

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017017</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>08/31/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK PARK PLACE OF JANESVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>700 MYRTLE WAY<br/>JANESVILLE, WI 53545</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {N 000}                                                                 | Initial Comments<br><br>On 08/29/2023, Surveyors conducted 1<br>verification visit and 2 complaint investigations at<br>Oak Park Place Of Janesville.<br><br>Two deficiencies were identified.<br><br>One of 2 deficiencies was a repeat violation. See<br>Statement Of Deficiency #ENKL12, dated<br>02/10/2021.<br><br>One complaint was substantiated and 1 complaint<br>was unsubstantiated.<br><br>The 1 violation from Statement Of Deficiency<br>(SOD) #657X14 was corrected.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a<br>\$200 revisit fee is being assessed.<br><br>Census: 53                                                                                                                                 | {N 000}                                                                                 |                                                                                                                          |                                                                |
| N 389                                                                   | 83.35(3)(d) Service plans updated annually or on<br>changes<br><br>Individual service plan review. Annually or when<br>there is a change in a resident ' s needs, abilities<br>or physical or mental condition, the individual<br>service plan shall be reviewed and revised based<br>on the assessment under sub. (1). All reviews of<br>the individual service plan shall include input from<br>the resident or legal representative, case<br>manager, resident care staff, and other service<br>providers as appropriate. The resident or<br>resident ' s legal representative shall sign the<br>individual service plan, acknowledging their<br>involvement in, understanding of and agreement<br>with the individual service plan. | N 389                                                                                   |                                                                                                                          |                                                                |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 389                                                                   | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, record review and interview, the provider did not ensure the individual service plan was updated when there was a change in the resident's needs, abilities or physical or mental condition.</p> <p>Resident 17's individual service plan (ISP) was not updated to include Resident 17's behaviors or need for staff to cut up food.</p> <p>This is a repeat violation. See Statement Of Deficiency #ENKL12, dated 02/10/2021.</p> <p>Findings include:</p> <p>On 08/23/2023, the Department received a complaint regarding morning cares and lack of assistance with meals.</p> <p>On 08/29/2023 at 9:42 AM, Surveyor observed Resident 17 in his/her room lying in bed. S/he was covered with a blanket and only wearing an incontinent brief. Resident 17's breakfast was covered and untouched and set on the over the bed table next to his/her recliner.</p> <p>On 08/29/2023 at 10:13 AM, Surveyor interviewed Caregiver BB who stated Resident 17 often refused AM cares, to get up until late morning, and breakfast. Caregiver BB stated Resident 17 pinched caregivers during cares making it difficult to provide cares. Caregiver BB stated Resident 17 has been pinching during cares since s/he started approximately 08/10/2023. Caregiver BB stated on 08/29/2023 at 6:15 AM, s/he changed Resident 17's incontinent brief and at 8:30 AM, Resident 17 refused to get out of bed and dressed and stated</p> | N 389                                                                                   |                                                                                                                          |                                                                |

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| N 389                                                                   | <p>Continued From page 2</p> <p>s/he was not hungry.</p> <p>On 08/29/2023 at 10:15 AM, Surveyor observed Caregiver BB approach Resident 17, wake him/her up, offer to help him/her dress, and encourage him/her to eat breakfast. Resident 17 stated s/he did not want to get up or dressed and was not hungry.</p> <p>On 08/29/2023, Surveyor reviewed Resident 17's record.</p> <p>S/he was admitted 04/05/2019. Diagnoses included Alzheimer's dementia, failure to thrive and progressive malnutrition. Resident was admitted onto hospice service 10/15/2021.</p> <p>Physician orders included general, regular, thin diet with pre-cut foods (start date 06/02/2023).</p> <p>Progress Notes dated 06/01/2023-08/30/2023):<br/>06/04/2023 12:42 PM- ""Type: Orders-Administration Note ...Note Text ...resident refused to wake up or even acknowledge staff. Meds [sic] destroyed ..."<br/>06/17/2023 12:05 PM- "Type: Orders-Administration Note ...Note Text: sleeping [sic]"<br/>06/22/2023 9:32 AM- "Type: Orders-Administration Note ...Note Text: resident refuses to sit up and take medicine ..."<br/>07/04/2023 9:13 AM- "Type: Orders-Administration Note ...Note Text: sleeping ..."<br/>07/13/2023 9:12 AM- "Type: Orders-Administration Note ...Note Text: Attempted 3x resident refused to sit up and take meds ..."</p> <p>Hospice Comprehensive Assessment and Plan of Care Update Report dated 06/13/2023: " ...THIS PATIENT HAS BEEN SLEEPING MORE, HAD INCREASED WEAKNESS ..."</p> | N 389                                                                                   |                                                                                                                          |                                                               |

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| N 389                                                                   | <p>Continued From page 3</p> <p>Individual Service Plan (ISP) dated 07/27/2023:<br/>In the area of dressing: " ...Independent ...Date<br/>Initiated: 04/05/2019, Revision on 11/11/2022 ..."<br/>In the area of Chronic Pain: " ...observe for and<br/>report to nurse any changes in usual routine,<br/>sleep patterns, decrease in functional abilities,<br/>decrease [range of motion], withdrawal or<br/>resistance to care which may be indicative of pain<br/>(Date Initiated: 04/29/2020) ..."<br/>In the area of Potential Psychosocial Problem<br/>related to COVID-19 precautions: " ...Observe for<br/>and report to nurse any behaviors such as:<br/>tearfulness, anxiousness, pacing, wandering, exit<br/>-seeking behavior, making negative statement<br/>about wanting to be 'here', decrease/lack of social<br/>interaction with others (withdrawn). Date Initiated<br/>04/10/2020 ..."<br/>In the area of Cognition: " ...decline in cognition r/t<br/>[related to] advancement of dementia ...will be<br/>provided a safe and secure environment ...will be<br/>re-oriented as needed. Date Initiated 04/07/2021<br/>Revision on 04/07/2021 ..."<br/>In the area of Nutrition: "...[Resident 17] has<br/>unplanned/unexpected weight loss r/t Poor [sic]<br/>food intake Date initiated 08/29/2023 Revision on<br/>08/29/2023...Give the resident supplements as<br/>ordered. Alert nurse/dietician if not consuming on<br/>a routine basis. Date Initiated: 08/29/2023 If<br/>weight decline persists, contact physician and<br/>dietician immediately. Date Initiated: 08/29/2023<br/>Monitor and record food intake at each meal.<br/>Date Initiated: 08/29/2023..."</p> <p>Resident 17's ISP did not address refusing to get<br/>up and dressed until late morning, refusing<br/>breakfast, sleeping through AM med pass,<br/>pinching during cares, need for assistance with<br/>dressing, or needing foods cut up by staff.</p> <p>On 08/29/2023 at 1:35 PM, Surveyor interviewed</p> | N 389                                                                                   |                                                                                                                          |                                                                |

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| N 389                                                                   | Continued From page 4<br><br>Nurse Manager Z who stated s/he was responsible for updating ISPs, and Resident 17 had ongoing behaviors of refusing to get up, get dressed and eat breakfast over the past year. Nurse Manager Z stated s/he added the weight loss issues to Resident 17's ISP on 08/29/2023 because s/he realized in addition to hospice's care plan, the facility's ISP should have also included nutrition. Nurse Manager Z stated s/he was not aware Resident 17 pinched caregivers during cares.<br><br>On 08/29/2023 at 1:56 PM, Surveyors discussed concern of Resident 17's ISP not revised to reflect nutritional needs until 08/29/2023 and not revised to address behaviors with Administrator A, Director of Nursing T, and Nurse Manager Z. Director of Nursing T stated they would update Resident 17's ISP.<br><br>Cross Reference:<br>N0048 DHS 83.41(2)(a)2 Nutrition: Diet | N 389                                                                                   |                                                                                                                          |                                                                |
| N 448                                                                   | 83.41(2)(a) Nutrition: diet.<br><br>Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not provide a                                                                                                                                                                                                                                                                                                                                                                                                                               | N 448                                                                                   |                                                                                                                          |                                                                |

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| N 448                                                                   | <p>Continued From page 5</p> <p>therapeutic diet as ordered by the physician.</p> <p>Resident 17 did not receive foods cut up as ordered by the physician.</p> <p>Findings include:</p> <p>On 08/23/2023, the Department received a complaint regarding lack of assistance with meals.</p> <p>On 08/29/2023 at 9:50 AM, Surveyor observed Resident 17 in his/her room lying in bed. A breakfast tray was on his/her over the bed table. A plate containing scrambled eggs and a hash brown patty was on the breakfast plate. The hashbrown patty was whole (Photo 1).</p> <p>On 08/29/2023, at 12:46 PM, Surveyor observed Resident 17 in the dining room eating. S/he was served 2 slices of turkey, stuffing, and asparagus. The turkey slices were whole (Photo 2). Resident 17 was eating with a fork held in his/her right hand and right hand was trembling. Resident 17 did not have a knife.</p> <p>On 08/29/2023, Surveyor reviewed Resident 17's record.<br/>S/he was admitted 04/05/2019. Diagnoses included failure to thrive and progressive malnutrition. Resident was admitted onto hospice service 10/15/2021.</p> <p>Physician orders included general, regular, thin diet with pre-cut foods (start date 06/02/2023).</p> <p>Individual Service Plan (ISP) dated 07/27/2023:<br/>"...[Resident 17] has unplanned/unexpected weight loss r/t Poor [sic] food intake Date initiated 08/29/2023 Revision on 08/29/2023...Give the</p> | N 448                                                                                   |                                                                                                                          |                                                               |

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| N 448                                                                   | <p>Continued From page 6</p> <p>resident supplements as ordered. Alert nurse/dietician if not consuming on a routine basis. Date Initiated: 08/29/2023 If weight decline persists, contact physician and dietician immediately. Date Initiated: 08/29/2023 Monitor and record food intake at each meal. Date Initiated: 08/29/2023..."</p> <p>The ISP did not address pre-cut foods.</p> <p>Progress note dated 06/01/2023 4:31 PM: "...Care conference held ...[S/he] will be offered Ensure or Boost and [his/her] tray ticket will offer foods cut up ..."</p> <p>Resident's Rights Concern/Grievance Report signed and dated by Administrator A 06/06/2023: "...concerned regarding weight loss over the course of 5 months ...What system or procedure was implemented to resolve this concern and to prevent further similar concerns? PT [patient] is currently weighed wkly [weekly] by hospice. Orders obtained for pre-cut up foods and Boost drink to be given twice daily ..."</p> <p>Dietary Tray Card dated 06/07/2023: Regular...Lip Plate...Cut foods into small, bite sized pieces...set-up assistance..."</p> <p>On 08/29/2023 at 12:55 PM, Surveyor interviewed Caregiver BB who stated Resident 17 was to receive a regular, normal consistency diet. Caregiver BB stated s/he served Resident 17 breakfast and lunch on 08/29/2023. Caregiver BB showed Surveyor the caregiver's care card filed in a folder at the nurse's station. The care card stated for Resident 17 " ...at meals make sure [his/her] food is cut up ..." Caregiver BB stated s/he did not know Resident 17's food was to be cut by staff because s/he was unable to read the care card's small print.</p> | N 448                                                                                   |                                                                                                                          |                                                               |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017017</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>08/31/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OAK PARK PLACE OF JANESVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>700 MYRTLE WAY<br/>JANESVILLE, WI 53545</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| N 448                                                                   | <p>Continued From page 7</p> <p>On 08/29/2023 at 1:35 PM, Surveyor interviewed Nurse Manager Z who stated s/he added the nutrition issue to Resident 17's ISP on 08/29/2023 and the ISP was not finished so not tailored to Resident 17's specific needs. Nurse Manager Z stated they were going to have kitchen staff cut Resident 17's food up and s/he was unaware not all staff could read the care card's small print.</p> <p>On 08/09/2023 at 1:56 PM, Surveyors discussed concern of Resident 17's food not cut up by staff as physician ordered with Administrator A, Director of Nursing T, and Nurse Manager Z. Director of Nursing T stated they would instruct the kitchen staff to cut Resident 17's food.</p> <p>On 08/30/2023 at 3:04 PM, Surveyor interviewed Hospice RN CC who stated at the 6/01/2023 care conference, Family Member DD requested staff cut Resident 17's food due to his/her hand tremors so Resident 17 would not get frustrated and give up while feeding self.</p> <p>Cross Reference:<br/>N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes</p> | N 448                                                                                   |                                                                                                                          |                                                                |