

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  12/03/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review, and review of professional standards of practice, the facility did not ensure that the services provided by nursing personnel met the professional standards of quality for 1 of 5 sampled residents (R1). R1 has diagnoses of CHF (congestive heart failure) and had orders for daily weight for monitoring of CHF. The facility did not monitor daily weights. Evidenced by: The facility policy entitled Weight Assessment and Intervention, dated 3/22, states, in part: . Policy Statement: Resident weights are monitored for undesirable or unintended weight loss or gain. Policy Interpretation and Implementation: Weight Assessment. 2. Weights are recorded in each unit's weight record chart and in the individual's medical record. 3. any weight change of 5% or more since last weight assessment is retaken the next day for confirmation. a. If the weight is verified, nursing will immediately notify the dietician in writing. 5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria. a. 1 month- 5% weight loss is significant; greater than 5% is severe. b. 3 months- 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months- 10% weight loss is significant; greater than 10% is severe. The facility policy entitled Change in a Resident's Condition or Status, dated 2/21, states, in part: . Policy Statement: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. Policy Interpretation and Implementation: 1. The nurse will notify the resident's attending physician or physician on call when there has been a (an): . d. significant change in the resident's physical/emotional/mental condition; e. needs to alter the resident's medical treatment significantly, f. refusal of treatment or medications two (2) or more consecutive times. 2. A significant change of condition is a major decline or improvement in the resident's status that: a. will not normally resolve itself without intervention by staff. c. requires interdisciplinary review and/or revision to the care plan. R1 admitted to the facility on [DATE] and has diagnoses that include fracture of first lumbar vertebra, CHF (a condition where the heart muscle is weakened and cannot pump blood effectively), cognitive communication deficit, and type 2 diabetes mellitus (Chronic condition where the body doesn't use insulin properly, leading to high blood sugar levels). R1's NP (nurse practitioner) Nursing Facility Acute Visit, dated 8/13/25, states, in part: . Assessment and Plan: . No weights documented since 7/20/25. Obtain updated weight tomorrow morning and daily thereafter for CHF (Congestive Heart Failure) . R1's Telephone order dated 8/13/25, states: Please obtain updated weight tomorrow morning on 8/13/25 and daily thereafter for CHF. R1's Physician Orders, dated 10/08/25, states, in part: . Daily Weight one time a day for monitoring due to CHF. Call NP if weight gain/loss 3 lbs. in a day OR 5lbs. in a week. Start Date: 7/11/25. R1's MAR (Medication Administration Record) for July, August, September, and October of 2025 shows:-Daily weight one time a day for monitoring due to CHF. Call NP if weight gain/loss 3 lbs. (pounds) in a day OR 5 lbs. in a week. Start Date: 7/11/25. D/C (discontinue) Date: 10/15/25. Note: MARS are showing R1's weight was completed on some days, refused on some days, held on some days, and marked as other/see progress notes on some days. R1's weight record in medical record shows the following weights recorded as:-7/16/25 281.4 lbs.-7/20/25 280.0 lbs.-8/20/25 280.0 lbs.-9/14/25 265.0 lbs.-9/23/25 238.0 lbs. Of note: Weights are not being obtained daily as physician ordered. R1 had a weight loss of 43.4 lbs. in three months. R1's Progress Note dated 8/17/25 at 4:11 PM states: Daily Weight one time a day for monitoring due to CHF Call NP if weight gain/loss 3 lbs. in a day OR 5 lbs. in a week. Physical Therapist told aides that he must have a back brace on and to not attempt to get him up for his weight; they will do it. On 10/23/25, at 11:20 AM, Surveyor spoke with PTD C (Physical Therapy Director) who indicated therapy does not weigh the residents. Surveyor read the progress note to PTD C regarding PT telling aides to not attempt to get R1 up to weigh that PT will do it. PTD C indicated he does not know where that note came from and assured Surveyor therapy does not weigh residents regularly. On 10/23/15, at 2:16 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B if he was aware R1 had an order for a daily weight for monitoring of CHF, and DON B indicated yes. Surveyor asked DON B if he would expect physician's orders to be followed and DON B indicated yes. Surveyor reviewed R1's weights that were documented with DON B and asked if there were weights documented somewhere else. DON B indicated no. DON B indicated R1 refuses weights and has issues with orthostatic blood pressures. DON B indicated whenever staff wants to get R1 up R1 gets nauseated and refuses. Surveyor asked DON B if R1's physician was updated on refusals. DON B indicated R1's physician had been working on getting orthostatic blood pressures under control at some point</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to maintain acceptable parameters of nutritional status and consult with the residents Physician on this for 1 of 3 residents (R1) reviewed for nutrition. R1 had a severe weight loss of 15.3% in 2 months. The facility did not complete daily weights as ordered or notify physician. Evidenced by: The facility policy entitled Weight Assessment and Intervention, dated 3/22, states, in part: . Policy Statement: Resident weights are monitored for undesirable or unintended weight loss or gain. Policy Interpretation and Implementation: Weight Assessment. 2. Weights are recorded in each unit's weight record chart and in the individual's medical record.3. any weight change of 5% or more since last weight assessment is retaken the next day for confirmation. a. If the weight is verified, nursing will immediately notify the dietician in writing.5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria. a. 1 month- 5% weight loss is significant; greater than 5% is severe. b. 3 months- 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months- 10% weight loss is significant; greater than 10% is severe. R1 admitted to the facility on [DATE] and has diagnoses that include fracture of first lumbar vertebra, CHF (a condition where the heart muscle is weakened and cannot pump blood effectively), cognitive communication deficit, and type 2 diabetes mellitus (Chronic condition where the body doesn't use insulin properly, leading to high blood sugar levels). R1's Physician Orders, dated 10/08/25, states, in part: . Daily Weight one time a day for monitoring due to CHF. Call NP if weight gain/loss 3 lbs. in a day OR 5lbs. in a week. Start Date: 7/11/25. R1's MAR (Medication Administration Record) for July, August, September, and October of 2025 shows:-Daily weight one time a day for monitoring due to CHF. Call NP if weight gain/loss 3 lbs. (pounds) in a day OR 5 lbs. in a week. Start Date: 7/11/25. D/C (discontinue) Date: 10/15/25.Note: MARS are showing R1's weight was obtained on some days, refused on some days, held on some days, and lists other/see progress notes on some days. R1's weight record in medical record shows the following weights recorded as:-7/16/25 281.4 lbs.-7/20/25 280.0 lbs.-8/20/25 280.0 lbs.-9/14/25 265.0 lbs.-9/23/25 238.0 lbs.Of note: Weights are not being obtained daily as physician ordered. R1 had a weight loss of 43.4 lbs. in three months. This is a severe weight loss. On 10/23/15, at 2:16 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B if he was aware R1 had an order for a daily weight for monitoring of CHF, and DON B indicated yes. Surveyor asked DON B if he would expect physician's orders to be followed and DON B indicated yes. Surveyor reviewed R1's weights that were documented for R1 with DON B and asked if there were weights documented somewhere else. DON B indicated no. DON B indicated R1 refuses weights and has issues with orthostatic blood pressures. DON B indicated whenever staff wants to get R1 up R1 gets nauseated and refuses. Surveyor asked DON B looking at R1's weight on 9/14/25 being 265.0 lbs. from 280.0 lbs. on 8/20/25, that is a weight loss of 15 lbs. in one month. Is that a severe weight loss and DON B indicated yes. Surveyor asked DON B if he would expect physician to be notified of severe weight loss and DON B indicated yes. Surveyor asked DON B if R1's physician was updated on weight loss and refusals. DON B indicated the physician should have been updated. R1's physician had been working on getting orthostatic blood pressures under control at some point. DON B indicated he had a conversation with R1's NP but he does not think it was documented. Surveyor asked DON B if he would expect documentation of refusals in R1's medical record for refusal of weights, and DON B indicated yes. DON B indicated he would look for documentation to support the physician was aware of refusals and weight loss. Surveyor asked DON B if risks and benefits had been explained to R1 regarding refusal of weights and DON B indicated no. On 10/23/25, at 3:30 PM, DON B indicated to Surveyor the facility does not have any notification that NP or physician was updated on weight loss.</p>		