STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017897	A. BUILDING: _____ B. WING _____	C 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT PARK PLACE	**1450 N PLEASANT ST RIPON, WI 54971**

(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 07/25/2025 with additional inforamtion gathered through 07/29/2025, Surveyor conducted a complaint investigation at Pleasant Park Place in Ripon. As a result one deficiency was identified and the complaint was substantiated. Census: 33	N 000		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on staff interviews and record review, the provider did not ensure Resident 1 received proper care and treatment within the capacity of the facility. Resident 1 was a smoker and had a physician's	Y3244		

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

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Y3244	Continued From page 1	Y3244		

order to receive oxygen 2 liters per minute via nasal cannula continuously. Resident 1's ISP (Individual Service Plan) and eMARs (electronic Medication Administration Record) did not identify the resident's oxygen therapy, including the oxygen flow rate or the care and treatment of the oxygen supplies/equipment. The ISP did not address Resident 1's safety related to smoking and oxygen use to prevent potential hazards. Additionally, the facility did not develop a policy or procedure regarding smoking, oxygen use, oxygen storage and administration. The facility had no documented evidence staff were adequately trained on oxygen therapy.

Findings Include:

On 05/08/2025, the Department received a complaint regarding respiratory care.

On 07/25/2025, Surveyor reviewed the medical record of Resident 1. The resident was admitted to the facility on 09/11/2023, with multiple diagnoses including dyspnea, pneumonia, hypoxemia and COPD (chronic obstructive pulmonary disease). Resident 1's face sheet indicated s/he was a smoker and was on oxygen. Additionally, the face sheet indicated Resident 1 had a guardian.

A hospital history and physical dated 01/15/2025 for Resident 1 indicated, "Chief complaint: hypoxia and shortness of breath/respiratory distress...[Resident 1] has severe COPD complicated with hypoxic respiratory failure that required oxygen 2 L/min via nasal cannula for the last year. [Resident 1] lives in assisted living, staff found without oxygen...EMS called at the time of arrival [her/his] pulse ox which was 69%, it took 6 L to bring [her/his] pulse oximetry to

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Y3244	Continued From page 2 88%...Tobacco smoking: a pack a day...[S/he] is still actively smoking." Observation notes for Resident 1 indicated the following: ~01/15/2025- "[Resident 1] being admitted to hospital for pneumonia..." ~01/17/2025- "[Resident 1] returned from the hospital...[Resident 1] has order to be on oxygen 2 L at all times." ~01/19/2025- ..."[Resident 1] also came out two times for a smoke and chose not to wear [her/his] oxygen..." ~02/14/2025- "[Resident 1] got up x1 to go smoke." ~03/07/2025- "...Been outside to smoke..." ~03/20/2025- "[Resident 1] has been outside smoking..." ~03/24/2025- "...[Resident 1] came out to smoke..." ~04/02/2025- "[Resident 1] came out to smoke..." ~04/08/2025- "[Resident 1] has been in common area most of shift. Gone out to smoke a few times..." ~04/21/2025- "[Resident 1] came out to smoke and socialize here and there..." ~04/23/2025- "[Resident 1] has been in common area most of the shift and has gone outside a few times to smoke."	Y3244		

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Y3244	Continued From page 3 ~05/03/2025- "...[Resident 1] found laying on back in dining room floor. Staff asked what happen [Resident 1] stated [s/he] "stumbled" over [her/his] feet and fell. [Resident 1] did not have [her/his] oxygen on and was not by [her/his] walker...[Resident 1] was unable to move left side. Staff sent resident out to hospital..." ~05/04/2025- "Called hospital to get an update on [Resident 1] and was informed [s/he] broke [her/his] hip and carbon dioxide (CO2) was very high...Waiting on ortho doctor to evaluate hip and see if [s/he] needs surgery. [Resident 1] is still on the Bi-pap and has been since [s/he] arrived. They are waiting to see if [s/he] improves to see if they can remove [her/him] off the Bi-pap machine to see if [s/he] can breathe on own." An ED (Emergency Department) report for Resident 1 dated 05/03/2025 indicated, "[Resident 1] presented to the ED after a fall...When found, resident was found to be off [her/his] oxygen. EMS using non-rebreather to bring resident back up to the 90's..." ***Resident 1 was admitted to the hospital on 05/03/2025 and did not return to the facility until 07/02/2025. Resident 1 had a physician's order, dated 01/17/2025, to receive oxygen at 2 liters/minute per nasal cannula continuously. Resident 1's April 2025 and May 2025 eMAR's were reviewed. The eMAR's did not contain the physician's order for the oxygen and there was no documentation of the dosage, date, or time the oxygen was administered. Additionally, the eMAR's did not address the care/maintenance of	Y3244		

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Y3244	Continued From page 4 the oxygen supplies/equipment. Resident 1's most current ISP dated 10/09/2024 indicated, the resident was independent with ADLs, including toileting, transfers, and ambulation, with the use of a wheelchair/walker. Additionally, the ISP indicated, "[Resident 1] is dependent on the team to administer medications as prescribed by the physician...Oxygen." Resident 1's ISP did not include information regarding the amount of oxygen to be administered, the care/treatment of the oxygen supplies, if staff were to check oxygen saturation levels or what the desired oxygen saturation level for Resident 1 should be. Additionally, Resident 1's ISP did not indicate the resident was a smoker or include directions related to smoking and oxygen use to ensure resident safety and prevent hazards from occurring. INTERVIEWS On 07/25/2025 at 10:40 AM, Surveyor asked Caregiver C about Resident 1's oxygen use. Caregiver C stated Resident 1 receives 2 liters of oxygen per nasal cannula continuously. Surveyor asked Caregiver C how s/he knew this information. Caregiver C stated, "[Resident 1's] oxygen has always been set at 2 liters continuously since I started working here in March of 2024." Surveyor then asked Caregiver C if s/he could verify the physician order for Resident 1's oxygen flow rate. Caregiver C then looked at Resident 1's eMARs and could not locate what oxygen flow rate was ordered for Resident 1. Caregiver C confirmed Resident 1's April 2025 and May 2025 eMARs did not contain a physician's order for the oxygen and there was no documentation of the dosage, date or time the oxygen was administered. Surveyor then asked	Y3244		

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Y3244	Continued From page 5	Y3244		

Caregiver C if Resident 1's current plan of care had any information regarding Resident 1's oxygen therapy. Caregiver C looked at Resident 1's most recent care plan on file and verified Resident 1's ISP did not contain a plan for Resident 1's oxygen therapy. Surveyor questioned Caregiver C about Resident 1's daily routine. Caregiver C stated, "[Resident 1] has a cigarette early in the morning, comes out to eat meals, and will hang outside to smoke and talk to other residents...Smoking is a routine for [Resident 1], [s/he] sometimes smokes a pack a day." Surveyor asked if Resident 1's oxygen was removed when Resident 1 goes outside to smoke. Caregiver C stated, "[Resident 1] removes the oxygen [her/himself] before [s/he] goes outside to smoke, but doesn't always turn the oxygen concentrator/tank off inside when [s/he] goes outside to smoke."

On 07/25/2025 at 2:30 PM, Surveyor interviewed Caregiver D regarding Resident 1. Caregiver D indicated Resident 1 receives continuous oxygen therapy and indicated the oxygen flow rate on Resident 1's oxygen concentrator/tank have always been set at 2 liters per minute since s/he started in March of 2025. Surveyor asked Caregiver D how s/he would verify Resident 1's oxygen flow rate. Caregiver D did not know what oxygen flow rate was ordered to be administered for Resident 1 and stated, "I was told by other staff when I started working here it should be set at 2 liters...[Resident 1's] oxygen flow rate has always been set at 2 liters." Surveyor asked Caregiver D about Resident 1's smoking. Caregiver D stated, "[Resident 1] goes outside to smoke often. [Resident 1] will take the oxygen tubing off to go outside to smoke, but will sometimes leave the oxygen concentrator/tank on and running inside when [s/he] goes outside to

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smoke." Surveyor then questioned Caregiver D if s/he received training from the facility on oxygen therapy and equipment. Caregiver D could not recall.

On 07/25/2025 approximately 1:30 PM, Surveyor shared concerns with Director of Admissions B regarding Resident 1's physician's order for oxygen administration, the ISP and eMARs. Director of Admissions B confirmed Resident 1 had been receiving 2 liters of oxygen per nasal cannula continuously since May of 2024 and the eMARs did not contain the oxygen order or documentation of oxygen administration. Director of Admissions B verified Resident 1's ISP dated 10/09/2024 was the most current ISP for the resident and confirmed Resident 1's ISP did not address smoking or oxygen therapy.

On 07/25/2025 at 2:30 PM, Surveyor interviewed Executive Director A and Director of Admissions B regarding oxygen use and oxygen equipment for residents. Director of Admissions A verified the facility did not have a policy and procedure regarding oxygen use, equipment and/or storage. Both Executive Director A and Director of Admissions B confirmed they had no documented evidence staff were trained on the use of oxygen or the equipment. Surveyor then asked about a smoking policy. Director of Admissions B indicated the facility allows smoking in a designated area outside and stated, "We currently do not have one, but I'm working on putting a smoking policy together."

In conclusion, Resident 1's ISP and eMARs did not address the resident's oxygen therapy, including the care and maintenance of oxygen equipment or directions related to smoking and oxygen use. Additionally, the facility did not

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Y3244	Continued From page 7 develop a policy or procedure regarding smoking, oxygen use, storage and administration. The facility did not have documented evidence staff were adequately trained on oxygen therapy.	Y3244		