STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525728	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Place of Janesville	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Example 2 On 5/28/25 at 9:15 AM, Surveyor interviewed R73. Surveyor noted that R73's breakfast tray was on the bedside table and had plastic silverware and foam cups used for the beverages. Surveyor asked R73 if they are using plastic silverware for all meals, R73 stated that they are even using plastic silverware in the dining room because staff reported that they are unable to find regular silverware. Example 3 On 5/28/25 at 9:32 AM, Surveyor observed R1 in her room. Surveyor noted that R1's breakfast tray was on the bedside table. R1 was attempting to use plastic fork and knife to cut up her breakfast and was unsuccessful. Surveyor observed that all R1's beverages were in foam cups. Example 4 On 5/28/25 at 9:22 AM, Surveyor interviewed R13. Surveyor noted that R13 had used plastic silverware and foam cups during breakfast. Surveyor asked R13 if the facility always gives plastic silverware for meals, R13 stated that he is provided plastic silverware almost all the time. Surveyor asked R13 if the facility provides real cups and glasses for drinks, R13 reported that the drinks are almost always in foam cups.Example 5 On 5/28/25 at 10:40 AM, Surveyor observed R174 in his room. R174 had a Styrofoam cup with a straw in front of him on his bedside table. Example 6 On 5/28/25 at 11:50 AM, Surveyor observed residents in the dining room. The dining room tables were set with napkins, silverware and cups. Surveyor observed CNA K (Certified Nursing Assistant) passing drinks in the dining room. CNA K was using Styrofoam cups to give resident's their drinks. Surveyor observed DON B (Director of Nursing) provide a resident with a drink in a Styrofoam cup. R172 and R173 were in the dining room. R172 and R173 received their mealtime drink in a Styrofoam cup. Example 7 On 5/29/25 at 8:49 AM, Surveyor observed CNA K delivering meal trays down the hallway. CNA K provided plastic ware for utensils. There was no regular silverware on the meal tray cart. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Example 8 R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, need for assistance with personal care, weakness, and other specified depressive episodes. R16's most recent Minimum Data Set (MDS), dated [DATE], states that R16 has a Brief Interview of Mental Status (BIMS) score of 14 out of 15, indicating that R16 is cognitively intact. On 5/28/25 at 8:50 AM, Surveyor observed R16 eating breakfast in her room using plastic silverware. R16 stated that it can sometimes be hard to cup up a pancake or sausage using plastic silverware, and that she would prefer to be given real silverware, even when eating in her room. Example 9: R6 was admitted to the facility on [DATE] with diagnoses that include chronic pain syndrome, need for assistance with personal care, weakness, other specified anxiety disorders, and other specified depressive episodes. R6's most recent MDS, dated [DATE], states that R6 has a BIMS score of 15 out of 15, indicating that R6 is cognitively intact. On 5/28/25 at 12:16 PM, Surveyor observed R6 eating lunch in the dining room using a Styrofoam cup. On 5/28/25 at 2:24 PM, Surveyor interviewed R6 in her room about her dining preferences. R6 stated that sometimes they get regular cups, and she would prefer to use a regular cup instead of a Styrofoam cup. Example 10: R223 was admitted to the facility on [DATE] with diagnoses that include major depressive disorder, recurrent, unspecified, Type 2 Diabetes Mellitus, and chronic pain. R223 had not had an MDS with BIMS completed at time of survey. On 5/28/25 at 12:16 PM, Surveyor observed R223 eating lunch in the dining room using a Styrofoam cup. On 5/28/25 at 2:26 PM, Surveyor interviewed R223 in her room about her dining preferences. R223 stated that yes, she would prefer to be served with a regular cup, and she didn't understand why they were giving them Styrofoam cups in the dining room. On 6/2/25 at 11:03 AM, Surveyor interviewed CNA M (Certified Nursing Assistant) and asked her why the residents were being served with Styrofoam cups in the dining room. CNA M stated that she didn't know why. Surveyor asked CNA M if she considered using Styrofoam cups in the dining room to be a dignified dining experience for the residents. CNA M stated she wasn't sure. Surveyor asked CNA M if she used Styrofoam cups at home. CNA M stated no, not usually. 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 6 of 15 sampled Residents (R174, R1, R172, R13, R223, and R73), 3 of 5 supplemental Residents (R173, R16, and R6), and 1 of 1 dining room. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyors observed residents who were dining in the main dining room to have Styrofoam cups instead of regular glasses. Surveyors observed meal trays for residents dining in their rooms to contain plastic silverware instead of metal silverware and Styrofoam cups instead of regular glasses. R73 was observed using plastic silverware and foam cups while eating breakfast in her room. R1 was observed using plastic silverware and foam cups in her room while eating breakfast. R13 was observed having plastic silverware and foam cups in his room while eating breakfast. Surveyor observed R16 eating breakfast in her room using plastic silverware. Surveyor observed R6 eating lunch in the dining room using a Styrofoam cup. Surveyor observed R223 eating lunch in the dining room using a Styrofoam cup. R174 were observed with a Styrofoam cup. R172 and R173 were observed in the dining room using Styrofoam cups. Evidenced by: The facility's policy entitled Resident Rights last revised on 2/2021 states in part, .1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity . Example 1 On 05/28/25 at 11:51 AM, Surveyors were making an observation of the lunch meal in the main dining room. Surveyor noted staff to be serving residents drinks using Styrofoam cups instead of regular glasses for cold drinks. On 6/2/25 at 10:02 AM, Surveyor interviewed DM N (Dietary Manager) and asked about residents using Styrofoam cups and plastic silverware on room trays and residents using Styrofoam cups in the main dining room. DM N indicated he doesn't know why staff would be giving residents disposable glasses and silverware. DM N stated facility has plenty of regular glasses and silverware. On 6/2/25 at 10:37 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) about staff using Styrofoam cups and plastic silverware for meals. CNA D indicated they don't have enough regular cups or silverware for all of the residents. CNA D indicated they start with regular cups and silverware, then switch to disposable when they run out. CNA D stated she always tells the kitchen manager whenever they don't have enough silverware or cups. CNA D indicated she most recently told DM about running out of regular silverware on 6/1/25. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/2/25 at 10:45 AM, Surveyor interviewed DON B (Director of Nursing) about staff using disposable cups and silverware for meals. DON B indicated they usually use regular cups and silverware, when they run out, they use disposable cups and silverware. On 6/3/25 at 7:55 AM, Surveyor interviewed RDM O (Regional Dietary Manager) and NHA A (Nursing Home Administrator) about the facility use of Styrofoam cups and plastic silverware for meals. Both indicated they have a backup supply of silverware in DM N's file cabinet in his office and they have extra regular cups in a storage room in the basement. RDM O stated DM N put more silverware in circulation the previous week and indicated staff should have enough silverware and regular cups for the residents. Surveyor asked RDM O if staff have ever told her they didn't have enough cups or silverware. RDM O stated no one has told her but she observed, about 2 months ago, staff using plastic silverware at a meal service and asked staff why they were using plastic silverware. RDM O indicated they told her they ran out of regular silverware. RDM O doesn't recall the staff person's name who she asked. RDM O stated she ordered more silverware on 4/3/25 to replenish the backup supply and put the backup supply in circulation at that time. On 6/3/25 at 8:00 AM, Surveyor observed boxes of extra silverware in DM N's file cabinet. On 6/3/25 at 8:05 AM, Surveyor asked RDM O what their process is for getting dishware and utensils to the dining room for meals and room trays. RDM O explained a Dietary Aide (DA) or CNA (Certified Nursing Assistant) brings dirty carts down to the kitchen. RDM O stated Dietary staff brings up the clean dishes on the dining carts and Dietary staff stock dining carts with the number of dishes/utensils that were brought down on the carts when dirty. RDM O stated they don't count if they have enough silverware and dishware before bringing the carts upstairs. RDM O and NHA A both indicated they should start counting to make sure they have enough on the carts for all the residents. RDM O stated she will order more silverware again now to have a bigger backup supply. NHA A indicated she would make sure they take out more regular glasses from storage and put them in circulation

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure each resident had the right to a safe, clean, comfortable, and homelike environment for 4 of 12 sampled residents (R12, R172, R223, and R224) and 2 supplemental residents (R5 and R171). R5, R171, and R172's room were not clean. Surveyor observed R12's bed to be unmade, dust bunnies under the bed, and flakes of debris on the floor near the wall. Surveyor observed R223's bed to be unmade and garbage can to be full. Surveyor observed the bed unmade, dust bunnies under the bed, a garbage can overflowing with a glove on the floor, and dried stool on the back of the toilet seat. This is evidenced by: The facility's policy titled Cleaning and Disinfection of Environmental Surfaces, dated 8/19, includes the following: 9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. Example 1 On 5/28/25 at 9:00 AM, Surveyor observed R5's room. R5 was not in her room. R5's bed was not made. There was a mechanical lift next to R5's bed. A soft blue boot was on the floor near the dresser, with a plastic cap near the boot. The trash can was overflowing with trash and an Ensure drink container was next to the trash can. There were crumbs and dark colored flakes scattered throughout the room on the floor. Under the bed there was a plastic drink lid with a straw through it, a dirty napkin crumpled up, and a clump of dust. The pillow did not have a pillowcase on it. In the bathroom, the trash bag was on the floor with a soiled adult depends. There was a used glove on the floor near the trash bag. At 9:31 AM, Surveyor returned to R5's room. The room was unchanged. On 5/28/25 at 9:35 AM, Surveyor interviewed PT L (Physical Therapist). PT L was bringing R5 back to her room. PT L indicated the room was not clean nor homelike. PT L indicated when she sees a room like this, she will stop and clean it up. On 5/28/25 at 9:40 AM, Surveyor interviewed RN F (Registered Nurse) regarding R5's room. RN F indicated the room is not clean nor homelike. On 5/28/25 at 10:30 AM, Surveyor interviewed R5 regarding her room. R5 indicated her room was a mess. R5 stated she liked her room clean and feel the staff should clean her room. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/29/25 at 8:22 AM, Surveyor observed R5's room. Under R5's bed, the plastic drink lid with a straw through it, the dirty napkin that was crumpled up, and the clump of dust, was still there. The crumbs and dark colored flakes were still scattered throughout the room on the floor. On 5/29/25 at 8:26 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding R5's room. CNA D indicated R5's room is not clean. On 5/29/25 at 8:40 AM, Surveyor interviewed HK J (Housekeeper) regarding the schedule of cleaning rooms. HK J indicated she had last cleaned R5's room on 5/25/25. Example 2 On 5/29/25 at 8:19 AM, Surveyor observed R171's room. Surveyor observed a dirty depends in a garbage bag sitting on top of a meal tray lid on a pillow in R171's chair. There was a dirty glove next to the trash can on the floor. Surveyor observed a package of incontinent wipes with the lid left open on R171's over-bed table. The inside of the wipes had a brown substance smeared on it. On 5/29/25 at 8:26 AM, Surveyor interviewed CNA D regarding R171's room. CNA D indicated the brown substance was likely feces. CNA D indicated R171's room was not clean nor homelike. Example 3 On 5/29/25 at 8:22 AM, Surveyor observed R172's room. R172's room had a scrap of paper on the floor near her bed, a plastic wrapper on the floor near the dresser and a cluster of rubber bands in the middle of the floor. On 5/29/25 at 8:26 AM, Surveyor interviewed CNA D regarding R172's room. CNA D indicated R172's room is not homelike nor clean. On 5/29/25 at 8:31 AM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding R5, R171, and R172's rooms. NHA A indicated the rooms would not be considered clean. On 5/29/25 at 8:37 AM, Surveyor interviewed HKS I (Housekeeping Supervisor) regarding the cleaning of rooms. HKS I indicated the rooms are not clean. HKS I indicated the housekeeping staff does not have a schedule in place for when rooms are to be cleaned nor do they have a system in place for documenting when rooms are cleaned. Example 4: R12 was admitted to the facility on [DATE] with diagnoses that include hypertension, need for assistance with personal care, muscle weakness, and difficulty walking. R12's most recent Minimum Data Set (MDS), dated [DATE], states that R12 has a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating that R12 is cognitively intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/28/25 at 9:52 AM, Surveyor observed R12 in her room with her bed unmade, dust bunnies under the bed, and flakes of debris on the floor near the wall. R12 indicated that she has to ask housekeeping if she wants to get her room cleaned. R12 stated that one month they did not come in and clean at all. R12 stated that there had been dried skin all over the floor from having her cast removed, and spilled soda that stayed on the floor for three weeks. R12 indicated that she asked HK C (Housekeeper) and he came and cleaned her room, even though he was not assigned to clean the rooms on her hall. R12 stated that she felt embarrassed because she liked to have visitors and didn't want them to see her room dirty. Example 5: R223 was admitted to the facility on [DATE] with diagnoses that include major depressive disorder, recurrent, unspecified, Type 2 Diabetes Mellitus, and chronic pain. R223 had not had an MDS with BIMS completed at time of survey. On 5/28/25 at 11:35 AM, Surveyor observed R223 in her room with the bed unmade and the garbage can full. R223 stated that she has to ask staff to clean her room and make her bed. R223 indicated that every once in awhile the staff will come into the room while she is at lunch and take out the garbage but not make the bed. R223 stated she had never had her sheets changed, and that it would be nice to have clean sheets after taking a shower. R223 stated that it feels like the staff at the facility just don't care. R223 stated that the housekeeper would leave a note on the bulletin board with her name and the date of the last time she cleaned the room. Surveyor observed a note on R223's bulletin board that stated, HK J (Housekeeper) 5/25/25, indicating this was the last time the room had been cleaned. Example 6: R224 was admitted to the facility on [DATE] with diagnoses that include Type 2 Diabetes Mellitus, muscle weakness, need for assistance with personal cares, repeated falls, and malignant tumor of kidney. R224's most recent MDS, dated [DATE], states that R224 has a BIMS score of 11 out of 15, indicating that R224 has mild cognitive impairment. On 5/28/25 at 11:46 AM, Surveyor observed R224's bed unmade, dust bunnies under the bed, a garbage can overflowing with a glove on the floor, and dried stool on the back of the toilet seat. R224 indicated that his room had never been cleaned since he was admitted . On 5/29/25 at 10:36 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) about the cleanliness of the rooms. CNA D stated that she has seen the housekeepers clean the rooms, but she was not sure how often each room got cleaned. Surveyor and CNA D went to R224's room and looked at the toilet seat. The dried stool had been cleaned off, but the toilet seat was stained a dark orange in places. CNA D stated that she has seen the housekeepers try to clean R224's toilet seat, but that it was stained from R224's frequent diarrhea. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/29/25 at 10:48 AM, Surveyor interviewed HK C and asked him how often each resident's room was cleaned. HK C stated that it would depend on how busy they were and if they were short staffed. HK C indicated that he tries to clean each resident's room at least every other day. Surveyor asked HK C if he had noticed the stains on R224's toilet seat. HK C indicated that R224's room was not normally on his hall to clean, but that yes, he had seen the stains on the toilet seat. Surveyor asked HK C how long it would take stool to stain a white toilet seat like R224's. HK C stated that he wasn't sure, but that if it was cleaned up right away then it wouldn't cause the toilet seat to stain like that.

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop a discharge plan for 1 of 3 residents (R13) reviewed for discharge planning. R13 does not have a discharge care plan, nor has he had a care conference to discuss his discharge goals. Evidenced by: The facility's policy titled Care Plans, Comprehensive Person- Centered revised 12/2016 states in part .4. Each resident's comprehensive care plan will be consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to: a. participate in the planning process .e. participate in establishing the expected goals and outcomes of care .5. The resident will be informed of his or her right to participate in his or her own treatment . R13 was admitted to the facility on [DATE] with diagnoses that include paraplegia (paralysis of the legs and lower body), anxiety disorder, PTSD (Post Traumatic Stress Disorder), and recurrent depressive disorders. R13's most recent MDS (Minimum Data Set) dated 3/28/25 states that R13 has a BIMS (Brief Interview of Mental Status) of 14 out of 15, indicating that R13 is cognitively intact. R13 is his own decision maker. Surveyor reviewed R13's medical record and found no documentation regarding R13 having a care conference or a care plan regarding discharge. On 5/28/25 at 9:22 AM, Surveyor interviewed R13. Surveyor asked R13 if the facility has discussed discharge planning with him, R13 stated that he knows that he needs more therapy, but no one has spoken with him regarding discharge planning. Surveyor asked R13 if he has participated in a care conference, R13 stated no. On 6/2/25 at 9:08 AM, Surveyor interviewed SW U (Social Worker). Surveyor asked SW U what the process is for discharge planning, SW U stated that they typically set up a care conference on admission within 5-7 days to meet with the resident and their family to discuss goals. Another meeting would be set up 1-2 weeks later to determine if DME (Durable Medical Equipment) would be needed, schedule any appointments needed, and determine what supports are in place for the resident. Surveyor asked SW U if residents should have a care plan in place regarding their discharge plan and goals, SW U stated yes. Surveyor asked SW U where care conferences are documented, SW U reported that they are documented under the assessments tab. Surveyor and SW U reviewed R13's medical record for documentation of care conferences, as well as a discharge care plan. Surveyor asked SW U if R13 should have a care plan in place regarding discharge, SW U stated yes. Surveyor asked if R13 should have had a care conference, SW U stated yes.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that residents with an indwelling catheter received the appropriate care and services for 2 of 2 residents (R1 and R174) reviewed for catheters. R1 had a catheter placed without an appropriate diagnosis and does not have a care plan for the catheter. R174's catheter bag was uncovered and viewable from the hallway. Evidenced by: The facility's policy titled Indwelling Catheter Evaluation/ Removal revised on 6/27/16 states in part Policy: It is the policy of [Facility Name] to ensure that residents receive care and services to prevent the use of an indwelling catheter, unless clinically necessary .4. When there is not supporting diagnosis for the use of the indwelling urinary catheter, the nurse will obtain an order from the physician or physician extender to remove. Example 1 R1 was admitted to the facility on [DATE] with diagnoses that include anxiety disorder, major depressive disorder, and acute on chronic heart failure. R1's most recent MDS (Minimum Date Set) dated 3/29/25 states that R1 has a BIMS (Brief Interview of Mental Status) of 8 out of 15, indicating that R1 has moderate cognitive impairment. The MDS also indicates that R1 is dependent on staff for transfers and toilet hygiene and requires substantial assist with personal hygiene, dressing, and bed mobility. R1's physician orders are as follows: 1/28/25: Catheter (indwelling) (16) French, with (10cc (cubic centimeter)) balloon, inflate to continuous drainage for diagnosis of (hospice/ comfort) change PRN (as needed) for blockage or unable to be flushed. As needed for catheter change PRN if dislodged or occluded. Of note, R1 does not have a care plan for the indwelling urinary catheter. On 5/29/25 at 11:39 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the diagnosis was for R1's catheter, DON B stated that she would have to look. Surveyor asked DON B if she would expect a resident with a catheter to have a care plan for it, DON B stated yes. On 6/2/25 at 12:52 PM, Surveyor interviewed DON B. Surveyor asked DON B what the rationale is for R1's catheter, DON B stated that R1 is on hospice, and it is for comfort. Surveyor asked if the facility documentation of the rationale and diagnosis for the catheter, DON B stated that it was in the hospice notes. Example 2 (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R174 admitted to the facility on [DATE] with a foley catheter. R174's care plan includes position catheter bag and tubing below the level of the bladder and away from entrance room door or cover for privacy. On 5/29/25 at 10:08 AM, Surveyor observed R174's catheter bag hanging on the bed frame, facing the door and was visible from the hallway. R174's catheter bag was not covered. On 5/29/25 at 10:35 AM, Surveyor interviewed CNA D (Certified Nursing Assistant) regarding R174's catheter. CNA D indicated she had just been in R174's room providing personal cares with R174. CNA D indicated she hung the catheter bag on the bed frame. CNA D indicated she did not cover the catheter bag, nor did she place the bag away from the entrance room door. On 5/29/25 at 11:42 AM, Surveyor interviewed DON B (Director of Nursing) regarding R174's catheter. DON B indicated the catheter bag should be covered. DON B indicated R174's care plan intervention should be followed. DON B indicated R174's catheter bag should have been covered or placed away from the entrance room door.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525728	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Place of Janesville	700 Myrtle Way Janesville, WI 53545

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure 1 of 1 resident (R13) who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. R13 has a diagnosis of PTSD (Post Traumatic Stress Disorder) and does not have a complete trauma assessment or a care plan addressing triggers, resident specific approaches, or interventions. This is evidenced by: The facility's policy titled Trauma- Informed and Culturally Competent Care revised 8/2022 states in part . Resident Assessment: 1. Assessment involves an in- depth process of evaluating the presence of symptoms, their relationship to trauma, as well as the identification of triggers. 2. Utilize licensed and trained clinicians who have been designated by the facility to conduct trauma assessments. 3. Use assessment tools that are facility approved and specific to the resident population. Resident Care Planning: 1. Develop individualized care plans that address past trauma in collaboration with the resident and family, as appropriate. 2. Identify and decrease exposure to triggers that may re- traumatize the resident. 3. Recognize the relationship between past trauma and current health concerns . R13 was admitted to the facility on [DATE] with diagnoses that include paraplegia (paralysis of the legs and lower body), anxiety disorder, PTSD (Post Traumatic Stress Disorder), and recurrent depressive disorders. R13's most recent MDS (Minimum Data Set) dated 3/28/25 states that R13 has a BIMS (Brief Interview of Mental Status) of 14 out of 15, indicating that R13 is cognitively intact. R13's MDS Section D indicates that R13 will sometimes socially isolate. Surveyor reviewed R13's care plan and there was not a care plan addressing R13's diagnosis of PTSD. Surveyor reviewed R13's Social Service Trauma History Evaluation dated 3/21/25. The assessment states in part .C .5. As a child or teenager, were you ever physically beaten or physically abused by siblings, relatives, or peers? A. yes . It is important to note that the assessment has 6 sections, some sections have several questions. R13's assessment only has 2 sections that are completely filled out. On 6/2/25 at 9:08 AM, Surveyor interviewed SW U (Social Worker). Surveyor asked SW U what the process is for residents that are admitted with a diagnosis of PTSD, SW U reported that they will complete a trauma assessment and identify any abuse, bullying, or history of trauma. Surveyor asked SW U if a resident with a diagnosis of PTSD should have a trauma assessment completed in its entirety, SW U stated yes. Surveyor asked SW U if a resident with the diagnosis of PTSD should have a care plan that addresses the resident's trauma, triggers, and interventions, SW U stated yes. Surveyor reviewed R13's care plan and SW U reported that R13 does not have a care plan that addresses his PTSD diagnosis.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility did not ensure that all drugs and biologicals used in the facility were labeled with an open date or expiration date in 1 of 1 medication rooms. The facility failed to ensure an open vial of tuberculin solution located in the medication room contained an open date and/or expiration date. Evidenced by: The facility's policy titled Medication Labeling and Storage dated 2/2023 states in part .5. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date. On 6/2/25 at 2:11 PM Surveyor and RN P (Registered Nurse) went to the medication room. Surveyor observed an open vial of Tuberculin solution in the refrigerator, in a bag without an open date or expiration date. Surveyor interviewed RN P. Surveyor asked RN P if the medication vial should be dated. RN P responded yes, and I might as well throw it out if not dated. Surveyor asked RN P whose responsibility is it to make sure medications are dated. RN P indicated that everyone is responsible. On 6/2/25 2:19 PM Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she was aware of the TB solution that was in medication room with no open date or expiration date. DON B replied she thought that most of the Tuberculin vials are single use vials. On 6/2/25 2:25 PM Surveyor called the pharmacy that the facility uses. Surveyor talked to PA T (Pharmacy Assistant). Surveyor asked PA T if Tuberculin vials came in single dose use. PA T replied all Tuberculin vials they have are multi dose vials.

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	525728	A. Building B. Wing	06/03/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect 24 of 25 residents. Surveyor observed staff going into the main kitchen and kitchenette without hairnets on. Surveyor observed food that had been removed from original containers and not labeled with a use by date. Surveyor observed a dented can to be in circulation. Surveyor observed food that was uncovered and/or not labeled in a kitchenette freezer and refrigerator. The freezer temperature in one of the kitchenettes is not being consistently monitored or recorded. Surveyor observed shelves with dried on substances, food particles, pieces of candy without wrappers, opened food without use by dates and expired food in circulation in the facility's kitchenette. Evidenced by: Example - Staff not wearing hairnets Facility policy entitled Hair Restraints with a revised date of 10/29/24 states, in part: .Hair must be pulled back and properly restrained when working with food. Hairnets or bouffant caps may be required for long or full fair not completely restrained by a hat . On 5/28/25 at 8:47 AM, Surveyor arrived to the main kitchen for the initial tour. During the start of the tour with Surveyor and DM N (Dietary Manager), RMD R (Regional Maintenance Director) walked into the kitchen without a hairnet to talk to DM N. Surveyor asked RMD R if he should have a hairnet on when in the kitchen and RMD R stated yes, he should. On 5/28/25 at 12:22 PM, during lunch meal observation, Surveyor observed DON B (Director of Nursing) enter the kitchenette attached to the Main Dining Room without a hairnet during the meal service. Surveyor interviewed DON B and asked if she would expect a hairnet to be worn in the kitchenette area. DON B indicated she would expect staff to wear a hairnet in the kitchenette if food is present. It is important to note food was being prepared by dietary staff and lunch was being served to the residents from the kitchenette area at the time DON B entered the kitchenette. Example - Unlabeled package of food (continued on next page)

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	525728	A. Building B. Wing	06/03/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy entitled, Food Labeling and Dating with a revised date of 11/27/24, states in part: .Oak Park Place uses a dating system to identify when foods must be consumed or discarded by indicating date of preparation, or date of first item used by date as indicated on WI Food Code .Dry food products will be labeled with delivery date unless it has an expiration date printed on the product . On 5/28/25 at 8:55 AM, during initial tour of the kitchen, Surveyor observed in dry food storage an opened package of granola that was removed from its original packaging and did not have a use by date. DM N (Dietary Manager) indicated food opened and/or removed from their original packaging should be labeled with a use by date. Example - Dented can in circulation On 5/28/25 at 9:00 AM, Surveyor and DM N observed a dented can of jellied cranberry sauce in the dry food storage area in circulation. DM N indicated the dented can should not be there, removed the can and labeled it to be returned. Example - Unlabeled, expired, and/or uncovered food in Kitchenette freezer and refrigerator Facility policy entitled, Food Brought to Residents from the Outside with a revised date of 10/9/24 states, in part: .Foods must be labeled with the resident's name and date .Foods not consumed within 3 days will be discarded .Any foods not labeled or dated will be discarded . On 5/28/25 at 3:55 PM, Surveyor toured the kitchenette at Creative Expressions 1 South, the kitchenette near the nurses station. Surveyor observed in the freezer an opened container of Blue Bunny ice cream without a name on it and 2 sundae cup plastic containers with an orange substance inside of them without lids, not covered, and not labeled. These containers had ice crystals formed on the top of the product inside. Surveyor observed in the kitchenette refrigerator the following: dried on purple substance on the inside on the bottom 2 shelves, 5 Styrofoam cups with green straws inside containing liquid without names or dates, a chocolate meal replacement shake with a best by date of 4/16/25, an opened bottle of Starbucks Frappuccino without a name on it, an unopened bottle of ginger ale without a name on it, and a container of food with a resident name on it and room number without a date. Of note, it was discovered during record review that the name on the container of food was a resident who discharged from the facility on 5/15/25. On 5/28/25 at 4:46 PM, Surveyor interviewed DC S (Dietary Cook) who was in the main kitchen and showed him the kitchenette. DC S indicated he was not sure who was responsible for cleaning that kitchenette and stated it should be added to a weekly checklist. DC S indicated the kitchenette should be cleaned and items needed to be taken care of. On 5/28/25 at 4:53 PM, Surveyor interviewed DON B and showed her the items in the kitchenette. DON B stated housekeeping cleans that room, but she is not sure who is responsible for cleaning the kitchenette cupboards and refrigerator. DON B indicated dietary and maintenance would share responsibility, maintenance oversees housekeeping and stated she would check to see who is responsible. DON B stated she would make sure that room and refrigerator got cleaned right away and discarded the expired and not labeled items. (continued on next page)

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	525728	A. Building B. Wing	06/03/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/29/25 at 10:09 AM, Surveyor interviewed DM N about who was responsible for cleaning the kitchenette. DM N indicated he thought nursing staff cleaned that room, stated he has never looked at that refrigerator. DM N indicated there is no policy or procedure for cleaning this area and stated he would talk to nursing about coordinating a plan for monitoring and cleaning that kitchenette. Example - Kitchenette freezer temperatures not being consistently monitored and recorded On 5/28/25 around 4:00 PM, Surveyor observed the temperature logs for May 2025 for the refrigerator and freezer in the kitchenette Creative Expressions 1 South, the kitchenette by the nurses station. There are no freezer temperatures recorded for the month of May 2025. Surveyor also reviewed the temperature log for March and April and the month of April has 14 days of missing freezer temperatures. On 5/29/25 at 10:09 AM, Surveyor interviewed DM N about the freezer temperatures. DM N indicated dietary staff haven't been checking the temperatures of that freezer and will coordinate with nursing staff to ensure it gets monitored. Example - Unclean kitchenette cupboards with unlabeled and expired food in circulation Facility policy entitled, Food Labeling and Dating with a revised date of 11/27/24, states in part: .Oak Park Place uses a dating system to identify when foods must be consumed or discarded by indicating date of preparation, or date of first item used by date as indicated on WI Food Code .Dry food products will be labeled with delivery date unless it has an expiration date printed on the product . Facility policy entitled, Food Brought to Residents from the Outside with a revised date of 10/9/24 states, in part: .Foods must be labeled with the resident's name and date .Foods not consumed within 3 days will be discarded .Any foods not labeled or dated will be discarded . On 5/28/25 at 3:55 PM, Surveyor toured the kitchenette by the nurses station called Creative Expressions 1 South. In the cupboard above the microwave, Surveyor observed several Skittles candies scattered on the bottom shelf, a dried on brown substance on the bottom shelf, a bag of [NAME] brand sugar on the bottom shelf with a best by date of 9/5/23, opened without a name on it. Surveyor also observed an opened bottle of Hershey syrup without a name on it, opened bottle of red food coloring dated 1/25 with a best by date of 8/1/22. Surveyor observed in the cupboard between the sink and microwave an opened box of cream of wheat cereal with no name on it, an opened box of wheat crackers with a best by date of 2/14/25 and no name on it, and several crumbs on the shelves. On 5/28/25 at 4:46 PM, Surveyor interviewed DC S (Dietary Cook) who was in the main kitchen and showed him the kitchenette. DC S indicated he was not sure who was responsible for cleaning that kitchenette and stated it should be added to a weekly checklist. DC S indicated the kitchenette should be cleaned and items needed to be taken care of. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/28/25 at 4:53 PM, Surveyor interviewed DON B and showed her the items in the kitchenette. DON B stated housekeeping cleans that room, but she is not sure who is responsible for cleaning the kitchenette cupboards and refrigerator. DON B indicated dietary and maintenance would share responsibility, maintenance oversees housekeeping and stated she would check to see who is responsible. DON B stated she would make sure that room and cupboards got cleaned right away and discarded the expired and not labeled items. On 5/29/25 at 10:09 AM, Surveyor interviewed DM N about who was responsible for cleaning the kitchenette. DM N indicated he thought nursing staff cleaned that room. DM N indicated there is no policy or procedure for cleaning this area and stated he would talk to nursing about coordinating a plan for monitoring and cleaning that kitchenette.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice for 1 of 1 resident (R1) reviewed for hospice. R1 was receiving hospice services, and the facility failed to obtain hospice documentation. Evidenced by: The facility policy titled Hospice Program revised date 7/2017 states in part .12. Our facility has designated (Name) (Title) to coordinate care provided to the resident by our facility staff and the hospice staff .He or she is responsible for the following: .d. Obtaining the following information from the hospice: (1) The most recent hospice plan of care specific to each resident; (2) Hospice election form; (3) Physician certification and recertification of the terminal illness specific to each resident .13. Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility (including the responsible provider and discipline assigned to specific tasks) in order to maintain the resident's highest practicable physical, mental, and psychosocial well- being .15. The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status including, but not limited to: a. diagnosis; b. problem list; c. symptom management *pain, nausea, vomiting, etc.); d. bowel and bladder care; e. nutrition and hydration needs; f. oral health; g. skin integrity; h. spiritual, activity, and psychosocial needs; and i. mobility and positioning . R1 was admitted to the facility on [DATE] with diagnoses that include anxiety disorder, major depressive disorder, and acute on chronic heart failure. R1's most recent MDS (Minimum Date Set) dated 3/29/25 states that R1 has a BIMS (Brief Interview of Mental Status) of 8 out of 15, indicating that R1 has moderate cognitive impairment. The MDS also indicates that R1 is dependent on staff for transfers and toilet hygiene and requires substantial assist with personal hygiene, dressing, and bed mobility. R1 was receiving hospice services prior to admitting to the facility and received orders for hospice services on the day of admission. R1's hospice diagnosis is acute on chronic heart failure with preserved ejection fraction (Heart failure occurs when your heart doesn't pump enough blood to meet your body's needs or when the heart doesn't relax enough and pressures inside the chambers can rise. This can cause fatigue, breathing difficulties, and fluid buildup in your tissues). Surveyor reviewed R1's EHR (Electronic Health Record) and was not able to find any documentation of R1's hospice enrollment, admission assessment, care plan, orders, or visit notes. Additionally, the facility did not have their own care plan for R1 being on hospice. (continued on next page)

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	525728	A. Building B. Wing	06/03/2025

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/25 at 10:36 AM, Surveyor interviewed RN F (Registered Nurse). Surveyor asked RN F how staff was made aware that a resident is receiving hospice services, RN F stated that when they open the resident list, it will show who is on hospice. Surveyor asked RN F where they find the hospice care plan and visit notes, RN F stated that the care plan and visit notes are faxed to the facility and then scanned into the resident's EHR under the misc. (miscellaneous) tab. Surveyor and RN F reviewed R1's EHR for hospice care plan and visit notes, as well as the facility's care plan for hospice. RN F reported that there was only 1 hospice note dated 3/23/25 scanned into the system, and that she was unable to locate the hospice care plan. Surveyor asked RN F if there was a hospice care plan in the facility's care plan, RN F stated no. On 5/29/25 at 11:33 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how staff is made aware that a resident is receiving hospice services, DON B stated that the hospice provided communicates with the staff every day they come in. Surveyor asked where staff would be able to find documentation of the hospice visit, DON B stated it would be under the misc. tab. Surveyor asked where staff would find the hospice plan of care, DON B states that the residents receiving hospice services have binders on the unit with the hospice documentation. Surveyor requested R1's hospice plan of care and visit notes. DON B provided documentation that was printed on 5/29/25 at 12:52 PM. On 6/2/25 at 12:52 PM, Surveyor interviewed DON B. Surveyor asked DON B if facility staff should have had access to R1's hospice documentation prior to 5/29/25, DON B reported that she had just thinned R1's binder and sent the information via the cloud and then IT (Information Technology) scans it into the resident's EHR. Surveyor asked DON B if the facility has a care plan addressing hospice for R1, DON B stated yes. It is important to note that the facility initiated a hospice care plan for R1 on 5/29/25. On 6/2/25 at 3:05 PM Surveyor interviewed Hospice RN Q. Surveyor asked Hospice RN Q what the process is when visiting a resident in the facility, Hospice RN Q stated that R1 is visited weekly, he performs an assessment, manages symptoms, and adjusts the care plan based on the assessment. Surveyor asked Hospice RN Q how the documentation gets to the facility, Hospice RN Q reported that they do not fax visit notes, but will send an email with updates or orders, but if he went for a routine visit, he wouldn't fax anything. Surveyor asked Hospice RN Q if they had ever faxed a care plan to the facility, Hospice RN Q stated that they were asked for the care plan and the last 3 months of visit notes last week.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to 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, for 2 of 2 resident (R4 and R174) with observed breeches in transmission-based precautions. Staff entered R174, who is COVID-19 positive, without proper personal protective equipment (PPE). Surveyor observed staff perform tracheostomy care on R4 without proper hand hygiene and not using enhanced barrier precautions. This is evidenced by: The facility's policy titled Isolation - Categories of Transmission-Based Precautions, dated 9/22, includes the following: 5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and the on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. a. The signage informs the staff of the type of CDC (Center for Disease Control) precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room. The facility's policy titled Coronavirus Disease (COVID-19) - Using Personal Protective Equipment, dated 9/22, includes the following: 4. When caring for a resident with suspected or confirmed SARS-CoV-2 infection: a. Personnel who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection adhere to standard precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. The facility's policy entitled Enhanced Barrier Precautions dated 8/2022 states, in part: .3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs (Enhanced Barrier Precautions) include: g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) .10. Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE (Personal Protective Equipment) required . The facility's policy entitled Handwashing/Hand Hygiene date revised 8/2019 states, in part: .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: e. Before and after handling an invasive device .m. After removing gloves . Example 1 R174 admitted to the facility on [DATE] with a diagnosis of COVID-19. R174's physician orders include Isolation - single room droplet precautions with a start date of 5/23/25. On 5/28/29 at 9:30 AM, Surveyor observed droplet precaution signage and a bin for PPE outside R174's door. (continued on next page)

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	525728	A. Building B. Wing	06/03/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/25 at 9:06 AM, Surveyor observed LPN H (Licensed Practical Nurse) in R174's room. LPN H was not wearing a mask, gown, gloves, or eye protection. Surveyor immediately interviewed LPN H. LPN H indicated R174 has COVID-19 and is on droplet precautions. LPN H indicated she should have worn the appropriate PPE when entering R174's room and did not. On 5/29/25 at 11:42 AM, Surveyor interviewed DON B (Director of Nursing) regarding R174's COVID-19 status and isolation requirements. DON B indicated staff should wear proper PPE when entering a COVID-19 positive room. DON B was made aware of Surveyor's observation of LPN H not wearing any PPE when in R174's room. DON B indicated LPN H should have worn the proper PPE. On 5/29/25 at 12:59 PM, Surveyor interviewed ADON E (Assistant Director of Nursing) regarding precautions and PPE. ADON E indicated she is the facility's infection preventionist. ADON E indicated staff should wear the proper PPE based on the resident's transmission-based precautions. Example 2 The facility's policy entitled Enhanced Barrier Precautions dated 8/2022 states, in part: .3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs (Enhanced Barrier Precautions) include: g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) .10. Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE (Personal Protective Equipment) required . The facility's policy entitled Handwashing/Hand Hygiene date revised 8/2019 states, in part: .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: e. Before and after handling an invasive device .m. After removing gloves . R4's physician orders include, in part: . Trach care: Inner cannula cleaning to be done daily, using trach care kit. Step by step directions are in his room for guidance. Ensure skin around trach is clean and checked daily. Change drain sponge daily. Change trach ties weekly or as needed. One time a day for Trach care . On 5/28/25 at 9:41 AM, during screening, Surveyor observed a sign outside of door and a cart indicating R4 is on enhanced barrier precautions and staff should wear a gown and gloves for direct care activities. On 5/29/25 at 12:42 PM, Surveyor observed RN F (Registered Nurse) perform tracheostomy care for R4. Surveyor observed the following: RN F performed hand hygiene. RN F set up the tracheostomy care supplies in R4's room with bare hands. RN F then donned gloves but did not don a gown. RN F removed R4's old tracheostomy tubing then removed her gloves, did not perform hand hygiene, and donned new gloves. RN F inserted a new trach tube. RN F removed her gloves, did not perform hand hygiene, and donned new gloves. RN F finished tracheostomy care. RN F removed her gloves then performed hand hygiene. On 5/29/25 at 12:56 PM, Surveyor interviewed RN F regarding hand hygiene during tracheostomy care. RN F indicated she did not perform hand hygiene after removing her gloves during care. RN F indicated hand hygiene should be done immediately after removing gloves and she did not. Surveyor also interviewed RN F about enhanced barrier precautions for R4. RN F indicated she should have worn a gown and gloves for the tracheostomy care and did not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525728	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Place of Janesville	700 Myrtle Way Janesville, WI 53545

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/25 around 1:00 PM, Surveyor interviewed ADON E (Assistant Director of Nursing) regarding hand hygiene during wound care. Surveyor reviewed the observations made during RN F's performance of tracheostomy care for R4. Surveyor asked ADON E if she would expect hand hygiene to be completed after removing gloves and ADON E indicated hand hygiene should have been completed each time after RN F removed her gloves. ADON E also indicated enhanced barrier precautions should have been implemented for R4's tracheostomy care.