

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 09/18/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R14) of 1 resident reviewed for hospitalization received a transfer notice that included the date of the transfer, the reason for the transfer, the location of the transfer, appeal rights, and contact information for the State Long-Term Care Ombudsman.</p> <p>R14 was transferred to the hospital on 8/10/24. Neither R14 or R14's emergency contact were provided with a written transfer notice.</p> <p>Findings include:</p> <p>On 9/18/24, Surveyor review R14's medical record. R14 was admitted to the facility on [DATE] and had diagnoses including acute kidney injury, adjustment disorder with depressed mood, unspecified fall, and pulmonary embolism. R14's Minimum Data Set (MDS) assessment, dated 8/10/24, did not indicate R14 was assessed for cognition. R14 did not have an activated Power of Attorney (POA).</p> <p>R14's medical record indicated R14 was transferred to the hospital on 8/10/24. R14's medical record did not indicate R14 or R14's emergency contact were provided with a written transfer notice.</p> <p>On 9/18/24 at 11:17 AM, Surveyor interviewed Corporate Registered Nurse (CRN)-C who stated the facility did not have a transfer notice for R14's hospital transfer. CRN-C stated a written transfer notice should have been provided prior to R14's transfer.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R14) of 1 resident reviewed for hospitalization received the proper bed hold notice when transferred to the hospital.</p> <p>R14 was transferred to the hospital 8/10/24. The facility did not provide R14 or R14's emergency contact with a bed hold notice.</p> <p>Findings include:</p> <p>The facility's Bed-Holds and Returns policy, dated October 2022, indicates: Residents and/or their representatives are informed in writing of the facility and state bed hold policies. The bed hold addresses holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: a. well in advance of any transfer, and b. at the time of transfer (or, if the transfer was an emergency, within 24 hours).</p> <p>On 9/18/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] and had diagnoses including acute kidney injury, adjustment disorder with depressed mood, unspecified fall, and pulmonary embolism. R14's Minimum Data Set (MDS) assessment, dated 8/10/24, did not indicate R14 was assessed for cognition. R14 did not have an activated Power of Attorney (POA).</p> <p>R14's medical record indicated R14 was transferred to the hospital on 8/10/24. R14's medical record did not indicate R14 and/or R14's emergency contact were provided with a bed hold notice.</p> <p>On 9/18/24 at 11:17 AM, Surveyor interviewed Corporate Registered Nurse (CRN)-C who stated the facility did not issue a bed hold notice for R14's hospital transfer. CRN-C indicated a bed hold notice should have been provided prior to R14's transfer.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure a continuous positive airway pressure (CPAP) machine was cleaned per the facility's policy for 1 resident (R) (R7) of 1 sampled resident.</p> <p>R7 used a CPAP machine for obstructive sleep apnea (a potentially serious sleep disorder in which breathing repeatedly stops and starts). Staff did not clean the CPAP machine per the facility's policy.</p> <p>Findings include:</p> <p>The facility's CPAP/BiPAP (biveal positive airway pressure) Support Policy and Procedure, with an issue date of 3/2015, indicates: .7. Masks, nasal pillows, and tubing: Clean daily by placing in warm, soapy water and soaking/agitating for 5 minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses.</p> <p>From 9/16/24 to 9/18/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including COVID-19, Clostridium difficile, dysphagia, and failure to thrive. R7's Minimum Data Set (MDS) assessment, dated 8/31/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R7 had severely impaired cognition. R7 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>R7's care plan, dated 8/27/24, contained an intervention to Ensure CPAP/BiPAP is in good working condition, cleaned regularly, and maintains a good fit.</p> <p>On 9/16/24 at 10:59 AM, Surveyor observed a CPAP machine on a table near R7's bed and noted the face mask contained film and condensation.</p> <p>On 9/16/24 at 10:59 AM, Surveyor interviewed R7 who did not recall seeing staff clean the face mask since R7 was admitted .</p> <p>On 9/17/24 at 2:48 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-G who indicated Certified Nursing Assistants (CNAs) cleaning residents' CPAP machines.</p> <p>On 9/17/24 at 2:51 PM, Surveyor interviewed CNA-H who indicated PM shift CNAs apply the CPAP for residents and AM shift CNAs clean the CPAP mask and equipment.</p> <p>On 9/18/24 at 9:57 AM, Surveyor interviewed CNA-I who indicated CNA-I removes the CPAP mask and places it on a paper towel on the bedside table next to the bed. CNA-I indicated CNA-I does not clean the mask and stated a nurse normally does so.</p> <p>On 9/18/24 at 10:12 AM, Surveyor interviewed LPN-J who indicated LPN-J does not do anything with CPAP machines or equipment.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/18/24 at 11:38 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B could not speak to the cleaning of CPAP machines and equipment but expects staff to follow the facility's policy.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R2) of 5 sampled residents was monitored for adverse reactions or side effects of a high-risk medication.</p> <p>R2 was prescribed lamotrigine (an anticonvulsant medication), and oxycodone (an opioid medication). R2's plan of care did not contain monitoring for adverse reactions or side effects of lamotrigine and oxycodone.</p> <p>Findings include:</p> <p>The facility's Medication Therapy policy, dated April 2007, indicates: Each resident's medication regimen shall include only those medications necessary to treat existing conditions and address significant risks . Upon or shortly after admission, and periodically thereafter, the staff and practitioner (assisted by the consultant pharmacist) will review an individual's current medication regimen, to identify whether: .d. potential or suspected side effects are present.</p> <p>According to Medlineplus.gov: lamotrigine may cause side effects including, but not limited to, loss of balance or coordination, double vision, blurred vision, uncontrollable movements of the eyes, difficulty thinking or concentrating, difficulty speaking, headache, drowsiness, dizziness, diarrhea, constipation, loss of appetite, weight loss, heartburn, nausea, vomiting, dry mouth, stomach, back, or joint pain, swelling, itching, or irritation of the vagina, uncontrollable shaking of a part of the body, swelling of the face, throat, tongue, lips, and eyes, difficulty swallowing or breathing, seizures, fever, stiff neck, sensitivity to light, unusual bleeding or bruising, rash, swollen lymph nodes, yellowing of the skin or eyes, painful or bloody urination, pink eye, racing heartbeat, shortness of breath, and fainting.</p> <p>According to Medlineplus.gov: oxycodone may cause side effects including, but not limited to, dry mouth, stomach pain, drowsiness, flushing, headache, mood changes, changes in heartbeat, agitation, hallucinations, fever, sweating, confusion, shivering, severe muscle stiffness or twitching, loss of coordination, diarrhea, nausea, vomiting, loss of appetite, weakness, or dizziness, chest pain, rash, itching, hives, difficulty breathing or swallowing, swelling of the face, mouth, tongue, lips, throat, hands, feet, ankles, or lower legs, and seizures.</p> <p>Between 9/16/24 and 9/18/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including spondylosis without myelopathy or radiculopathy, lumbosacral region, and bipolar disorder. R2's Minimum Data Set (MDS) assessment, dated 9/4/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>R2's physician orders included lamotrigine 200 milligrams (mg) by mouth at bedtime, lamotrigine 150 mg once daily for bipolar disorder, and oxycodone 5 mg every 4 hours as needed for pain. R2's medical record did not indicate staff monitored R2 for adverse reactions or side effects of the medications.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/18/24 at 10:05 AM, Surveyor interviewed Corporate Registered Nurse (CRN)-C who stated the facility did not have side effect monitoring in place for R2's opioid or anticonvulsant medication. CRN-C stated CRN-C expects monitoring to be in place in R2's Medication Administration Record (MAR) or care plan.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure medications were accurately labeled for 2 residents (R) (R10 and R3) of 2 residents observed during medication administration. In addition, the facility did not ensure medications for 4 (R2, R6, R120, and R1) residents in 1 of 1 medication cart were disposed of when beyond the expiration date.</p> <p>During observations of medication administration, Licensed Practical Nurse (LPN)-G administered open and undated medication to R10 and R3.</p> <p>The facility's medication cart contained open and undated medications for R2, R6, R120, and R1.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated 4/2019, indicates: Medications are administered in a safe and timely manner, and as prescribed .12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>The facility's Medication Labeling and Storage policy, dated 2/2023, indicates: The facility stores all medication and biologicals in locked compartments under proper temperature, humidity, and light controls. Only authorized personnel have access to keys .Medication Labeling: .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 for the open vial.</p> <p>1. On 9/17/24 at 8:20 AM, Surveyor observed LPN-G prepare insulin lispro and glargine pens for R10. At 9:07 AM, Surveyor observed LPN-G prepare an insulin glargine pen for R3. Surveyor noted the pens did not contain open dates. Surveyor interviewed LPN-G who verified the insulin pens should have open dates and were good for 28 days after opening.</p> <p>2. On 9/17/24 at 1:20 PM, Surveyor observed the medication cart and noted the following:</p> <p>~ An insulin glargine pen for R2 with no open date. Manufacturer recommendations indicate: Store open vials/pens in the refrigerator or at room temperature up to 86 F (Fahrenheit) (30 C (Celsius)) for up to 28 days. Throw away all opened vials after 28 days of use, even if there is insulin left in the vial.</p> <p>~ A bottle of latanoprost eye drops for R6 with no open date. Manufacturer recommendations indicate: Protect from light. Store unopened bottle(s) under refrigeration at 2 to 8 C (36 to 46 F). During shipment to the patient, the bottle may be maintained at temperatures up to 40 C (104 F) for a period not exceeding 8 days. Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ A Stiolto inhaler for R120 with no open date. Manufacture recommendations indicate: After assembly, the Stiolto Respimat inhaler should be discarded at the latest 3 months after first use or when the locking mechanism is engaged, whichever comes first.</p> <p>~ A bottle of calcitonin nasal spray for R1 with no open date. Manufacturer recommendations indicate: After opening, store the bottle in an upright position for up to 30 days at 68 to 77 F (20 to 25 C). Excursions permitted to 59 F to 86 F (15 to 30 C).</p> <p>On 9/17/24 at 1:50 PM, Surveyor interviewed LPN-G who verified the unlabeled medication in the medication cart.</p> <p>On 9/18/24 at 8:09 AM, Surveyor interviewed Director of Nursing (DON)-B who verified staff should have dated the medications when they opened the medications.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42423</p> <p>Based on observation, staff interview, and record review, the facility did not ensure safe food handling practices were implemented. This had the potential to affect all 14 residents residing in the facility.</p> <p>Cook (CK)-F did not wear an appropriate hair covering.</p> <p>Raw meat was stored in a manner that had the potential to cross-contaminate other food items.</p> <p>Findings include:</p> <p>The Wisconsin Food Code documents at Hair Restraints 2-402.11 Effectiveness: (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles.</p> <p>The facility's Hair Restraints policy, with a revision date of 7/13/24, indicates: Hair must be pulled back and properly restrained when working with exposed food, clean equipment, utensils, linens, and unwrapped single service and single-use articles .Hair nets, bouffant caps, or bandana style hair coverings may be used for long or full hair not completely restrained by a hat.</p> <p>The Wisconsin Food Code documents at Preventing Food and Ingredient Contamination 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation: .(2) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: (a) Using separate equipment for each type, or (b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented, and (c) Preparing each type of food at different times or in separate areas.</p> <p>The facility's Food Storage policy, with a revision date of 5/1/24, indicates: Uncooked and raw animal products and fish are stored on drip-proof pans under ready-to-eat foods, dairy, and produce.</p> <p>On 9/16/24 at 9:45 AM, Surveyor conducted a tour of the kitchen accompanied by Dietary Manager (DM)-D and Dietetic (DT)-E who indicated the facility followed the Wisconsin Food Code. Upon entering the kitchen, Surveyor observed CK-F in the food preparation area with a hat and hair net that covered the top of CK-F's head to CK-F's earlobes. CK-F had long hair that extended past the center of CK-F's back which was not covered by a hair restraint.</p> <p>On 9/16/24 at 10:10 AM, Surveyor interviewed DM-D who confirmed CK-F's hair should be covered. DM-D retrieved a larger hair net and provided the hair net to CK-F.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/16/24 at 10:15 AM, Surveyor entered the walk-in cooler which contained a rack of four shelves that were not solid. The bottom shelf contained a cardboard box of raw ground hamburger that was thawed and wrapped in plastic. Next to the box of raw hamburger was a cardboard box of thawed boneless chicken breasts in an open plastic bag. The shelf above contained a cardboard box of thawed raw chicken thighs in an open plastic bag. Sweet potatoes were stored on the same shelf as the raw chicken. None of the boxes of raw meat contained equipment to prevent cross-contamination from dripping below or adjacent to the raw meat.</p> <p>Surveyor observed a sign on the walk-in cooler door with a diagram of the shelving unit that indicated how to store food. The sign indicated: Top-Ready to eat. Next down-Any food that will be hot held not in other categories. Next down-Whole seafood, beef, pork, veal, lamb, roasts, shell eggs. Next down-Ground, injected, tenderized meats. Bottom-All poultry-chicken, turkey, duck, fowl.</p> <p>On 9/16/24 at 10:16 AM, Surveyor interviewed DM-D who indicated kitchen staff usually place a sheet pan under foods that are thawing. DM-D confirmed the raw meat should be placed in a different arrangement to prevent cross-contamination. DM-D moved the raw chicken to the bottom rack and the raw hamburger up one rack and above the raw chicken. DM-D placed the sweet potatoes at the top of the shelving unit. DM-D confirmed the raw chicken should have been stored on the bottom shelf.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection. Staff did not sanitize equipment during the provision of care for 1 resident (R) (R2) of 1 resident. In addition, staff did not don appropriate personal protective equipment (PPE) during the provision of care for 1 (R7) of 1 resident.</p> <p>During an observation on 9/17/24, Licensed Practical Nurse (LPN)-G did not sanitize a blood pressure cuff before or after obtaining R2's blood pressure.</p> <p>During an observation on 9/18/24, LPN-J entered R7's room with a vitals machine and obtained R7's vital signs without donning a gown or gloves. R7 was on contact isolation precautions for Clostridium difficile (C. diff).</p> <p>Findings include:</p> <p>The facility's Isolation-Categories of Transmission-Based Precautions policy, dated 9/2022, indicates: .1. Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment .7. Staff and visitors wear gloves (clean, non-sterile) when entering the room .8. Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after the gown is removed.</p> <p>The Centers for Disease Control and Prevention (CDC) guidelines at https://www.cdc.gov/infectioncontrol/hcp/core-practices/index.html indicate: Reprocessing of Reusable Medical Equipment References and Resources: 1. Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient or when soiled.</p> <p>1. On 9/17/24 at 7:55 AM, Surveyor observed LPN-G enter R2's room with a vitals machine and obtain R2's blood pressure. Surveyor noted LPN-G did not sanitize the blood pressure cuff prior to or after use.</p> <p>Immediately following the observation, Surveyor interviewed LPN-G regarding sanitization of blood pressure cuffs between residents. LPN-G verified LPN-G did not sanitize the blood pressure cuff but should have.</p> <p>On 9/18/24 at 8:09 AM, Surveyor interviewed Director of Nursing (DON)-B who verified DON-B expects staff to sanitize multi-use equipment between residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. From 9/16/24 to 9/18/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] with diagnoses including Clostridium difficile, COVID-19, dysphasia, and failure to thrive. R7's Minimum Data Set (MDS) assessment, dated 8/31/24, had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R7 had severely impaired cognition. R7 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 9/18/24 at 10:05 AM, Surveyor observed a contact isolation precautions sign outside R7's room. Surveyor observed LPN-J enter R7's room with a vitals machine and obtain R7's vital signs without donning a gown or gloves.</p> <p>Immediately following the observation, Surveyor interviewed LPN-J who indicated LPN-J missed the contact isolation precautions sign posted outside R7's room. LPN-J verified LPN-J should have worn PPE.</p> <p>On 9/18/24 at 11:38 AM, Surveyor interviewed DON-B who verified DON-B expects staff to use PPE (including gloves, gowns, and masks) in accordance with the signage posted outside the door for residents on contact isolation precautions.</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 09/18/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff interview and record review, the facility did not ensure pneumococcal vaccinations were reviewed, offered, or administered for 2 residents (R) (R12 and R10) of 5 sampled residents.</p> <p>The facility did not review R12's vaccination history or offer R12 the PCV20 (Pneumovax 20) vaccine.</p> <p>The facility did not review R10's vaccination history or offer R10 the PCV20 vaccine.</p> <p>Findings include:</p> <p>Abbreviations (www.cdc.gov):</p> <p>PCV13: 13-valent pneumococcal conjugate vaccine (Pneumovax13(R))</p> <p>PCV20: 20-valent pneumococcal conjugate vaccine (Pneumovax 20(R))</p> <p>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))</p> <p>The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.</p> <p>The facility's Pneumococcal Vaccine policy, dated March 2022, indicates: .1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessment of pneumococcal vaccination status are conducted within five working days of the resident's admission if not conducted prior to admission.</p> <p>1. On 9/18/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE]. R12's medical record did not indicate R12 received a PPSV23 or PCV13 vaccine and did not indicate R12 was offered or administered the PCV20 vaccine.</p> <p>2. On 9/18/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE]. R10 received a PPSV23 vaccine on 2/20/09 and a PCV13 vaccine on 7/30/15. R10's medical record did not indicate R10 was offered or administered the PCV20 vaccine.</p> <p>On 9/18/24 at 12:06 PM, Surveyor interviewed Corporate Registered Nurse (CRN)-C who indicated the facility was not up to date with pneumococcal vaccinations and was implementing their policies.</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 09/18/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on staff interview and record review, the facility did not ensure a COVID-19 immunization was offered, declined, or administered for 2 residents (R) (R12 and R10) of 5 sampled residents.</p> <p>R12 and R10's medical records did not indicate the facility offered or administered COVID-19 immunizations.</p> <p>Findings include:</p> <p>The Centers for Disease Control and Prevention (CDC) guidelines at https://www.dcd.gov/mmwr/volumes/73/wr/mm7337e2.htm indicate: COVID-19 vaccination provides additional protection against severe COVID-19-associated illness and death. Since September 2023, 2023-2024 Formula monovalent XBB.1-strain COVID-19 vaccines have been recommended for use in the United States for all persons aged >6 months. However, SARS-CoV-2 continues to evolve, and since winter 2023-2024, Omicron JN.1 lineage strains of SARS-CoV-2, including the JN.1 strain and the KP.2 strain, have been widely circulating in the United States. Further, COVID-19 vaccine effectiveness is known to wane. On June 27, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended 2024-2025 COVID-19 vaccination with a Food and Drug Administration (FDA)-approved or authorized vaccine for all persons aged >6 months. On August 22, 2024, FDA approved the 2024-2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (based on the KP.2 strain) for use in persons aged >[AGE] years and authorized these vaccines for use in children aged 6 months-[AGE] years under Emergency Use Authorization (EUA).</p> <p>1. On 9/18/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE]. R12 received a COVID-19 vaccine on 8/5/21. R12's medical record did not indicate R12 was offered, declined, or administered an updated COVID-19 vaccine.</p> <p>2. On 9/18/24, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE]. R10 received a COVID-19 vaccine on 6/28/22. R10's medical record did not indicate R10 was offered, declined, or administered an updated COVID-19 vaccine.</p> <p>On 9/18/24 at 12:06 PM, Surveyor interviewed Corporate Registered Nurse (CRN)-C who indicated the facility was not up to date with COVID-19 vaccinations and was implementing their policies.</p>		