| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017017 | A. BUILDING: _____ B. WING _____ | R-C 05/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OAK PARK PLACE OF JANESVILLE | 700 MYRTLE WAY JANESVILLE, WI 53545 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| N 000 | Initial Comments<br><br>On 05/13/2025, Surveyors conducted a verification visit and complaint investigation at Oak Place of Janesville, a CBRF in Janesville.<br><br>One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD), ENLK11, dated 02/21/2020, SOD ELNK 12, dated 02/10/2021, SOD 657X15, dated 08/31/2023, and SOD 657X16, dated 01/18/2024.Three deficiencies were substantially corrected from SOD 3DZM11, dated 12/04/2024.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 49 | N 000 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the provider did not ensure an | N 389 | | |

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| N 389 | Continued From page 1 | N 389 | | |

individual service plan (ISP) was updated when there was a change in condition or need.

Resident 4's ISP was not updated to address fall interventions that were put in place at the facility.

This is a repeat violation. See Statement of Deficiency (SOD), ENKL11, dated 02/21/2020, SOD ENKL12, dated 02/10/2021, SOD 657X15, dated 08/31/2023, and SOD 657X16, dated 01/18/2024.

Findings include:

On 05/13/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 4's record. S/he was admitted to the facility on 10/31/2024, with a diagnosis of rhabdomyolysis, hypertension and osteoarthritis. The Individual Service Plan (ISP), dated 10/31/2024, documented the following fall risk interventions for Resident 4:

-Move nightstand a short distance to prevent hitting his/her head in case s/he slides out of bed. Remind Resident 4 to use assistive device walker.

Surveyor reviewed Resident 4's progress notes, which documented the following:

-04/29/2025: "Resident was seen for right arm, has fracture to right elbow. Orders to keep in sling unless changed by ortho.
-04/28/2025: "Resident noted to have extensive bruising to right elbow and forearm, swelling from elbow to wrist. Poor ROM to right shoulder and elbow, difficulty with transfers. Unable to bear weight RUE. Increase pain movement. Writer encouraged resident to be seen by medical provider and in agreement."

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| N 389 | Continued From page 2<br>-04/25/2025: "Writer assessed resident's' right shoulder/elbow after incident. No bruising, swelling or redness noted. Full range of motion to right elbow and arm. Resident denies pain at this. Writer asked resident if s/he wants to go to hospital to be further evaluated and resident stated no. Skin tear to right elbow noted. Steri-strips in place.<br><br>Surveyor reviewed Resident 4's incident reports from 01/01/2025 through 05/13/2025, which documented the following falls:<br><br>-02/21/2025: "resident was paging when staff went into room resident was on the floor by his/her living room window on his/her butt facing the door with the wheelchair in front of him."<br>-01/21/2025: "Residents called using pendant @ 6:54 a.m., upon arrival resident was sitting on the floor with feet wrapped around his/her wheelchair facing the living room."<br>-01/20/2025: "Resident pushed his/her call light at 4:45 a.m., staff got to resident room by 4:55 a.m. As soon as staff walked in resident bedroom, residents was sitting up right on the floor with back against the bed. Residents was alert and verbal. S/he had blood coming from the right back side of head. S/he had tennis shoes on his/her feet, but they were on wrong feet. S/he was sitting un [sic] disposable chucks that were originally under him/her when laying in his/her bed. Residents said s/he was trying to go to the bathroom and ended up sliding out of bed."<br>-01/07/2025: "[Resident 4] verbalized s/he fell sometime in the week prior to Christmas and independently got himself up in his/her room. S/he stated s/he around 9pm and told someone but s/he was not sure who s/he told. No staff that work on Enhanced Assisted living have validated that [Resident 4] told them about a fall." | N 389 | | |

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| N 389 | Continued From page 3<br><br>Record review indicated Resident 4 had 4 documented falls from 01/07/2025 through 05/13/2025 with no update to the ISP with changes or interventions to prevent falls. The ISP did not include that Resident 4 used a wheelchair as an assistive device.<br><br>On 05/13/2025 at approximately 11:00 a.m., Surveyor observed Resident 4 in a wheelchair in his/her apartment. Resident 4 stated that s/he uses his/her walker for short distance but uses the wheelchair to move around the room and facility. Resident 4 stated that s/he had been using the wheelchair for months.<br><br>On 05/13/2025 at approximately 12:30 p.m., Surveyor discussed concern of Resident 4's ISP not updated regarding fall risk interventions and wheelchair use with Administrator R and Director of Nursing S. Administrator R acknowledged the importance of updating the ISP when changes occurred. Administrator R stated that administration and nursing had a new team for the CBRF. Administrator R said that his/her new team would review the facility ISP's and ensure the care plans were corrected. | N 389 | | |