

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Oak Park Place of Nakoma		STREET ADDRESS, CITY, STATE, ZIP CODE 4327 Nakoma Rd Madison, WI 53711	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>44552</p> <p>Based on interview and record review, the facility did not ensure that in response to allegations of abuse, neglect, exploitation, or mistreatment, that alleged violations are thoroughly investigated for 1 of 10 residents (R3) reviewed for abuse.</p> <p>R3's POA (Power of Attorney) voiced concerns and possible neglect during R3's stay from 11/1/24-11/4/24. NHA A (Nursing Home Administrator) initiated investigation, followed up with R3 and POA, but failed to interview other residents to ensure there were no other allegations or concerns.</p> <p>Evidence by:</p> <p>The facility policy, Abuse Neglect, Exploitation and Misappropriation Prevention Program, dated 2021, states, in part; .Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms .8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property .</p> <p>R3 was admitted to the facility 11/1/24 with a diagnoses of respiratory failure, heart disease, kidney failure, major depressive disorder, weakness, diabetes, and difficulty in walking. R3 has an activated power of attorney.</p> <p>Facility self-report to state agency, states, in part; .date discovered 11/7/24 .resident was admitted from hospital on 11/1 and returned to hospital on 11/4. On 11/7 facility received a report from the hospital that resident's daughter had made an allegation of neglect. Upon investigation, no evidence of neglect was found, and when asked for a statement, resident's daughter stated that she only called it neglect because she felt like her mother was not getting enough attention. Vitals remained stable during patients stay. NHA was in frequent contact with daughter over the weekend in question with no concerns of neglect. Patient remained at baseline during her stay. Allegation is unsubstantiated with no negative outcomes .NHA visited resident at least twice during the weekend from 11/1 to 11/4. Resident made no complaints of neglect and seemed generally satisfied Resident was sent to hospital on 11/4 and has not returned .</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/14/25 at 2:40PM, POA C (Power of Attorney) indicated she had talked with NHA A in regards with her concerns with R3's stay. POA C indicated she emailed concerns as well. POA C indicated she did talk with the NHA A the weekend of 11/1/24 and then further on 11/7/24 when he called to ask further questions about neglect. POA C indicated she didn't realize that by her saying neglect there would be an investigation, but she did have concerns with her mother's stay. POA C indicated she would send the Surveyor the email she sent NHA A with the concerns. POA C indicates staff told her that they were short staffed and doing the best they could do that weekend. POA C indicated her mother will never go back to the nursing home. POA C indicated she expected her mother to receive the very basic level of care, and she did not feel she received that while at the facility. POA C indicated the NHA A did not follow up further with her concerns and allegation of neglect.</p> <p>Surveyor reviewed POA C's list of concerns that was sent to the NHA A on 11/8/24 .states, in part; .When the doctors asked me what happened over the weekend, I told them what I observed. I called it neglect as a person that can't move their arms nor legs and can't even push an alert button needs more attention and I don't believe she received that. Plus, she said herself that she was neglected thus her comment on being miserable .</p> <p>On 1/15/25 at 1:45PM, NHA A (Nursing Home Administrator) indicated NHA A reviewed hospital notes on 11/7/24 indicating R3's POA voiced concern with neglect at the facility when R3 was there on 11/1/24-11/4/24. NHA A contacted R3's POA and NHA A indicated that POA stated she did not mean neglect and that she was concerned with R3 not getting attention from staff. NHA A stated he then asked for a written statement from R3's POA. NHA A reported possible neglect to State Agency and initiated investigation. NHA A collected written statements from staff that had worked on 11/2/24. NHA A indicated he also saw R3 in bedroom being assisted with eating and staff assisting her on 11/2/24. NHA A indicated he had multiple texts with POA on 11/2/24 and 11/3/24. NHA A indicated he did not interview other residents regarding concerns with neglect because R3's POA indicated she did not mean neglect. NHA A indicated he did receive written statement from POA. Surveyor asked NHA A if he reviewed the written statement. NHA A found written statement in his emails and stated that he wouldn't have done anything further because the POA indicated she did not mean neglect when he followed up with her on 11/7/24 and she did not voice neglect when he talked to throughout the weekend of 11/1/24. NHA A indicated moving forward he will interview a sample of residents while working through an investigation.</p> <p>The facility failed to ensure all alleged violations of abuse, neglect, exploitation, or mistreatment, are thoroughly investigated to ensure safety of all residents.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434</p> <p>Based on interviews and record review, the facility did not ensure that the services provided by nursing personnel met the professional standards of quality for 5 of 6 residents (R5, R8, R9, R10 and R1).</p> <p>R5, R9, R10 and R1's vital signs were not completed as ordered.</p> <p>R8, was admitted to the facility with orders for daily vital signs. The facility did not complete these physician's orders as ordered and assess the Residents' vital signs daily.</p> <p>This is evidenced by:</p> <p>The facility policy entitled, Resident Examination and Assessment, dated 02/2014, states, in part: Purpose: The purpose of this procedure is to examine and assess the resident for any abnormalities in health status, which provides a basis for the care plan . Physical Exam: 1. Vital Signs: a. blood pressure (standing and sitting); b. pulse (carotid); c. respirations; and d. temperature . Documentation: The following information should be recorded in the resident's medical record: 1. The date and time the procedure was performed. 3. All assessment data obtained during the procedure . 5. If the resident refused the procedure, the reason(s) why the intervention taken .Reporting: . 2. Notify the physician of any abnormalities such as, but not limited to: a. abnormal vital signs .</p> <p>The facility policy entitled, Blood Pressure, Measuring, dated 09/2010, states, in part: . Documentation: The following information should be recorded in the resident's medical record: 1. The date and time the blood pressure was measured . 3. The blood pressure reading. 4. If the resident refused the treatment, the reason(s) why and the intervention taken .</p> <p>The facilities Policy and Procedure entitled Charting and Documentation dated July 2017 documents, in part: .2. The following information is to be documented in the resident medical record: a. Objective observations; b. Medications administered; c. Treatments or services performed; d. Changes in the resident's condition; e. Events, incidents or accidents involving the resident; and f. Progress toward or changes in the care plan goals and objectives .</p> <p>Example 1</p> <p>R5 was admitted to the facility on [DATE], and has diagnoses that include: periprosthetic fracture around internal prosthetic left hip joint (fracture around a prosthetic hip), muscle weakness, type 2 diabetes, salmonella sepsis, hypertension (high blood pressure), atrial flutter (irregular heart rhythm).</p> <p>R5's Admission Minimum Data Set (MDS) Assessment, with Assessment Reference Date (ARD) of 11/28/24, shows R5 has a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating R5 is cognitively intact.</p> <p>R5's physician orders state, in part:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Medicare charting and Daily vital signs in the morning. Order Status: Active. Start date: 11/30/24.</p> <p>R5's Vital Sign records from November 2024 through January 2025 state, in part:</p> <p>Blood Pressure, Pulse, Respiratory Rate, and Temperature were not recorded on: 12/3/24, 12/7/24, 12/14/24, 12/18/24, 12/19/24, 12/20/24 12/23/24, 12/24/24, 12/25/24,12/31/24, 1/2/25,</p> <p>Example 2</p> <p>R8 was admitted to the facility on [DATE], and has diagnoses that include, in part: osteomyelitis of vertebra-sacral and sacrococcygeal region (infection of the bones of the spine in the lower back), hypertension (high blood pressure).</p> <p>R8's Admission Minimum Data Set (MDS) Assessment, with Assessment Reference Date (ARD) of 11/14/24, indicates a Brief Interview of Mental Status (BIMS) should be conducted, however the assessment has not been completed and no score was provided.</p> <p>R8's physician orders state, in part:</p> <p>Medicare charting and Daily vital signs in the morning. Order Status: Active. Start date: 11/30/24.</p> <p>R8's Vital Sign records from November 2024 through January 2025 state, in part:</p> <p>Blood Pressure, Pulse, Respiratory Rate, and Temperature were not recorded on: 12/4/24, 12/7/24 12/19/24, 12/20/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/30/24</p> <p>Example 3</p> <p>R9 was admitted to the facility on [DATE], and has diagnoses that include, in part: dysarthria following cerebral infarction (difficulty forming words due to a stroke), hypertension (high blood pressure), and pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit.</p> <p>R9's Admission Minimum Data Set (MDS) Assessment, with Assessment Reference Date (ARD) of 11/19/24, indicates a Brief Interview of Mental Status (BIMS) shows R9 has a Brief Interview of Mental Status (BIMS) score of 7 out of 15 indicating severe cognitive impairment.</p> <p>R9's physician orders state, in part:</p> <p>Medicare charting and Daily vital signs in the morning. Order Status: Active. Start date: 11/30/24.</p> <p>R9's Vital Sign records from November 2024 through January 2025 state, in part:</p> <p>Blood Pressure, Pulse, Respiratory Rate, and Temperature were not recorded on: 12/3/24, 12/7/24, 12/14/24, 12/19/24, 12/20/24, 12/21/24, 12/22/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 12/29/24, 12/31/24, 1/2/25, 1/4/25, 1/6/25, 1/8/25, 1/9/25, 1/10/25,1/12/25.</p> <p>Example 4</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R10 was admitted to the facility on [DATE], with diagnoses that include, in part: metabolic encephalopathy (brain dysfunction caused by an underlying condition), decreased white blood cell count (white blood cells fight infections), and atrial fibrillation (irregular heart rhythm).</p> <p>R10's Admission Minimum Data Set (MDS) Assessment, with Assessment Reference Date (ARD) of 11/17/24, indicates a Brief Interview of Mental Status (BIMS) shows R9 has a Brief Interview of Mental Status (BIMS) score of 7 out of 15 indicating severe cognitive impairment.</p> <p>R10's physician orders state, in part:</p> <p>Medicare charting and Daily vital signs in the morning. Order Status: Active. Start date: 11/30/24.</p> <p>R10's Vital Sign records from November 2024 through January 2025 state, in part:</p> <p>Blood Pressure, Pulse, Respiratory Rate, and Temperature were not recorded on: 12/1/24, 12/2/24, 12/3/24, 12/14/24, 12/16/24, 12/18/24, 12/19/24, 12/22/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 12/29/24, 12/31/24, 1/1/25, 1/2/25, 1/3/25, 1/4/25, 1/5/25, 1/8/25, 1/9/25, 1/10/25, 1/12/25.</p> <p>On 1/15/25 at 11:01 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if physician orders should be followed. DON B states, yes. Surveyor asked DON B if someone has an order for daily vitals, should their vitals be taken daily. DON B states, yes. Surveyor asked DON B what the expectation is for when a resident refuses vitals. DON B indicates, a progress note or some sort of documentation should be completed that the resident refused and a physician would need to be notified on a case-by-case basis. Surveyor asked DON B if R5, R8, R9, and R10, all who have orders for daily vitals, should have their vital signs documented daily. DON B states, yes.</p> <p>The facility failed to complete physician orders as ordered and complete daily vital signs for R5, R8, R9, R10.</p> <p>38725</p> <p>Example 5</p> <p>R1 admitted to the facility 12/20/24. R1 has the following diagnoses: cellulitis of left lower limb (soft tissue infection), paroxysmal atrial fibrillation (irregular heartbeat), and essential (primary) hypertension (high blood pressure).</p> <p>R1's Physician Orders document:</p> <p>12/20/24 Check blood glucose four times daily and as needed. Notify physician if blood glucose <60 or >350. before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED (E11.40)</p> <p>12/22/24 Check blood glucose four times daily and as needed. Notify physician if blood glucose <60 or >350. before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED (E11.40) AND as needed for diabetes check prn if symptomatic of hypo or hyperglycemia.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/27/2024 Daily Vital Signs and Medicare charting AM every day shift.</p> <p>It is important to note that R1 admitted to this facility on a skilled care stay, this requires documentation daily surrounding R1's skilled care needs.</p> <p>R1's Vital Sign (temperature, heart rate, respiratory rate, blood pressure, oxygen saturation) Record log documents vital signs every day except 12/22/24.</p> <p>R1's Assessments contain a template for Medicare Follow up and Clinical Follow up:</p> <p>Clinical Follow Up- 12/22/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24.</p> <p>Medicare templates- 12/26/24, 12/30/24, 12/31/24, 1/2/25, 1/3/25, 1/7/25, 1/8/25.</p> <p>It is important to note that there is no Medicare documentation on 12/20/24, 12/21/24, 12/27/24, 12/28/24, 12/29/24, 1/1/25, 1/4/25, 1/5/25, and 1/6/25.</p> <p>R1's MAR (Medication Administration Record) documents the following:</p> <p>Blank boxes- 12/20/24 at 1200 (12 PM), 1700 (5 PM), and 2100 (9 PM).</p> <p>Of note there is a documented blood sugar on 12/20/24 in R1's Vital Sign Record at 2335 (11:35 PM).</p> <p>Check marks (indicating task completed)- 12/21/24 for 0700 (7 AM), 1200, 1700 and 2100.</p> <p>It is important to note that the only recorded result for R1's blood sugar on 12/21/24 is at 2258 (10:58 PM), there is no blood sugar result recorded in R1's medical record on 12/21/24 for 0700, 1200, or 1700.</p> <p>On 1/15/25 at 11:00 AM, Surveyor interviewed LPN D (Licensed Practical Nurse). Surveyor asked LPN D what a blank box on MAR would mean, LPN D said he didn't know as he had never seen that before.</p> <p>On 1/15/25 at 11:24 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how often should Medicare charting be completed, DON B said daily. Surveyor asked DON B what format is used for Medicare charting, DON B stated a template, Medicare Charting template or Clinical Follow Up template. Surveyor asked DON B what the Clinical Follow Up template entails, DON B explained that it is a focused template for the issue at hand.</p> <p>On 1/15/25 at 1:29 PM, Surveyor interviewed LPN D. Surveyor asked LPN D how often Medicare charting is to be completed, LPN D said once a day. Surveyor asked LPN D what format is used for Medicare charting, LPN D stated template.</p> <p>On 1/15/25 at 3:06 PM, Surveyor interviewed DON B. Surveyor asked DON B what a blank box on MAR would mean, DON B stated she was unsure, she would need to see what was being referenced. Surveyor showed DON B on MAR. Surveyor asked DON B if that could mean that the order wasn't done, DON B replied possibly. Surveyor asked DON B if staff should follow Physician orders as written, DON B stated yes.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>38725</p> <p>Based on interview and record review the facility did not ensure residents are free of any significant medication errors for 1 of 3 residents (R1) reviewed for medications.</p> <p>R1 had 8 medications not administered for a duration of time in December and January that could lead to significant negative outcome.</p> <p>This is evidenced by:</p> <p>The facilities Policy and Procedure entitled Administering Medications dated April 2019, documents, in part: . 4. Medications are administered in accordance with prescriber orders, including any required time frame .</p> <p>The facilities Policy and Procedure entitled Adverse Consequences and Medication Errors dated February 2023, documents, in part: .Medication Errors 1. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services. 2. Examples of medications errors include: a. Omission- a drug is ordered but not administered .3. A significant medication-related error is defined as .b. Requiring hospitalization , or extending a hospitalization .e. Resulting in cognitive deterioration or impairment f. Life threatening .</p> <p>The facilities Policy and Procedure entitled Charting and Documentation dated July 2017 documents, in part: .2. The following information is to be documented in the resident medical record .Medications administered .</p> <p>Example</p> <p>R1 admitted to the facility 12/20/24. R1 has the following diagnoses: cellulitis of left lower limb (soft tissue infection), hyperlipidemia (high cholesterol), paroxysmal atrial fibrillation (irregular heartbeat), type 2 diabetes mellitus with diabetic neuropathy, epilepsy (seizure disorder), chronic pain, essential (primary) hypertension (high blood pressure), portal vein thrombosis (narrowing or blocking of the portal vein (to liver) by a blood clot), benign prostatic hyperplasia without lower urinary tract symptoms (enlarged prostate), personal history of transient ischemic attach (TIA) (brief stroke-like attack) and cerebral infarction without residual deficits (stroke), and secondary gout (form of arthritis).</p> <p>R1's Discharge Medication List to the facility included:</p> <p>Insulin Glargine 20 units daily for diabetes mellitus</p> <p>Semaglutide 14 mg (milligrams) daily for diabetes mellitus</p> <p>Zonisamide 300 mg daily for seizure</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Apixaban 5 mg twice daily for paroxysmal atrial fibrillation</p> <p>Levetiracetam 1750 mg twice daily for seizures</p> <p>Mycophenolate 180 mg twice daily for antirejection of organ transplant</p> <p>Tacrolimus 1 mg twice daily for antirejection of organ transplant</p> <p>Ursodiol 500 mg twice daily for liver transplant recipient/bile flow</p> <p>Atorvastatin 10 mg (milligrams) daily for hyperlipidemia</p> <p>Baclofen 10 mg daily for muscle spasms</p> <p>Colchicine 0.6 mg daily for gout</p> <p>Gemtesa 75 mg daily for BPD</p> <p>Nystatin cream daily for yeast</p> <p>Miralax 17 G (grams) daily for constipation</p> <p>Terazosin 2 mg daily for BPH</p> <p>Acyclovir 400 mg twice daily for herpes simplex</p> <p>Penicillin V potassium 500 mg twice daily related to ankle hardware</p> <p>Pregabalin 100 mg three times per day for chronic pain</p> <p>R1's MAR (Medication Administration Record) documents the following:</p> <p>Of note, per chart codes 9= other/see progress notes</p> <p>Insulin Glargine: 9- 12/21/24</p> <p>Semaglutide: 9- 12/21/24, 12/22/24, 12/23/24, 12/26/24, 12/27/24, 12/28/24</p> <p>Zonisamide: 9- 12/21/24, 1/5/25</p> <p>Apixaban: blank- 2000 (8 PM)- 12/20/24; 9 0800 (8 AM)- 12/21/24, 2000- 12/22/24, 12/23/24, 12/25/24, 12/26/24</p> <p>Levetiracetam: blank- 2000- 12/20/24; 9- 0800- 12/21/24, 12/22/24, 12/23/24, 2000- 12/22/24, 12/23/24</p> <p>Mycophenolate: blank- 2000- 12/20/24; 9- 0800- 12/21/24</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Tacrolimus: blank- 1600 (4 PM)- 12/20/24; 9- 0800- 12/21/24, 12/23/24, 1600- 12/21/24, 12/22/24, 12/23/24</p> <p>Ursodiol: blank- 2000- 12/20/24; 9- 0800- 12/21/24, 12/22/24, 12/23/24, 12/24/24, 1600- 12/21/24, 12/22/24, 12/24/24, 12/25/24, 12/27/24, 12/30/24</p> <p>Of note, per chart codes 5= hold/see progress notes, 9= other/see progress notes</p> <p>Atorvastatin: blank- 12/20/24; 9- 12/22/24, 12/23/24, 12/25/24</p> <p>Baclofen: blank- 12/20/24; 9- 12/25/24, 12/26/24</p> <p>Colchicine: 9- 12/21/24, 12/24/24</p> <p>Gemtesa: 9- 12/21/24</p> <p>Nystatin: 9- 12/21/24, 12/23/24</p> <p>Miralax: 9- 12/22/24</p> <p>Terazosin: blank- 12/20/24; 9- 12/25/24</p> <p>Acyclovir: blank- 2000 (8 PM)- 12/20/24; 9- 0800 (8 AM)- 12/21/24, 2000- 12/25/24</p> <p>Penicillin V potassium: blank- 2000- 12/20/24; 9- 0800- 12/21/24, 12/22/24, 12/23/24, 2000-12/22/24, 12/23/24, 12/25/24</p> <p>Pregabalin: blank- 1600 (4 PM)- 12/20/24, blank- 2000- 12/20/24; 9- 0800- 12/21/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 1600- 12/21/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 2000- 12/21/24, 12/22/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24; 5- 1600- 12/22/24</p> <p>It is important to note that none of the above medications were administered to R1 on the date and times listed and there was no Physician notification made regarding this.</p> <p>Adverse reactions R1 could experience by not receiving these medications include, but not limited to:</p> <p>Insulin glargine and semaglutide- elevated blood sugars, diabetic ketoacidosis (blood sugar gets so high that your blood become acidic), etc.</p> <p>Zonisamide and Levetiracetam- seizures, suicidal ideations, etc.</p> <p>Abixaban- increased risk for blood clots, increase risk of stroke, etc.</p> <p>Mycophenolate, Tacrolimus, and Ursodiol- increased risk of organ rejection, graft organ could fail, etc.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Oak Park Place of Nakoma		STREET ADDRESS, CITY, STATE, ZIP CODE 4327 Nakoma Rd Madison, WI 53711	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 11:00 AM, Surveyor interviewed LPN D (Licensed Practical Nurse). Surveyor asked LPN D what 9 means on MAR, LPN D stated wasn't given and reason documented in progress note. Surveyor asked LPN D if 9 is documented should there be a progress note, LPN D replied there should be one. Surveyor asked LPN D what a blank box on MAR would mean, LPN D said he didn't know as he had never seen that before.</p> <p>On 1/15/25 at 11:15 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what 9 means on MAR, DON B said other/see progress note. Surveyor asked DON B if 9 is documented should there be a progress note, DON B said reason should be in progress note, but with Agency here, I'm just not sure, and there's another number that means something similar.</p> <p>Of note, Surveyor reviewed chart codes 5 says hold/see progress notes.</p> <p>On 1/15/25 at 3:06 PM, Surveyor interviewed DON B. Surveyor asked DON B what a blank box on MAR would mean, DON B stated she was unsure, she would need to see what was being referenced. Surveyor showed DON B on MAR. Surveyor asked DON B if that could mean that the order wasn't done, DON B replied possibly. Surveyor asked DON B if staff should follow Physician orders as written, DON B stated yes. Surveyor asked DON B should medications be given as ordered, DON B stated yes. Surveyor asked DON B if a medication isn't available what would you expect the nurses to do, DON B explained the nurse should check the automatic dispensing unit and give from there. Surveyor asked DON B what if the medication is not in the automatic dispensing unit, DON B said then they would need to call pharmacy and administer it when it was delivered. Surveyor asked DON B what if the automatic dispensing unit doesn't have it and neither does the pharmacy, DON B explained that the pharmacy would give the facility a paper about the medication and the facility would send that to the Physician. Surveyor asked DON B if medications not administered would be medication errors, DON B stated yes.</p>		