Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016395	A. BUILDING: _____ B. WING _____	C 06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF BURLINGTON	**1700 TEUT RD BURLINGTON, WI 53105**

(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
N 000	Initial Comments On 06/25/2024, Surveyor conducted 1 complaint investigations at Oak Park Place of Burlington. One deficient practice was identified. Complaints was substantiated. Census: 87	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure each resident received all medications in the dosages and at intervals prescribed by practitioner for 1 of 1 resident. Resident 1 did not receive their evening dose of fosinopril sodium 10 milligrams (MG) tablet on 06/24/2024, prescribed twice daily by their practitioner to reduce blood pressure. Findings include: Observation On 06/25/2024 at approximately 9:00 AM, Surveyor toured the facility's memory care unit and observed a pill on the floor in Resident 1's apartment. Record Review On 06/25/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/18/2024	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 352	Continued From page 1 with diagnoses including a history of transient ischemic attack, cerebral infarction, chronic kidney disease, type 2 diabetes mellitus, and unspecified dementia. Resident 1's individual service plan (ISP), dated 06/18/2024, indicated Resident 1 required staff assistance to administer all medications. Interviews On 06/25/2024 at approximately 10:00 AM, Surveyor interviewed Medication Technician B who confirmed staff were trained to observe residents swallow all medications before leaving their room. On 06/25/2024 at approximately 10:30 AM, Surveyor interviewed Director of Nursing A (DON A) who identified the pill as fosinopril sodium 10 MG tablet. DON A reviewed Resident 1's Medication Administration Record (MAR) and confirmed Resident 1 had not yet received their morning medications speculating the pill was dropped the previous evening. DON A stated Resident 1 was a new resident and staff was still trying to work out a medication routine that the resident would accept. DON A stated, "Staff have attempted to pass [Resident 1's] medication this morning but the resident refused. [Med Tech B] will attempt a second time this morning." DON A confirmed staff were trained to observe residents swallow all medications before leaving the apartment.	N 352		