STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525729	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Park Place of Nakoma	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)
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 did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 23 residents who reside in the facility.Certified Nursing Assistant entered kitchenette 3 times without wearing a hair restraint during mealtime. Evidenced by:The facility policy, Hair Restraints, dated 7/13/25, states, in part;.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.On 1/20/26 at 12:15 PM, Certified Nursing Assistant D (CNA) entered kitchenette three times to get resident drinks. Surveyor observed hairnets to be available for all staff outside the kitchenette. CNA D indicated she knows she needs to wear a hairnet when going in the kitchen and kitchenette. CNA D indicated she remembers when she is going in the big kitchen, but she doesn't always remember when she goes into the kitchenette to wear a hairnet.On 1/22/26 at 1:08 PM, Dietary Manager C (DM) indicated all staff should wear a hair restraint any time entering the kitchen and the kitchenettes.On 1/22/26 at 2:00 PM, Nursing Home Administrator A (NHA) indicated all staff should wear a hair restraint any time entering the kitchen and the kitchenettes.The facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility did not ensure garbage and refuse was disposed of properly. This has the ability to affect all 23 residents who reside at the facility.During the initial walk through of the kitchen Surveyor observed dumpster lids open, bag of garbage outside of dumpsters, food wrappers, gloves, and cardboard on the ground near the dumpsters. Evidenced by:The facility policy, Food-Related Garbage and Refuse Disposal, dated, 2017, states, in part;.Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.On 1/20/26 at 9:30 AM, during the initial walk through of the kitchen, Surveyor observed the facility dumpsters. The dumpster lids were open, a bag of garbage outside of dumpsters, food wrappers, gloves, and cardboard were on the ground near the dumpsters. Dietary Manager C (DM) indicated the lids should be down and there should not be garbage on the outside of the dumpsters.On 1/22/26 at 2:00 PM, Nursing Home Administrator A (NHA) indicated the dumpster lids should be down, and garbage should not be left on the ground.The facility did not ensure garbage and refuse was disposed of properly.

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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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review, the facility did not ensure the required members of the Quality Assurance and Performance Improvement (QAPI) committee met at least quarterly. This practice had the potential to affect the census of 23 residents residing in the facility.The facility did not ensure the required members of the QAPI committee met at least quarterly in 2025.This is evidenced by:The facility's policy Quality Assurance and Performance Improvement (QAPI) Program, dated 2020, includes: This facility shall develop, implement, and maintain an ongoing, facility-wide, data-drive QAPI program that is focused on indicators fo the outcomes of care and quality of life for our residents. Authority 3. The administrator is responsible for assuring that this facility's QAPI program complies with federal, state, and local regulatory agency requirements. Implementation 3. The committee meets monthly.On 1/20/26 at 9:00 AM, Surveyor asked NHA A (Nursing Home Administrator) for the facility's QAPI plan and committee information.The facility's document QA Team Members, include Administrator, Director of Nursing, Dietary Manager, Therapy Director, Maintenance Director, Regional Nurse (Infection Preventionist), and Medical Director.Surveyor reviewed the facility's QAPI binder for 2025. QAPI sign in sheet dated 7/9/25 had the following team members Dietary Manager, Social Services/Activities, Regional Nurse (Infection Preventionist), Minimum Data Set Coordinator, Director of Nursing, Therapy Director, and Administrator.On 1/22/26 at 2:00 PM, Surveyor interviewed NHA A regarding QAPI team members. NHA A indicated the medical director was not included in the QAPI meeting.QAPI sign in sheet dated 9/18/25 had the following team members Administrator, Director of Nursing, Minimum Data Set Coordinator, Dietary/Environmental Services Director, Maintenance Director, and Director of Rehabilitation.On 1/22/26 at 2:00 PM, Surveyor interviewed NHA A regarding QAPI team members. NHA A indicated the medical director and infection preventionist was not included in the QAPI meeting.On 1/22/26 at 2:00 PM, Surveyor interviewed NHA A regarding the facility's QAPI program. NHA A indicated the facility failed to meet quarterly in 2025. NHA A indicated during the meetings not all the required members were present. NHA A indicated the facility held one quarterly QAPI meeting that met the requirements during 2025.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good nutrition, grooming, personal and oral hygiene for 3 of 12 sampled Residents (R2, R19 & R34) and 1 of 1 supplemental residents (R23). R2 was observed with long facial hair.R19 was observed with long facial hair.R23 reported that they were not receiving their showers and had long facial hair.R34 reported that they were not receiving their showers and had long facial hair. Evidenced by:The facility's policy titled Activities of Daily Living (ADL), Supporting dated 3/2018 states in part Policy statement: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care) .Example 1R2 was admitted to the facility on [DATE] with diagnoses that include hip fracture, weakness, major depressive disorder, and dementia. R2's most recent MDS (Minimum Data Set) dated 1/2/26 states that R2 has a BIMS (Brief Interview of Mental Status) of 13 out of 15, indicating that R2 is cognitively intact. R2's MDS also states that they are dependent on staff for toileting, require substantial/ maximal assistance for bathing, and required supervision/ touching assistance for personal hygiene.R2's care plan dated 12/15/25 states in part: Focus: [R2] has demonstrated a decreased ability to perform ADLs (activities of daily living) related to impaired mobility and declining cognitive function secondary to dementia.Interventions/ Tasks: .Personal Hygiene: [R2] requires set- up assist by 1 staff with personal hygiene and oral care.R2's CNA (Certified Nursing Assistant) Kardex states in part .Personal Hygiene/ Oral Care: [R2] requires set- up assist by 1 staff with personal hygiene and oral care.It is important to note that R2's care plan and CNA Kardex do not address shaving, and there is no documentation in R2's EHR (Electronic Health Record) that shaving was completed.On 1/20/26 at 10:05 AM, Surveyor observed R2 lying in bed sleeping. Surveyor noted that R2's whiskers were approximately 1/2 (half inch) long.On 1/21/26 at 9:22 AM, Surveyor observed R2 in bed and he remained unshaven. Surveyor asked R2 if they liked the whiskers on their face, R2 stated no. Surveyor asked R2 if they preferred to be clean shaven, R2 stated yes.On 1/22/25 at 9:04 AM, Surveyor observed R2 in their room. R2 remained unshaven.Example 2R19 was admitted to the facility on [DATE] with diagnoses that include cerebral infarction (stroke), muscle weakness, dementia, and anxiety disorder.R19's most recent MDS (minimum data set) dated 1/7/26 states that R19 has a BIMS (brief interview of mental status) of 3 out of 15, indicating that R19 has severe cognitive impairment. R19's MDS also states that R19 requires substantial/ maximal assistance from staff for bathing and personal hygiene.R19's care plan dated 3/21/25 states in part: Focus: [R19] has an ADL (activities of daily living) self- care performance deficit r/t (related to) deconditioning.Interventions/ Tasks: .Personal Hygiene: The resident requires assist of 1 staff with personal hygiene and oral care.R19's CNA Kardex states: .Personal Hygiene: The resident requires assist of 1 staff with personal hygiene and oral care.It is important to note that R19's care plan and CNA Kardex do not address shaving and there is no documentation in R19's EHR (electronic health record) that shaving was completed.On 1/20/26 at 9:42 AM, Surveyor observed R19 sitting in their Broda chair. R19 was noted to have whiskers that were approximately 1/4- 1/2 (quarter inch to half inch) long. Surveyor asked R19 if they liked having facial hair, or if they preferred to be clean shaven, R19 stated their preference was to be clean shaven.On 1/21/26 at 9:44 AM, Surveyor observed R19 in their room; R19 remains unshaven.On 1/22/26 at 9:00 AM, Surveyor observed R19 in the dining room; R19 remains unshaven.Example 3R23 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was admitted to the facility on [DATE] with diagnoses that include bimalleolar fracture of right lower leg (a severe, unstable ankle injury involving breaks in both the lateral (fibula) and medial (tibia) malleoli, often causing the ankle joint to shift), muscle weakness, and hypertension (high blood pressure).R23's most recent MDS (Minimum data set) dated 12/22/25 does not have a BIMS (brief interview of mental status) score evaluated. R23 was able to answer Surveyor's questions appropriately. R23's MDS states that they are dependent of staff for bathing and require supervision/ touching assistance for personal hygiene.R23's care plan dated 12/10/25 states in part .Focus: Decreased ability to perform ADLs (activities of daily living) related to NWB (Non-Weight Bearing) to RLE (Right Lower Extremity) .Bathing/ Showering: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Bathing: chair swap at toilet grab bar into rolling shower chair, cover fiberglass cast.Personal Hygiene: 1 staff assist.R23's CNA Kardex states: .Personal Hygiene: 1 staff assist.Bathing: ADL- Bathing schedule (prefers shower) Showers on Tuesday and Friday dayshift. Bathing/ Showering: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. Bathing: chair swap at toilet grab bar into rolling shower chair, cover fiberglass cast.R23's task documentation states that R23's showers are to occur on Tuesdays and Fridays. Per facility documentation, R23 has received a shower on 12/23/25 and 1/6/26, missing showers on 12/12/25, 12/16/25, 12/19/25, 12/26/25, 12/29/25, 1/2/26, 1/9/26, 1/13/26, 1/16/26, and 1/20/26.It is important to note that R23's care plan and CNA Kardex do not address shaving and there is no documentation in R23's EHR (electronic health record) that shaving was completed. On 1/21/26 at 10:50 AM, Surveyor interviewed R23 as part of the group interview. Surveyor noted that R23 had facial whiskers approximately 1/2 (half inch) long. Surveyor asked R23 if staff offers to assist with shaving, R23 stated that no one has asked, and they prefer to be clean shaven. Surveyor asked R23 if they were getting their showers when they were supposed to, R23 reported that they believe that they have only had one shower since being at the facility.On 1/22/26 at 8:56 AM, Surveyor observed R23 in their room. R23 remains unshaven.Example 4R34 was admitted to the facility on [DATE] with diagnoses that include stroke, history of a liver transplant, hypertension (high blood pressure), and type 2 diabetes mellitus.R34's care plan dated 1/15/26 states in part .Focus: Decreased ability to perform ADLs (activities of daily living) related to recent functional decline d/t (due to) advanced age and multiple system involvement.Interventions/ Tasks: .Showering: [R34] is required to use extensive physical assist by 1 staff with showering twice weekly.Personal Hygiene: [R34] requires set- up assist by 1 staff with personal hygiene and oral care.R34's CNA Kardex states .Bathing: ADL- bathing schedule (Prefers Showers). Showering: [R34] is required to use extensive physical assist by 1 staff with showering twice weekly.R34's task documentation does not indicate R34's shower frequency or schedule. R34 has one documented shower that occurred on 1/16/26.It is important to note that R34's care plan and CNA Kardex do not address shaving and there is no documentation in R34's EHR that shaving was completed.On 1/21/26 at 10:50 AM, Surveyor interviewed R34 as part of the group interview. Surveyor noted that R34 had facial whiskers approximately 1/2 (half inch) long. Surveyor asked R34 if staff offers to assist with shaving, R34 stated that no one has asked, and they prefer to be clean shaven. R34 reported that they typically shave every 2-3 days at home. Surveyor asked R34 if they were getting their showers when they were supposed to, R34 reported that they believe that they have only had one shower since being at the facility.On 1/22/26 at 9:21 AM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F how they know when a resident is scheduled for a shower, CNA F stated that they would find the schedule on the shower sheet. Surveyor asked CNA F how often men get shaved, CNA F stated residents are shaved when they ask, or on their shower days. CNA F stated that they will look around the resident's room to see if they have shaving supplies and that they do not believe the facility has shavers or shaving cream.On 1/22/26 at 10:35 AM, Surveyor requested a tour of the supply room from CNA F. CNA F reported that there are two supply closets- one in the spa room and one in the storage room. Surveyor and CNA F toured the supply closet in the spa and noted (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	there were disposable shavers and shaving cream in a bin on the shelf. CNA F reported to Surveyor that this was the first time they had ever seen shavers and shaving cream on the shelf. Surveyor and CNA F toured the storage room and found shavers and shaving cream in a bin on the shelf.On 1/22/26 at 10:39 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how the CNAs know which residents are on the schedule for a shower, DON B stated that it would be on their POCs (Point of Care) and they are on the shower schedule. Surveyor asked DON B if they would expect staff to document showers, DON B stated yes. Surveyor asked DON B if residents should be offered/ received showers on their scheduled days, DON B stated yes. Surveyor asked DON B what their expectation is for shaving facial hair, DON B stated that shaving should be offered on shower days and as needed.

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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. Based on observation, interview, 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 1 of 1 resident (R3) reviewed for transmission-based precautions.On 1/20/26 Surveyor observed staff entering and exiting R3's bedroom without wearing any PPE and sanitizing hands. R3 has a Contact Precautions sign hanging up outside of R3's bedroom. Evidenced by:CDC's (Centers for Disease Control and Prevention) most recent recommendations state;. Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission. Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.R3's current order states; Please implement contact precautions for shingles to right buttocks and right lower back/flank every shift.start date 1/2/26.The Contact Precautions sign outside of R3's bedroom states;.EVERYONE MUST: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Put on gloves before entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person.On 1/20/26 at 2:46 PM, Licensed Practical Nurse E (LPN) was observed entering R3's bedroom without any PPE (Personal Protective Equipment) and sanitizing hands before entering and exiting. Surveyor observed R3 to have a contact precautions sign outside bedroom and PPE. LPN E indicated R3 has shingles and staff only need to wear PPE when providing direct cares. LPN E indicated she was not providing direct cares. LPN E indicated the shingles has been going on since last week, so it might be scabbed over now too. LPN E indicated she would wear a gown, gloves, and mask if she was providing direct care. LPN E indicated she would also sanitize her hands if she was providing direct care. LPN E indicated she did go into R3's bedroom.It is important to note CDC's most recent recommendations state, Contact Precautions, use PPE appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning (putting on) PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.On 1/22/26 at 2:00 PM, Nursing Home Administrator A (NHA) indicated staff should follow contact precautions signs and recommendations. NHA A indicated understanding of the above concern.

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F 0582 Level of Harm - Potential for minimal harm Residents Affected - Many	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview the facility did not provide the accurate Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) thus did not provide the accurate potential financial liability to residents whose Medicare coverage was ending for 3 of 3 residents reviewed (R21, R38, and R39).R21, R38 and R39 were not provided SNFABN letters regarding financial liability. Evidenced by:Example 1:R21 was receiving Medicare A benefits. R21's Medicare coverage ended on 1/13/26. R21 was not provided the SNFABN form thus not provided with the accurate financial liability. Example 2:R38 was receiving Medicare A benefits. R38's Medicare coverage ended on 1/8/26. R38 was not provided the SNFABN form thus not provided with the accurate financial liability. Example 3:R39 was receiving Medicare A benefits. R39's Medicare coverage ended on 12/16/25. R39 was not provided the SNFABN form thus not provided with the accurate financial liability. On 1/21/26 at 11:45 AM, Licensed Practical Nurse G (LPN/Regional MDS Nurse Coordinator) stated the facility has no SNFABN for R21, R38, and R39. LPN G stated, the facility has not been completing any SNFABN's. Surveyor asked LPN G when this was noted. LPN G stated, on 1/20/26 after the entrance conference with Surveyors. LPN G stated the facility is educating the staff member that is responsible and is working to fix the issue.