

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 01/21/2026
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not document grievance or document prompt efforts by the facility to resolve grievances for 1 of 1 Residents (R1) reviewed for grievances.R1's AHCPOA (Activated Health Care Power of Attorney) voiced concerns to the NHA (Nursing Home Administrator) via email communication. The facility failed to follow their grievance policy by thoroughly investigating, following up, and documenting the concerns and resolution.Evidenced by:The facility policy, Grievance Program, hand dated, 5/15/24, indicates, in part: .Process: 1. Grievances - grievances are formal written or verbal complaints made to the facility when prompt or bedside resolution to the satisfaction of the person making the objection was not possible.When there is a grievance, it will be: Documented on the facility Comment/Concern Forms. Routed to the Grievance official. Listed on the appropriate facility Tracking Log. Discussed with the appropriate individuals .as warranted. Investigated accordingly.The grievance written decisions will include the following: dates, summary statement of resident's grievance, correction actions as indicated, and the date that the written decision was issued to the person filing the grievance.R1 was admitted to the facility on [DATE] with diagnoses that include, in part: Cerebral infarction (stroke) without residual effects; Dysarthria and Anarthria (motor speech disorders caused by neurological damage).R1 was also admitted into hospice services on admission to facility.On 1/21/26 Surveyors reviewed email communications between NHA A (Nursing Home Administrator) and AHCPOA C that were provided by the facility. An email dated 12/3/25, from AHCPOA C to NHA A, noted the following list of concerns from AHCPOA C regarding R1:1. Wearing dirty clothes. 2. Laundry bag full. 3. Face not cleaned or shaven. 4. Right eye very red. - drops need to be given more than twice a day. 5. Upon my arrival at 10:30am my father was sitting unattended in the dining room. He needs to have a snack mid morning [sic] instead of dipping saltines in jelly. He was calling out for something to drink. Why is it so difficult to get a cup of coffee or juice for him? 6. No evidence of juice cups in his room. My dad is thirsty. 7. Eyeglasses in trash receptacle. 8. No hearing aids.Surveyor requested and reviewed the grievance log for the facility and did not locate a grievance for R1.On 1/21/26 at approximately 12:30 PM, Surveyors interviewed NHA A. During the interview NHA A indicated that if a grievance comes to her, she will initiate the grievance form, work through it to see what is needed, and follow-up with the person that brought the concern, whether resident or family, and give them the resolution. Surveyors reviewed the information from the email above with NHA A. NHA A indicated they had so many repetitive concerns she just started to think of this as just part of the day to day care of R1 and not as grievances and just addressed them as they came. NHA A indicated she did not complete a grievance, does not have documentation of an investigation into the concerns, follow-up for the items in the email or resolutions provided or accepted by AHCPOA C and should have.The facility did not follow their grievance process.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525728
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