STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017289	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF NAKOMA	4327 NAKOMA RD MADISON, WI 53711

(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 06/19/2023, Surveyor conducted a complaint investigation at Oak Park Place of Nakoma. Complaint was substantiated. 2 deficiencies were identified. Census 28	N 000		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview the provider did not document in the resident record the date and time a medication was administered or refused. Findings include: On 06/19/2023 at approximately 3:30 PM, Surveyor reviewed Resident 4's medication administration record (MAR) that indicated 1 tablet of mirtazapine by mouth one time per day	N 415		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017289	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF NAKOMA	4327 NAKOMA RD MADISON, WI 53711

(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 415	Continued From page 1 for anxiety was prescribed on 05/01/2023. On 05/10/2023, 05/13/2023, 05/16/2023, and 05/19/2023 there was no documentation recorded on the MAR to indicate the medication was administered. Resident 4's MAR also listed that Quetiapine was prescribed on 05/10/2023, with orders for 1 tablet by mouth once a day related to dementia. Resident 4's MAR was missing documentation to indicate the medication was administered on 05/10/2023, 05/13/2023, 05/16/2023, and 05/19/2023. On 06/19/2023 at approximately 3:32 PM, Surveyor interviewed RN B who stated it looked like there are some medications that caregivers missed signing out. RN B stated Resident 4 could have refused the medications, as this wasn't uncommon, but it should have been documented if the medication was refused.	N 415		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview the provider did not keep all rooms clean and free from odors for 3 of 3 residents. Findings include: On 06/19/2023 at approximately 1:34 PM, Surveyor toured the facility and observed the following: Resident 1's room had a strong urine odor in the room.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017289	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF NAKOMA	4327 NAKOMA RD MADISON, WI 53711

(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 489	Continued From page 2 Resident 2's room smelled foul, had food debris all over the carpet in the bedroom, stains all over the carpet in the bedroom. There were yellow stains on the pillow, and brown matter on the sink. The room was visibly very dirty. (Photo 1 and 2 taken 06/19/2023 at 2:04 PM) Resident 3's room had dirt debris on the floor, food debris under the bed, used spoons on the floor by the bed, brown matter on the incontinence pad located on the bed that was covered up by the blanket on the bed. There was used toilet paper on the floor of the bathroom with brown matter on it. The toilet riser had brown matter on the seat. (Photo 3 and 4 taken on 06/19/2023 at 2:07 PM) There was a strong, foul odor that emanated throughout the entire room. On 06/19/2023 at approximately 2:19 PM, Surveyor interviewed Administrator A who stated the caregivers are responsible for cleaning the rooms during the day. Administrator A stated Resident 2's family brings him/her a lot of different food and they have had to clean the carpeting before. Administrator A stated the facility would have the carpets cleaned again. Administrator A stated the rooms are not usually in this condition.	N 489		