Showering: Provide sponge bath when a full bath or shower cannot be tolerated. Date Initiated: 3/7/24.</p> <p>-Bathing/Showering: The resident requires limited 1 assist with bathing/showering 2x/week and as necessary. Date Initiated: 5/6/24 .</p> <p>R1's Certified Nursing Assistant (CNA) Kardex shows:</p> <p>-R1 requires 1 assist with bathing/showering. Shower days on Tuesdays and Fridays AM</p> <p>R1's Bathing/Showering documentation shows the following:</p> <p>May 2024:</p> <p>-5/7 - R1 received a shower with one-person physical assist.</p> <p>-5/21- R1 received a shower with total dependence of one-person physical assist.</p> <p>Note: R1 did not receive two showers a week as plan of care indicates.</p> <p>April 2024:</p> <p>-4/23- R1 received a shower.</p> <p>Note: R1 did not receive two showers a week as plan of care indicates.</p> <p>March 2024:</p> <p>-3/22 R1 received a shower.</p> <p>-3/28 R1 received a shower.</p> <p>Note: R1 did not receive two showers a week as plan of care indicates.</p> <p>On 5/19/24 at 10:53 AM, Surveyor interviewed R1. R1 indicated she is supposed to receive showers every Monday and Friday, since admission R1 only received 3 showers with the CNAs. R1 indicated not receiving her showers makes her feel grungy.</p> <p>On 5/21/24 at 12:59 PM, Surveyor interviewed CNA U who indicated residents are to get two showers a week. Showers get documented in Point Click Care (PCC) whether it was a bed bath, shower and how many assist. CNA U indicated if a resident refuses, it gets documented. CNA U indicated if a resident is independent with showers, it gets documented as well.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Focus: R4 has an ADL self-care performance deficit r/t diagnosis fall and multiple right rib fractures. Date Initiated: 5/1/24 .</p> <p>Interventions:</p> <ul style="list-style-type: none"> - Bathing/Showering: R4 requires extensive assist of 1 bathing/showering 2xs/week and as necessary. Date Initiated: 5/1/24 . - Bathing/showering: Provide sponge bath when full bath or shower cannot be tolerated. Date Initiated: 5/1/24 . <p>R4's CNA Kardex shows that R4 requires assist of 1 with bath/shower. Shower days are on Wednesdays and Saturdays AM.</p> <p>R4's Bathing/Showering documentation shows the following:</p> <p>May 2024:</p> <ul style="list-style-type: none"> - 5/4- R4 received a shower. -5/10- R4 received a shower. <p>Note: R4 did not receive showers two times a week as care planned.</p> <p>On 5/21/24 at 1:17 PM, Surveyor interviewed DON B (Director of Nursing) who indicated the goal for residents is to receive showers twice a week. Expectation is for documentation to be completed whether residents receive or refuse.</p> <p>38882</p> <p>Example 4</p> <p>R65 admitted to the facility on [DATE] with diagnoses, including Parkinson's disease, dysarthria following nontraumatic subarachnoid hemorrhage (weakness in muscles used for speech), dysphagia (condition that makes it hard to swallow), conversion disorder (mental condition that causes sensory or motor problems), cognitive communication deficit, and other voice and resonance disorders.</p> <p>R65's CNA Care Card, dated 5/17/24, includes transfer- 2 assist with Hoyer lift . dressing- 2 assist . hygiene- 2 assist . mobility- 2 assist with wheelchair . toileting- indwelling foley catheter, bed pan 2 assist . diet/fluids- regular pureed diet, thin liquids in Kennedy cup, provide 1 on 1 supervision and feeding assist, allow resident to participate as much as possible .</p> <p>On 5/19/24 at 12:25 PM Surveyor observed CNA F (Certified Nursing Assistant) push R65 up to the dining room table with 5 other residents who were eating their lunch.</p> <p>On 5/19/24 at 12:45 PM Surveyor observed Lead Activity Aide E serve R65 his plate of food but did not give R65 silverware.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/19/24 at 12:47 PM Surveyor observed R65 to use his fingers to grab mashed potatoes from his plate and bring them to his mouth. CNA F approached R65 and pushed his plate forward out of R65's reach saying, We will be over to help you soon.</p> <p>On 5/19/24 at 12:49 PM Surveyor observed Lead Activity Aide E set silverware in front of R65 while his plate remained out of his reach. Surveyor observed 3 of the 5 residents at the table had finished their meals.</p> <p>On 5/19/24 at 12:54 PM DON B (Director of Nursing) sat next to R65, pulled his plate towards him, and began to assist him with his meal.</p> <p>(It is important to note R65's CNA Care Card includes to allow him to participate as much as possible but did not give him utensils right away and then moved the plate from his reach. It is also important to note R65 sat for a total of 29 minutes watching others eat at his table before he was assisted with his meal.)</p> <p>On 5/20/24 at 3:16 PM DON B indicated R65 should have been served with the rest of the table and he should have been allowed to participate in the activity of feeding as able and in accordance with R65's plan of care.</p> <p>42038</p> <p>Example 4</p> <p>R9 was initially admitted to the facility on [DATE] with diagnoses that include Type 2 Diabetes Mellitus, congestive heart failure, major depressive disorder, weakness, history of cerebral infarction (stroke), and infection/inflammatory reaction due to internal right hip prosthesis. R9's most recent quarterly Minimum Data Set (MDS) dated [DATE] states that R9 has a Brief Interview of Mental Status (BIMS) of 9 out of 15, indicating that R9 has moderate cognitive impairment and that she is dependent on staff for toileting, bathing, bed mobility, and transfers.</p> <p>R9's care plan dated 2/29/20, revised on 3/6/24 states in part .[R9] has an ADL (Activities of Daily Living) self- care performance deficit r/t (related to) Infection and Inflammatory reaction due to internal right hip prosthesis .Interventions .Bathing/ Showering: [R9] requires ext. (extensive) 2A(2 assist) for bathing/ showering bid (twice a week) and as necessary .</p> <p>R9's CNA Care Card states showers are scheduled for Tuesdays and Fridays.</p> <p>Shower documentation provided indicates that R9 did not receive showers as scheduled, documentation is as follows:</p> <p>3/1/24: NA (Not Applicable)</p> <p>3/5/24: no documentation</p> <p>3/8/24: NA</p> <p>3/12/24: RA (Resident not Available)</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/15/24: NA</p> <p>3/19/24: no documentation</p> <p>3/22/24: RR (Resident Refused)</p> <p>3/26/24: NA</p> <p>3/29/24: no documentation</p> <p>4/2/24: NA</p> <p>4/5/24: NA</p> <p>4/9/24: RR</p> <p>4/12/24: S (Shower)</p> <p>4/16/24: no documentation</p> <p>4/19/24: S</p> <p>4/23/24: BB</p> <p>4/26/24: no documentation</p> <p>4/30/24: BB</p> <p>5/3/24: RR</p> <p>5/7/24: BB</p> <p>5/10/24: no documentation</p> <p>5/14/24: RA (R9 was in the hospital)</p> <p>5/17/24: RR</p> <p>On 5/19/24 at 9:51 AM, Surveyor interviewed R9. Surveyor asked R9 if she was getting her showers when she was supposed to, R9 reported that she has had only one shower since admission. Surveyor asked R9 how not taking a shower makes her feel, R9 reported that she feels like she smells. Surveyor asked R9 if she prefers to take showers, R9 stated absolutely.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/21/24 at 9:41 AM, Surveyor interviewed CNA K (Certified Nursing Assistant). Surveyor asked CNA K how often R9 gets a shower, CNA K stated that R9 gets a shower twice a week or she gets a bed bath. Surveyor asked CNA K why R9 would receive a bed bath versus a shower, CNA K stated that R9 gets a bed bath when she is resistive. Surveyor asked CNA K if R9 is resistive when she is on the shower chair, CNA K stated no, when we are trying to give her a bed bath. CNA K reported that they tried to give R9 a bed bath this morning. Surveyor asked CNA K why they didn't attempt to give R9 a shower, CNA K stated that R9 didn't want to get up.</p> <p>On 5/21/24 at 1:18 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what it means when the CNAs document NA for a shower, DON B reported that she did not know. Surveyor asked what it means when the CNAs document RA, DON B stated that it could mean that the resident is out of the building or in therapy. Surveyor asked DON B if she would expect staff to offer a shower when the resident is available, DON B stated yes. Surveyor asked DON B if staff should be documenting all cares and refusals, DON B stated yes.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on observation, interview, and record review, the facility did not provide an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident. This affects 7 of 12 residents (R1, R9, R113, R4, R6, R2, R64) reviewed for activities.</p> <p>The facility failed to incorporate social history assessment information into R1, R9, R113, R4, R6, R2, and R64 care plans and their current care plan is not person centered.</p> <p>R64 voiced concerns with the facility's lack of activity programming.</p> <p>The facility failed to create a personalized care plan for R4, and R2 that includes the information collected during initial assessments, including social history, familiar routine, past interests, present interests, people who make up the resident's family, lifetime occupation, pets, or other personalized important information that makes each resident an individual. R4's, and R2's activity care plan did not include measurable goals or interventions related to individual interests or interests related to opportunities for socialization/group activities.</p> <p>The facility failed to create an activity program based on the current residents' interests, preferences, and familiar routines.</p> <p>The facility failed to look at the collected data or activity attendance for R4, R2, and R6 to decide if the program that was in place for each resident was effective or not.</p> <p>Evidenced by:</p> <p>The facility's policy titled Group Programs and Activities Calendar dated June 2018, states in part Group activities are available in this facility and an activities calendar is completed and maintained to inform residents, families, and staff of the activity opportunities available .3. Residents are encouraged to participate in all group activities, especially those that are best suited for their interests and physical, mental, and emotional needs .6. Smaller monthly activity calendars are placed in each resident room at a height and location that is accessible to the resident .</p> <p>Example 1</p> <p>R1 admitted to the facility on [DATE]. R1's most recent Minimum Data Set (MDS) dated [DATE] states that R1 has a Brief Interview of Mental Status (BIMS) of 15 out of 15, indicating that R1 is cognitively intact.</p> <p>R1's Activities Assessment, with an effective date of 3/8/24, includes identifiable information regarding R1 including preferred name, place of birth, primary place of residency, education level, occupation, or work history, who makes up her family, what religion she practices and/or prefers, and activity likes and dislikes.</p> <p>R1's Comprehensive Care Plan does not include an Activities Care Plan.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor reviewed activity attendance for the last month. R1's activities primarily consisted of Daily Chronicles, which is a newsletter and occasional group activity.</p> <p>Example 2</p> <p>R9 admitted to the facility 1/19/24. R9's most recent MDS dated [DATE] states that R9 has a BIMS of 12 out of 15, indicating that R9 has moderate cognitive impairment.</p> <p>R9's Activities Assessment with an effective date of 3/5/24, includes identifiable information regarding R9 including preferred name, place of birth, primary place of residency, education level, occupation, or work history, who makes up her family, and activity likes and dislikes.</p> <p>R9's Comprehensive Care Plan for Activities is not individualized, or resident centered. R9's care plan dated 1/31/24 states in part, .Potential for Altered Leisure Lifestyle r/t (related to) nursing home placement. Goal: R9 will attend out of room activity programs of choice and/ or engage in independent leisure interest as tolerated. Interventions: Complete interest inventory. Provide assistance to attend programs as needed. Provide with needed supplies for leisure pursuits as available .</p> <p>On 5/19/24 at 9:45 AM, Surveyor interviewed R9. Surveyor asked R9 if she goes to activities, R9 reported that there are no activities. Surveyor asked R9 what she does to keep busy, R9 reported that all she does is watch TV, go to therapy, and take a nap. Surveyor asked R9 if the facility has BINGO or anything like that, R9 reported they have nothing. Surveyor noted that R9's activity calendar is on the cork board next to her door. It is important to note that R9 is dependent on staff for mobility in her wheelchair.</p> <p>On 5/20/24 at 9:50 AM, Surveyor interviewed R9. Surveyor asked R9 if anyone visited her for mail and daily chronicles (per the activity calendar), R9 stated no.</p> <p>Surveyor reviewed activity attendance for the last month. R9's activities primarily consist of Daily Chronicles; R9 is offered the Leisure Cart but refuses most of the time.</p> <p>On 5/21/24 at 7:59 AM, Surveyor interviewed [NAME] E (Lead Activity Assistant). Surveyor asked [NAME] E what R9's activity preferences are, [NAME] E stated that R9 takes the Daily Chronicle, daily prayer, and the leisure care but she generally doesn't take anything from it. Surveyor asked [NAME] E if R9's activity calendar is easily accessible if it is on the cork board next to her door and she is dependent on staff to transport her, [NAME] E stated that she would have to look and see. Surveyor asked [NAME] E if R9's care plan states what R9's likes, dislikes, and interests are, [NAME] E stated no. Surveyor asked [NAME] E what R9's interests are, [NAME] E stated that she did not know.</p> <p>Example 3</p> <p>R113 admitted to the facility 5/6/24. R113's most recent MDS dated [DATE] states that R113 has a BIMS of 9 out of 15, indicating that R113 has moderate cognitive impairment.</p> <p>R113's Activities Assessment and Social Services Assessment with an effective date of 5/12/24 and 5/10/24, respectively, includes identifiable information regarding R113 including preferred name, place of birth, primary place of residency, education level, occupation, or work history, who makes up her family, and activity likes and dislikes.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R113's Comprehensive Care Plan does not include an Activities Care Plan.</p> <p>Surveyor reviewed activity attendance for the last month. R113's activities R113's activities primarily consist of Daily Chronicles.</p> <p>On 5/21/24 at 10:25 AM, Surveyor interviewed SW T (Social Worker). Surveyor asked SW T what the process is for determining residents' likes, dislikes, and interests, SW T reported that she has an assessment that she fills out. Surveyor asked SW T how she would expect staff to know what a resident's preferences are, SW T stated that activity staff can look at the assessment, but CNAs (Certified Nursing Assistants) would not know what residents like based off the care plan. Surveyor asked SW T if resident preferences should be on the care plan, SW T stated that she feels like some of them should, but activity staff just ask residents if they would like to go to an activity. Surveyor asked SW T who is responsible for creating the activity care plan, SW T stated that it was her responsibility. Surveyor asked if the care plans should be individualized to each resident's preferences, wants, and needs, SW T stated yes.</p> <p>38882</p> <p>Example 4</p> <p>R64 admitted to the facility on [DATE].</p> <p>On 5/19/24 at 9:36 AM during an interview R64 stated, I would like to have a more regimented activity plan. There is nothing going on here. I have to be here so I would like to have a schedule.</p> <p>Example 5</p> <p>R4 admitted to the facility on [DATE].</p> <p>R4's Activity Assessment, dated 5/7/24, includes children- 1 boy (named), past interests: bowling . present interests: sports, arts/crafts, crossword/ word searches, exercise, fishing/hunting, hobby of working in workshop, movies, talking/conversing, cell phone, voting, watching tv . R4 expressed interest in participating in activities. He asked to see an activity calendar that was hanging in his room. Discussed about scheduled activities and the leisure cart that would be offered 3 times per week and/or upon request . Are you able to get yourself to activities or do you need transportation? Needs assistance.</p> <p>(It is important to note R4's activity calendar is in his room fixed on a cork board near the door and at eye level of a standing person.)</p> <p>R4's Comprehensive Care Plan, initiated 5/1/24, includes focus- potential for altered leisure lifestyle related to nursing home placement. Goal: R4 will structure own leisure time, attending out of room activity programs of choice, and/or engage in independent leisure interest as tolerated. Specify activities of choice: (blank) . Interventions: Provide assistance to attend programs as needed, provide current event calendar and schedule, provide needed supplies for leisure pursuits as available.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(It is important to note R4's Comprehensive Care Plan does not reflect R4's social history assessment and does not include past or present interests, a familiar routine, or other pertinent information that makes R4 an individual.)</p> <p>R4's Activity Attendance, for 5/1/24-5/19/24, showed R4 participated in one group activity for about an hour on 5/13/24.</p> <p>Example 6</p> <p>R6 admitted to the facility on [DATE].</p> <p>R6's Activities Assessment, dated 3/19/24, includes past interests: cooking/baking . current interests: beauty shop, cards, arts/crafts, crosswords/word searches, education programs, sports/exercise, hand held games, games, movies, going outside, talking/conversing, cellphone, watching tv, laptop or kindle. R6 expressed some interest in participating in activities. She has been provided an activity calendar and will be offered leisure items three times per week and/or upon her request.</p> <p>R6's Social Services Assessment, dated 3/19/24, includes: 3 children (named), college education, occupation- nurse, preferences with rising (blank), napping (blank), retiring(blank), showers or baths (blank), snacks throughout the day (blank), and enjoy being around others- (blank)</p> <p>R6's Comprehensive Care Plan, initiated on 3/14/24, did not include goals or interventions related to activities, personal interests, group interests, preferred routine, important people, or other information that makes R4 an individual.</p> <p>Example 7</p> <p>R2 admitted to the facility on [DATE] with diagnoses including wedge compression fracture of the second lumbar vertebra, benign paroxysmal vertigo (a disorder arising from a problem in the inner ear), malignant neoplasm of the left breast, low back pain, edema (swelling caused by excess fluid accumulation in body tissues), and chronic kidney disease stage 3.</p> <p>On 5/20/24 at 8:14 AM, R2 voiced concerns with the activity program, stating, There is not much going on here. I just want someone to talk to. No Social Worker or Chaplain stops in to see me. I am Lutheran. It doesn't have to be a Pastor or even someone from my church. Surveyor asked about the activity called daily chronicles. R2 indicated staff enter her room and ask her if she wants a piece of paper to read independently. R2 indicated she does not get out of bed due to pain and her activity calendar is fastened to a cork board near the door of her room where she cannot read it.</p> <p>R2's activity attendance from 3/21/24 to 5/19/24, indicate R2 did not attend any group activities. It does not include if R2 refused or was even offered to attend.</p> <p>R2's activity attendance from 2/29/24-5/17/24, indicates she refused the leisure cart 28 times and that she accepted the leisure cart zero times.</p> <p>On 5/19/24 at 11:15 AM, CNA V (Certified Nursing Assistant) stated, We have CNA care cards that is how we know the information we need to care for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/19/24 at 12:30 PM, CNA F indicated she gets her information about the resident on a CNA care card. Surveyor reviewed the CNA care card. CNA F indicated the CNA care card does not include information related to past or present interests, customs, or familiar routine. CNA F indicated she was unsure where she would get this information.</p> <p>On 5/20/24 at 2:48 PM, RN G (Registered Nurse) indicated CNAs do not go into the Comprehensive Care Plan as they have CNA care cards to use.</p> <p>On 5/21/24 at 10:22 AM, DON B (Director of Nursing), NHA A (Nursing Home Administrator), and Corporate Consultant C indicated the care plans should reflect the information gathered during initial assessments. Surveyor, NHA A, DON B, and Corporate Consultant C reviewed R6's, R4's, and R64's care plan noting there is no information related to who makes up the residents' family, customs, familiar routine, past interests, present interests, cultural preferences, religious/spiritual preferences, and the interventions and goals related to activities are not personalized or measurable. Corporate Consultant C stated, We have all had this training. We know this. The activity goals should be measurable. The plan should be reviewed to assess appropriateness. Residents should have opportunities to meet each other and to commune. Staff should be talking to residents about things they like and are important to them. These care plans are not individualized. They should be.</p> <p>On 5/21/24 at 8:00 AM, Lead Activity Assistant E and NHA A indicated Lead Activity Assistant E does not have the qualifications to run the facility's activity program and SW T (Social Worker) is overseeing the program, because she has the qualifications. Lead Activity Assistant E indicated she has been in her role since May 2023 and has had very minimal training in assessing, care planning, and activity programming. Lead Activity Assistant E indicated she is responsible for scheduling and conducting activities for the skilled nursing facility and the assisted living facility. Lead Activity Assistant E indicated most group activities do not take place in the skilled nursing facility and residents must leave the unit to attend. Lead Activity Assistant E and Surveyor reviewed activity attendance for R2, R6, and R4 noting the many refusals of the Leisure Cart. Surveyor asked if residents are refusing do you think this activity is effective and appropriate for the current residents? Lead Activity Assistant E indicated she does not conduct a lookback, each quarter or at all, of her gathered activity attendance to decide if her program is appropriate for each resident. NHA A indicated the facility plans to educate Lead Activity Assistant E in the near future, so she is better aware of her duties. NHA A indicated SW T will have to be more involved in the activity department until Lead Activity Assistant E receives the education.</p> <p>On 5/21/24 at 10:31 AM, SW T (Social Worker) indicated Lead Activity Assistant E runs the activity program and they use SW T's certification because Lead Activity Assistant E does not have the qualifications to run the program. SW T indicated front line staff should be aware of residents' individual interests including past and present interests, residents' familiar routine, residents' preferences, and anything else that makes the resident an individual. SW T and Surveyor reviewed R2's care plan and CNA card noting the plan does not reflect R2's social assessment or activity assessment and does not contain goals and interventions that are individualized/personalized to R2. SW T and Surveyor reviewed care plans and CNA cards for R4, R9, and R6 noting these care plans do not have approaches or goals that are person centered and individualized. SW T indicated she does the social history assessment and the activity assessment when there are new admissions and the resident's care plans should reflect this information. SW T indicated it is very important for staff to treat each resident as an individual. SW T indicated resident's activity care plan should include personalized interventions and measurable goals.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview, and record review, the facility did not implement professional standards of practice to promote healing or prevent pressure injury (PI) development for 1 of 1 resident reviewed for PIs out of a sample of 12 residents (R64).</p> <p>R64 admitted to the facility on [DATE] with a stage 3 PI of the sacral region. On 5/20/24, during wound care, improper hand hygiene technique was observed.</p> <p>R64's Baseline Care Plan dated 5/20/24 does not include interventions or goals related to his Stage 3 PI putting R64 at risk of worsening PI and/or developing more PIs.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Handwashing/Hand Hygiene, dated August 2019, states, in part: .</p> <p>Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Policy Interpretation and Implementation: .</p> <p>2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .</p> <p>7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .</p> <p>b. Before and after direct contact with residents; .</p> <p>d. Before performing any non-surgical invasive procedures; .</p> <p>g. Before handling clean or soiled dressings, gauze pads, etc.</p> <p>h. Before moving from a contaminated body site to a clean body site to a clean body site during resident care.</p> <p>i. After contact with a resident's intact skin.</p> <p>j. After contact with blood or bodily fluids.</p> <p>k. After handling used dressings, contaminated equipment, etc.</p> <p>l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident.</p> <p>m. After removing gloves .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oak Park Place of Janesville		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Myrtle Way Janesville, WI 53545	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections .</p> <p>The facility policy, entitled Care Plans-Baseline, dated December 2016, states, in part: .</p> <p>Policy Statement: A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.</p> <p>Policy Interpretation and Implementation: .</p> <p>1. To assure that the resident's immediate care needs are met and maintained .</p> <p>2. The interdisciplinary team will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including, but not limited to the following:</p> <p>a. Initial goals based on admission orders.</p> <p>b. Physician orders .</p> <p>R64 was admitted to the facility on [DATE] and had diagnoses that include Pressure Ulcer of the Sacral Region, stage 3 (a full thickness skin loss that extends into the skin's fatty layer but not to muscle, tendon, or bone) and Chronic pain.</p> <p>R64's Admission Minimum Data Set (MDS), dated [DATE], shows that R64 has a Brief Interview of Mental Status (BIMS) score of 14 indicating R64 is cognitively intact.</p> <p>R64's Baseline Care Plan dated 5/20/24, states, in part: .</p> <p>Focus: R64 has potential for infection r/t (related to) skin impairments. Date Initiated: 5/20/24 .</p> <p>Interventions: .</p> <p>-Maintain universal precautions when providing resident care. Date Initiated: 5/20/24 .</p> <p>Focus: R64 has actual impairment to skin integrity of the coccyx r/t pressure. Date Initiated: 5/20/24 .</p> <p>Interventions: .</p> <p>-Follow facility protocols for treatment of injury. Date Initiated: 5/20/24 .</p> <p>Of note, the facility did not include interventions on the baseline care plan to promote healing or prevent worsening of R64's stage 3 PI.</p> <p>R64's Physician Orders for May 2024 states, in part: .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cleanse area on coccyx with wound cleanser, pat dry, apply skin prep to intact surrounding area, covered with 2 x 2 hydrocolloid dressing. Change dressing every 3 days and prn (as needed) one time a day every 3 days for skin care .</p> <p>On 5/20/24 at 2:24 PM, Surveyor observed RN G (Registered Nurse) perform wound care on R64. RN G assembled supplies on bed side table, then washed hands and applied gloves. RN G, with gloved hands, shut R64's room door, and assisted R64 from wheelchair onto bed. RN G assisted R64's feet up onto the bed, grabbed the bed controller, and raised R64's bed up. RN G then tore R64's brief and exposed R64's bottom. RN G then proceeded to grab wet wipes from package and cleansed R64's bottom as R64 was incontinent of urine. RN G cleansed wound with wet wipes. While RN G went down to cleanse wound with wet wipes, her hair drug across the 4 x 4 gauze pads on the bedside table. RN G picked up a 4 x 4, then placed it back down and removed gloves and applied new gloves without hand hygiene. RN G picked back up the same 4 x 4 she had picked up with dirty gloves on and sprayed wound cleanser on the 4 x 4 and cleansed wound. RN G then held the wound open to air dry, then removed gloves, washed hands, and opened the hydrocolloid dressing 2 x 2. Applied new gloves, opened skin prep, and applied it around the wound. Applied 2 x 2 and removed gloves. RN G without hand hygiene grabbed the unused 4 x 4s and skin prep and put them back in R64's dresser drawer. RN G then applied new gloves without hand hygiene and assisted R64 up on the side of the bed, removed R64's pants, removed soiled pull up, put on new pull up and placed R64's feet back into pants. Then grabbed the walker and placed in front of R64. Assisted R64 up. RN G then grabbed wet wipes, cleansed peri area, and pulled up pull up and pants. After assisting R64 back into wheelchair and placing R64's feet onto footrests, RN G removed gloves and washed hands.</p> <p>On 5/20/24 at 3:08 PM, Surveyor interviewed RN G and asked when should hand hygiene be performed while doing wound care and peri care. RN G indicated before and as soon as you remove bandage or cleanse urine, and after wound care. Surveyor asked RN G if hand hygiene should have been performed after closing R64's door, assisting R64 into bed and grabbing bed remote to raise bed. RN G indicated yes; I should have. Surveyor asked if hand hygiene should be performed every time used gloves are removed and RN G indicated yes, and I did not. Surveyor informed RN G her hair drug across the clean 4 x 4s and asked if they should have been used. RN G indicated they would be considered contaminated and should not have been used. Surveyor asked if the 4 x 4 that she picked up with dirty gloves should have been used once new gloves were applied. RN G indicated no; it should have been disposed of. Surveyor asked RN G if hand hygiene should have been performed in between after removing soiled brief and performing peri care. RN G indicated yes it should have been done.</p> <p>On 5/20/24 at 3:22 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated hand hygiene should have been performed with glove changes and after closing R64's door, touching the R64's bed remote, and assisting R64 into bed prior to wound care. DON B indicated RN G should not have used the 4 x 4's after hair was drug across them as they are considered contaminated and 4 x 4 that was touched with RN G's dirty glove should not have been used. It should have been disposed of. DON B indicated hand hygiene should have been performed after removing soiled pull up and before performing R64's peri care. Surveyor asked DON B if R64 should have interventions in R64's baseline care plan to promote healing and prevent deterioration of the stage 3 PI. DON B stated yes.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview, and record review, the facility did not ensure a resident with a catheter receives appropriate treatment and services to prevent urinary tract infections for 2 of 4 residents (R113, R9) reviewed for catheter care out of total sample of 12.</p> <p>R113's catheter was dragging on floor during a transfer in wheelchair.</p> <p>Surveyor observed R9's catheter make direct contact with the facility's dining room floor.</p> <p>Evidenced by:</p> <p>Example 1</p> <p>R113 was admitted to the facility on [DATE] and has diagnoses that include malignant neoplasm of bladder (bladder cancer) and benign prostatic hyperplasia without lower urinary tract symptoms (age-associated prostate gland enlargement that can cause urination difficulty).</p> <p>R113's Admission Minimum Data Set (MDS) Assessment, dated 5/11/24 shows R113 has a Brief Interview for Mental Status (BIMS) score of 9 indicating R113 has moderate cognitive impairment. Section H shows R113 has an indwelling urinary catheter. Section GG shows R113 is dependent on staff for toileting and requires substantial/maximal assistance with personal hygiene.</p> <p>On 5/19/24, at 12:12 PM, Surveyor observed CNA F (Certified Nursing Assistant) pushing R113 in wheelchair with his catheter drainage port dragging on the floor.</p> <p>On 5/19/24 at 12:16 PM, Surveyor asked CNA F if a catheter should be dragging on the floor and CNA F indicated no. CNA F adjusted R113's catheter bag so it was not dragging on floor.</p> <p>On 5/20/24 at 3:22 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated catheters should not touch the floor as it is infection control issue.</p> <p>38882</p> <p>Example 2</p> <p>R9 admitted on [DATE] with diagnoses including malignant neoplasm of kidney, cognitive communication deficit, aphasia following cerebral infarction, retention of urine, and infection and inflammatory reaction due to internal right hip prosthesis.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/19/24 at 12:04 PM, Surveyor observed R9 to be sitting in her wheelchair in the dining room with other residents present. R9's catheter did not have a cover on it and the urine inside was exposed. DON B interviewed with Surveyor during the observation and stated residents catheter bags should be covered and she would get a cover for the bag. DON B returned with a cover for R9's catheter and she knelt down on the floor to assemble. During the process of attaching the catheter dignity bag to the wheelchair and adding R9's catheter to the bag R9's catheter made contact with the floor three (3) times.</p> <p>On 5/20/24 at 3:16 PM, DON B indicated catheter bags should not be in direct contact with the floor.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not ensure that residents who require dialysis receive such services, consistent with professional standards of practice (including in part ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility), the Comprehensive Person-Centered Care Plan, and the resident's goals and preferences for 1 of 1 dialysis residents (R6) sampled out of a total of 18 sampled residents.</p> <p>The facility did not provide monitoring of R6's arm fistula/access dialysis site, have emergency interventions in place, and staff were not competent on what to do if they found R6 to be bleeding out of her fistula.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Hemodialysis Catheters- Access and Care, revised 2/2023, includes . Hemodialysis catheters are placed in the jugular, subclavian, or femoral veins and end in the vena cava . Dialysis catheters . not to be confused with central venous access devices . Arterial-venous fistula: is usually placed in the arm . access is created by surgically connecting an artery and a vein . Central catheters: are generally inserted in the neck, chest, or groin area. This is not the preferred site for long term placement. Central dialysis catheters are used for short term dialysis . after placement of the fistula the site cannot be accessed until it matures . this may take 6 to 12 weeks for a fistula . the site may not be used for dialysis until a written order is received from the nephrologist or surgeon . care involves the primary goals of preventing infection and maintaining patency of the catheter . to prevent infections and or clotting: keep the access site clean at all times, do not use the access site arm to take blood samples administer IV fluids or give injections, check for signs of infection at the site when performing routine cares and at regular intervals, do not access the arm to take blood pressure, advise the resident not to sleep on wear tight jewelry or lift heavy objects with the access arm, check the color and temperature of the fingers and the radial pulse of the access arm when performing routine care and at regular intervals, check patency of the site at regular intervals, palpate the site to feel the thrill or use a stethoscope to hear the whoosh or bruit of blood flow through the access . care immediately following dialysis treatment: the dressing change is done in dialysis center post treatment . if the dressing becomes wet, dirty, or not intact, the dressing shall be changed by a licensed nurse trained in this procedure . if there is major bleeding from the site apply pressure to insertion site and contact emergency services and dialysis center. Verify that clamps are closed on lumens. This is a medical emergency. Do not leave the resident alone until emergency services arrive . the central catheter site must be kept clean and dry at all times. Bathing and showering are not permitted with this device. The nurse should document in the resident's medical record every shift as follows: location of catheter, condition of dressing, if dialysis was done during shift, any part of report from dialysis nurse post dialysis being given, observations post dialysis .</p> <p>R6 admitted to the facility on [DATE] with diagnoses including end stage renal impairment, hypertensive chronic kidney disease with stage 5 chronic kidney disease, and R6 was receiving hemodialysis.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R6's After Visit Summary, dated 4/19/24, includes Instructions: AV (arteriovenous) Fistula- some swelling and discomfort. Continue to elevate the extremity at a level of your heart for a few weeks after surgery. You may use an exercise hand ball right away if pain is well controlled. Contact surgeon's office if you develop coldness, numbness, or severe pain in the extremity . Do not apply ointment, lotion, or any other skin product to the area . Do not . soak in tub until skin is healed . Let soapy water run over wound in shower. Do not scrub. Pat dry R6 had the procedure graft left arm on 4/19/24 and the circulation to the left hand and finger tips has improved. Vascular procedure/surgery- left creation arteriovenous fistula .</p> <p>R6's Comprehensive Care Plan, initiated 3/14/24, does not include interventions relating to emergency care if R6 was found to be bleeding from her port or fistula.</p> <p>R6's Medication Administration Report/Treatment Administration Report (MAR/TAR) for April 2024 and May 2024, includes Monitor Hemodialysis catheter site upper right chest for bleeding . if bleeding noted, apply pressure, and call 911 . every shift for dialysis port: start date 3/14/24 . No IV, lab draws, or blood pressure to left arm due to fistula present: start date 4/20/24 . Wound care: wash left arm wounds daily with soap and water and pat dry. Place band aid to forearm if any further drainage. One time a day for fistula placement: start date: 4/21/24, end date 5/7/24 .</p> <p>(It is important to note R6's MAR/TAR did not have an entry on it for monitoring the fistula every shift, including palpating the site to feel the thrill and using a stethoscope to hear the whoosh or bruit of blood flow through the access or an entry regarding elevating the extremity.)</p> <p>On 5/20/24 at 4:37 PM, Surveyor asked R6 how often staff are looking at her chest port and fistula in her arm. R6 indicated staff do not look at the fistula in her arm. R6 stated, They don't look at my arm here. There is no need to, I guess. Surveyor asked if staff ever put a stethoscope up to her arm to listen to it. R6 stated, No. R6 indicated she has had an episode where she was bleeding out of her fistula at a different facility, and it scared her.</p> <p>On 5/20/24 at 4:44 PM, during an interview CNA X (Certified Nursing Assistant) indicated if she found R6 bleeding out of her fistula she would get the nurse right away. Surveyor asked CNA X if she would do anything to stop the blood and CNA X indicated she was unsure.</p> <p>On 5/20/24 at 4:55 PM, RN G (Registered Nurse) indicated R6 has a chest port and a fistula inserted in her arm. RN G indicated there is only monitoring of the chest port on R6's MAR/TAR (Medication Administration Record/Treatment Administration Record) and the staff should be monitoring the fistula every shift too. RN G indicated R6's care plan should contain goals and interventions related to an emergency involving R6's fistula. RN G indicated she was unsure what staff should use to apply pressure if R6 was found to be bleeding out of her fistula.</p> <p>On 5/20/24 at 4:57 PM, DON B (Director of Nursing) indicated if staff find R6 to be bleeding out of her fistula she does not want them to leave the room and she does want them to apply pressure. DON B indicated this should be a part of R6's care plan and she would get it on there and begin education. DON B indicated nurses are to be monitoring R6's fistula every shift by palpating the site for the thrill and using a stethoscope to hear the bruit. DON B indicated this should be being documented on R6's MAR/TAR and she would be sure to add it right away and start education.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/21/24 at 10:07 AM, RN D indicated she added emergency interventions to R6's care plan and monitoring of R6's fistula to her MAR/TAR. RN D indicated she was not sure why this was not put in place on 4/19/24.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48623</p> <p>Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 12 residents who reside in the facility.</p> <p>Facility staff were observed working in the kitchen without beard nets on.</p> <p>Chef Q was observed placing dirty pans in a rack and then removing and organizing clean metal pans without wearing gloves or washing his hands. The metal pans were wet stacked on a drying rack.</p> <p>Thermometer probe was not being sanitized between temping resident food.</p> <p>Chef Q was observed putting garbage and gloves in the garbage can without washing his hands prior to going back to cooking dinner.</p> <p>KM P (Kitchen Manager) observed dishing up lunch from the steam table with gloves on. KM P stepped away from the steam table and made a phone call. KM P returned to the steam table with the same gloves on and continued dishing up the lunch meal.</p> <p>Surveyor observed undated food in the cook's refrigerator and in the refrigerator in the first-floor kitchenette.</p> <p>Surveyor observed Lead Activity Assistant E serving R2 and R4 their lunch with soiled gloves on.</p> <p>Evidenced by:</p> <p>Example - Staff and beard net</p> <p>Facility policy, entitled Hair Restraints, revised date 10/29/2023, includes, Beard nets are required for facial hair longer than a half inch.</p> <p>On 5/20/24 at 11:15 AM, Surveyor observed Chef Q and DA R (Dietary Aide) preparing food without a beard net on.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P who indicated that Chef Q and DA R should be wearing a beard nets.</p> <p>Example - Dishwashing</p> <p>Facility policy, entitled Recording of Dish Machine Temperatures, revised date 9/10/2023, includes procedure . Allow all dishes /utensils and equipment to air dry prior to storage. Avoid touching food contact surfaces when touching clean equipment.</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>On 5/19/24 at 12:54 PM, Surveyor observed Chef Q placing dirty metal trays in a rack and then removing and organizing clean metal pans without wearing gloves or washing his hands when going from dirty to clean. Surveyor observed the metal pans being wet stacked on a drying rack.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P, who indicated that Chef Q should have been wearing gloves and an apron while rinsing and placing dirty trays in the rack. KM P indicated that Chef Q should have removed his gloves and washed his hands before touching the clean trays and while arranging the trays in the drying rack to avoid wet stacking.</p> <p>Example - not sanitizing thermometer before temping food.</p> <p>On 5/19/24 at 11:45 AM, Surveyor observed Chef Q temping food and not disinfecting the temperature probe between food items.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P, who indicated that Chef Q should be disinfecting the probe before temping each food item.</p> <p>Example - Hand washing</p> <p>On 5/19/24 at 11:35 AM, Surveyor observed Chef Q empty a bag of potatoes into a kettle, take his gloves off and open the garbage can with his hands and put the garbage and gloves into the garbage can. Chef Q was then observed going back to preparing dinner without washing his hands.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P, who indicated that Chef Q should have washed his hands before he started preparing dinner.</p> <p>On 5/19/24 at 12:31 PM, Surveyor observed KM P dishing up lunch from the steam table with his gloves on. KM P stepped away from the steam table and made a phone call. KM P returned to the steam table with the same gloves on.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P, who indicated that he should have removed his gloves, washed his hands, and put on new gloves.</p> <p>Example- Undated food items</p> <p>Facility policy, entitled Food Labeling & Dating, revised date 7/1/2023, includes, All PHF that are not consumed within 24 hours must be dated. Refer to WI food code, WI Food code fact sheet to proper marking techniques. Oak Park places uses a dating system to identify when food must be consumed or discarded by indicating date of preparation, or date of first item used date as indicated on WI food code Containers will be labeled with the date opened and discarded according to FDA.</p> <p>On 5/19/24 at 10:00 AM, surveyor observed no open dates on an opened jar of chopped garlic, an open container of yellow mustard, an opened package of butter, and an open container of milk.</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>On 5/19/24 at 11:58 AM, Surveyor observed in the facility's dining room: an opened and undated half gallon of white milk, an opened and undated half gallon of chocolate milk, an opened and undated box of thickened cranberry juice, and an open and undated box of thickened apple juice. Surveyor interviewed [NAME] E (Lead Activity Assistant), who indicated there are no open dates on the chocolate milk, the white milk, the thickened cranberry juice, or the thickened apple juice and she is not sure how long these products are good for after they have been opened.</p> <p>On 5/20/24 at 1:36 PM, Surveyor interviewed KM P who indicated care givers are trained upon hire, and have been told they are to be putting open dates on items. KM P indicated the items should have been dated.</p> <p>38882</p> <p>Example - Hand Hygiene</p> <p>R2 admitted to the facility on [DATE] with diagnoses including wedge compression fracture of the second lumbar vertebra, benign paroxysmal vertigo, malignant neoplasm of the left breast, low back pain, edema, and chronic kidney disease stage 3.</p> <p>R4 admitted to the facility on [DATE].</p> <p>On 5/19/24 between 11:58 AM and 12:45 PM Surveyor observed Lead Activity Assistant E wearing gloves and serving food. Lead Activity Assistant E used her gloved hands to knock on doors, open doors, touch her person, set up R2's and R4's lunch plates and serve R2's and R4's lunch plate to them without removing her gloves and washing her hands after touching dirty surfaces and before food handling.</p> <p>On 5/19/24 at 12:45 PM, During an interview Lead Activity Assistant E indicated she should have removed her gloves and washed her hands after touching her own shirt, after opening door to the kitchen, after knocking and opening resident doors, and before handling food.</p> <p>On 5/20/24 at 2:48 PM, during an interview RN G (Registered Nurse) indicated staff do not need to wear gloves to pass drinks and meals. RN G indicated staff would have to treat their gloves like their bare hands in that after they touched dirty surfaces or their person, they would need to remove gloves and wash hands.</p> <p>On 5/20/24 at 3:16 PM, DON B (Director of Nursing) indicated she also observed Lead Activity Assistant E wearing the same gloves throughout the dining experience and she was touching dirty surfaces, her own clothing, door knobs, and she was handling food without washing her hands or removing her soiled gloves. DON B indicated she is in the process of educating staff on hand hygiene with food handling.</p>		

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NAME OF PROVIDER OR SUPPLIER Oak Park Place of Janesville		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Myrtle Way Janesville, WI 53545	
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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38882</p> <p>Based on interview and record review, the facility did not ensure accurate reporting of the mandatory submission of staffing information based on payroll data to the Centers for Medicare & Medicaid Services (CMS). This has the potential to affect all 12 residents residing within the facility.</p> <p>The facility failed to enter accurate data in their Payroll Based Journal (PBJ) reporting and triggered for two fiscal year quarters for failure to have licensed nursing coverage 24 hours a day and one fiscal year quarter for failure to have Registered Nurse (RN) hours each day.</p> <p>Evidenced by:</p> <p>According to https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission Example the Centers for Medicare & Medicaid Services (CMS) has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes . Therefore, CMS has developed a system for facilities to submit staffing information - Payroll Based Journal (PBJ). This system allows staffing information to be collected on a regular and more frequent basis than previously collected. It is auditable to ensure accuracy . The first mandatory reporting period began July 1, 2016 the deadlines for each reporting period are as follows: Fiscal Quarter 1-October 1- December 31 due February 14, Fiscal Quarter 2- January 1- March 31 due May 15, Fiscal Quarter 3- April 1 - June 30 due August 14, Fiscal Quarter 4- July- September 30 due November 14 . November 1, 2017, CMS began posting a public use file containing PBJ staffing data submitted by long term care facilities. The file includes the hours nursing staff are paid to work each day, for each facility. The categories of nursing staff include director of nursing, registered nurses with administrative duties, registered nurses, licensed practical nurses with administrative duties, licensed practical nurses, certified nurse aides, medication aides, and nurse aides in training. The file also includes a facility's census for each day within the quarter as calculated using the minimum data set (MDS) submission.</p> <p>Example 1</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 3 2023 (April 1-June 30), includes, in part: Failed to have licensed nursing coverage 24 hours a day . Triggered four or more days within the quarter with less than 24 hours per day licensed nursing coverage . Infraction dates: 4/23, 5/7, 5/27, 6/3, 6/4, 6/17, 6/18.</p> <p>CASPER Report 1702D, Individual Daily Staffing Report from 4/1/2023 thru 6/30/2023, includes in part:</p> <p>4/23 licensed nursing hours reported: 23.7 hours.</p> <p>5/7 licensed nursing hours reported: 23.7 hours.</p> <p>5/27 licensed nursing hours reported: 23.7 hours.</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6/3 licensed nursing hours reported: 19.4 hours.</p> <p>6/4 licensed nursing hours reported: 18.9 hours.</p> <p>6/17 licensed nursing hours reported: 23.3 hours.</p> <p>6/18 licensed nursing hours reported: 23.8 hours.</p> <p>Example 2</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 4 2023 (July 1-September 30), includes: Failed to have licensed nursing coverage 24 hours a day . Triggered four or more days within the quarter with less than 24 hours per day licensed nursing coverage . Infraction dates: 7/15, 7/16, 8/5, 8/6, 8/19.</p> <p>CASPER Report 1702D, Individual Daily Staffing Report from 7/1/2023 thru 9/30/2023, includes in part:</p> <p>7/15 licensed nursing hours reported: 17.9 hours.</p> <p>7/16 licensed nursing hours reported: 17.5 hours.</p> <p>8/5 licensed nursing hours reported: 12.7 hours.</p> <p>8/6 licensed nursing hours reported:12.7 hours.</p> <p>8/19 licensed nursing hours reported: 17.5 hours.</p> <p>Example 3</p> <p>CMS's PBJ Staffing Data Report, for fiscal year quarter 4 2023 (July 1-September 30), includes: Failed to have RN hours each day . Triggered four or more days within the quarter no RN hours . Infraction dates: 7/1, 7/2, 7/15, 7/16, 8/5, 8/6.</p> <p>CASPER Report 1702D, Individual Daily Staffing Report from 7/1/2023 thru 9/30/2023, includes in part:</p> <p>7/1 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>7/2 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>7/15 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>7/16 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>8/5 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>8/6 Licensed Practical/Vocational Nurse hours. No RN hours reported.</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Example 4</p> <p>CASPER Report 1705D, Individual Daily Staffing Report from 10/1/2023-12/31/2023, includes: Failed to have licensed nursing coverage 24 hours a day . Triggered four or more days within the quarter with less than 24 hours per day licensed nursing coverage . Infraction dates: 10/2, 10/9, 10/23, and 10/24</p> <p>On 5/19/24 at 4:14 PM, NHA A (Nursing Home Administrator) stated, I do the PBJ reporting, and I have papers to prove it was done. I know that the information is correct, and we have licensed coverage 24 hours a day here. When DON B (Director of Nursing) works on the floor I code her differently so her hours count. Surveyor and NHA A reviewed the facility's PBJ Staffing Data Report for fiscal year quarter 2023, quarters 1, 2,3, and 4 noting the facility triggers for failure to have 24 hour licensed nurse staffing coverage for quarters 1, 3, and 4 and noting other triggers for quarter 4, including failure to have RN coverage for 4 or more days in the quarter and one star staff rating.</p> <p>On 5/21/24 at 1:57 PM, during an interview, NHA A and Corporate Consultant C indicated the facility's accountant who is not on site is the one who does the final report for CMS, and they were unable to reach her during the survey time period. NHA A indicated he could prove with time punches and schedules that there was 24-hour licensed nurse coverage on the infraction dates for all three quarters and there was RN coverage for the infraction dates of quarter 4. NHA A provided the documentation and indicated the CASPER Report 1705D does not reflect the schedules and time punches he provided.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on observation, interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect the total census of 12 residents and 1 out of 2 hand hygiene opportunities (R2).</p> <p>The facility allowed staff to return to work too soon after reporting gastrointestinal symptoms and did not place staff with respiratory symptoms on the line list. The facility did not accurately document employees' symptom onset.</p> <p>Staff performed catheter care on R2 and applied barrier cream without appropriate hand hygiene.</p> <p>Evidenced by:</p> <p>The facility policy titled Employee Work Exclusion Policy effective date 3/8/24 states in part .All employees will report signs of an infection and stay home if symptomatic per CDC (Center for Disease Control) Guidelines. Staff who develop respiratory symptoms or other SARS-CoV-2 symptoms while at work are to stop work and promptly notify their supervisor .Diarrheal disease (i.e., Norovirus or other GI illness) Exclude from work until 48 hours after symptoms resolve .</p> <p>The facility provided Surveyor with their staff line list and their COVID-19 Staff Testing Log. The following staff members tested for COVID-19 due to having symptoms and were not added to the facility's line list:</p> <p>3/14/24: ADON H (Assistant Director of Nursing) - reason for test: stuffy nose.</p> <p>3/22/24: OT I (Occupational Therapist) - reason for test: symptoms.</p> <p>3/23/24: CNA J (Certified Nursing Assistant) - reason for test: symptoms.</p> <p>3/26/24: CNA K - reason for test: throat.</p> <p>*It is important to note that CNA K also documented a sore throat on 3/27/24, 3/28/24, 3/29/24, 4/1/24, and 4/3/24.</p> <p>3/29/24: Receptionist L - reason for test: sore throat.</p> <p>*On 3/31/24 Receptionist L called in sick. The facility's Call-In Log indicates that Receptionist L had a cough, sore throat, and a fever. Receptionist L was placed on the facility's line list on 4/1/24. The line list states: symptom onset: 4/1/24 - cough/sore throat/fever, symptom resolution date: 4/1/24, return to work date: 4/3/24. It is important to note that neither the facility's line list, nor the Call-In log indicate what time Receptionist L's fever subsided.</p> <p>4/4/24 and 4/5/24: OT I - reason for test: symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4/11/24: DA M (Dietary Aide) - reason for test: symptoms.</p> <p>4/22/24: SLP N (Speech Language Pathologist) - reason for test: sx (symptoms).</p> <p>4/22/24: PTA O (Physical Therapy Assistant) - reason for test: sx.</p> <p>4/29/24: NHA A (Nursing Home Administrator) - reason for test: symptoms.</p> <p>*It is important to note that the facility did not identify what symptoms staff were experiencing and did not evaluate whether the staff member should be working. The facility did not require staff to be tested for other communicable illnesses such as Respiratory Syncytial Virus (RSV) or Influenza, despite staff illnesses occurring during cold and flu season.</p> <p>Additionally, the facility's line list documented that HR S (Human Resources) called in sick with diarrhea on 4/1/24. According to the facility's line list, HR S symptoms resolved on 4/2/24 and HR S returned to work on 4/3/24.</p> <p>On 5/20/24 at 3:30 PM, Surveyor interviewed CC C (Corporate Consultant). Surveyor asked CC C if the facility tracked what time staffs' fevers resolved. CC C stated that he was not sure. Surveyor asked CC C if they were tracking what time staff with diarrhea and vomiting symptoms resolved to ensure they were out of work for the appropriate amount of time. CC C stated that he does not see that information on the line list. Surveyor asked CC C if the fevers documented resolved with or without a fever reducing agent. CC C stated that he did not know.</p> <p>41788</p> <p>Example 2</p> <p>R2 was admitted to the facility on [DATE] and has diagnoses that include chronic kidney disease stage three (CKD stage 3; a condition where the kidneys are less able to filter waste and fluid from the blood) and retention of urine (bladder does not empty when you urinate).</p> <p>R2's Admission Minimum Data Set (MDS), dated [DATE] shows that R2 has a Brief Interview of Mental Status (BIMS) score of 10 indicating R2 has moderate cognitive impairment.</p> <p>R2's Care Plan, dated 2/29/24, states, in part: .</p> <p>R2 has a catheter (indwelling foley 16 French 10 mls (milliliters) r/t (related to) urinary retention. Date Initiated: 2/29/24.</p> <p>Goal: R2 will be/remain free from catheter-related trauma through review date. Date initiated: 2/29/24 Revision on: 3/18/24.</p> <p>Interventions:</p> <p>-CATHETER: R2 has 16 French indwelling foley catheter. Position catheter bag and tubing below the level of the bladder and away from entrance room door or cover for privacy .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Change catheter per facility protocol .</p> <p>On 5/20/24 at 9:30 AM, Surveyor observed CNA K (Certified Nursing Assistant) perform catheter care on R2. CNA K applied gown and gloves. Moved bedside table and grabbed bed remote control and raised bed. CNA K lowered window blinds, closed room door, and pulled privacy curtain. CNA K then lowered blankets down from R2. Removed gloves and applied new gloves without hand hygiene. CNA K unfastened brief and lowered the brief down and had R2 roll to left side with assistance and tucked brief, then assisted R2 onto right side and removed brief and tossed onto end of bed without any barrier under. CNA K covered R2 with a new shower blanket, then went to bathroom and put warm water into basin. Removed gloves and applied new gloves without hand hygiene. CNA K set clean linens on bedside table and placed a towel as a barrier. Removed gloves and performed hand hygiene. Applied new gloves and brought wash basin to bedside table and placed onto barrier. CNA K placed a washcloth in basin, wrung it out, folded it over hand in a mitt, and applied soap. CNA K performed peri care with proper technique, then placed used washcloth onto a corner of the barrier on the bedside table. CNA K took a clean washcloth, placed in basin, and wrung out without hand hygiene and change of gloves. CNA K placed rinse washcloth over hand in a mitt and rinsed peri area and dried with a towel with proper procedure. CNA K then placed used towel onto bed without a barrier under. CNA K then rolled R2 to left side. With same gloves on, CNA K placed a washcloth in basin, wrung out and applied soap and washed R2's bottom. CNA K placed used washcloth on the bedside table and took another clean washcloth into basin for rinse washcloth and rinsed R2's bottom without hand hygiene and glove change. CNA K then went into R2's bathroom to retrieve the barrier cream, opened cream and applied to fingers with same gloves on and applied to R2's bottom. CNA K removed gloves and performed hand hygiene. Applied new gloves and emptied wash basin into toilet and filled with fresh clean water. CNA K took a new washcloth and wet a corner and applied soap. CNA K washed catheter tubing, then dipped washcloth back into wash basin so half the washcloth was wet, and rinsed catheter tubing with middle section of washcloth. CNA K then took the bottom portion of the same washcloth to dry the tubing. CNA K then assisted R2 with rolling onto left side where she tucked same brief back under R2. Then CNA K rolled R2 onto right side and pulled brief over and fastened. CNA K then took used blanket and used towels and washcloths and set them on bathroom counter. Removed gloves and applied new gloves without hand hygiene and pulled blanket up over R2, lowered bed, and gave R2 call light. CNA K then wiped down bedside table with a wetted paper towel, then dried. CNA K removed gloves with no hand hygiene, then placed R2's breakfast plate back onto bedside table. CNA K applied new gloves without hand hygiene and gathered supplies.</p> <p>On 5/20/24 at 9:55 AM, Surveyor interviewed CNA K and asked when hand hygiene should be performed. CNA K stated when soiled and after removing gloves. Surveyor asked R2 if hand hygiene was performed after going from dirty to clean and after removing gloves, and CNA K indicated, I did not.</p> <p>On 5/20/24 at 3:22 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she would expect hand hygiene to be performed in between cleansing, rinsing, and drying to retrieving barrier and applying.</p>		