STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013156	A. BUILDING: _____ B. WING _____	R-C 10/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CBRF	W3343 HOFFMAN RD FORT ATKINSON, WI 53538

(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 10/02/2023, Surveyor conducted a standard survey and verification visit at Oak Grove CBRF. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See statement of deficiency (SOD) I6Q111, dated 01/31/2023. The other deficiency from SOD I6Q111, dated 01/31/2023 was substantially corrected. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report a serious injury resulting in emergency room treatment to the Department within 3 days. Resident 1 sustained a fall on 07/12/2023 which resulted in sutures on 07/14/2023. This is a repeat deficiency. See statement of deficiency (SOD) I6Q111, dated 01/31/2023.	N 165		

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

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N 165	Continued From page 1 Findings include: On 09/27/2023, Surveyor reviewed Resident 1's record and identified the following: On 09/27/2023 at 10:40 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he had a fall at the facility and cut his/her finger and arm. Resident 1 stated s/he had to get stitches. Resident 1 was admitted on 08/10/2019 with diagnoses including type 2 diabetes, schizoaffective disorder, and intellectual disabilities. Resident 1 has a guardian that makes decision on his/her behalf. Resident 1's incident report dated 07/12/2023 documented: "Staff was inside cleaning when [Resident 1] came in and stated [s/he] fell. [Resident 1] said that [s/he] fell outside and hit the side walk and claimed [s/he] fell forward tripped over the side walk. Did resident sustain any injuries? Yes-skin tear to left knee and skin tear to [his/her] pinky and index finger on the right hand, abrasion on [his/her] forearm. Did injuries require outside medical care? Yes-After first aid was applied, assessed that the injury required to be seen." Resident 1's hospital discharge summary dated 07/14/2023 documented: "Reason for visit: Arm laceration; Fall/L forearm laceration. Diagnosis: Abrasion of right little finger, Fall on same level, Laceration of left forearm." On 10/02/2023, Surveyor reviewed Department records, which indicated no self-reports regarding	N 165		

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N 165	Continued From page 2 Resident 1's laceration and sutures on 07/12/2023-07/14/2023. On 10/02/2023 at 3:32 PM, Surveyor interviewed Director A regarding Resident 1's injury. Director A stated Resident 1 sustained sutures on his/her left forearm laceration. Surveyor noted after reviewing Department records a self-report could not be located for Resident 1's above injury. Director A stated s/he thought the injury occurred over the weekend but confirmed it should have been reported to the Department.	N 165		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4's licensed practitioner, supervising nurse, or pharmacist was notified as soon as possible after Resident 4 continued to refuse their medications. Resident	N 410		

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N 410	Continued From page 3	N 410		

4's record contained no documentation that his/her physician, nurse, or pharmacist was notified.

Findings include:

On 09/27/2023, Surveyor conducted a standard survey and reviewed Resident 4's record. The following was found:

Resident 4 admitted on 10/19/2004 with diagnoses including intellectual disability, tinea corporis, and corns and callosities. Resident 4 had a guardian that made decisions on his/her behalf.

Resident 4's individual service plan (ISP) with an unknown date documented:
"Staff will monitor the full intake of medications and watch for any side effects, needs assistance administering medications."

Resident 4's physician orders documented:
"White petroleum jelly gel, apply topically to the affected areas (heel and feet) once daily in the morning for dry skin with a start date of 01/25/2021.

Vicks Vapor Rub Ointment, apply topically to the affected areas (thickened toenails) once daily in the morning, with a start date of 01/25/2021."

Surveyor reviewed Resident 4's Medication Administration Record (MAR) for August and September 2023:

August:
White petroleum jelly gel, Resident 4 refused 24 out of 31 days.
Vicks Vapor Rub Ointment, Resident 4 refused 25

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N 410	Continued From page 4 out of 31 days. September: White petroleum jelly gel, Resident 4 refused 25 out of 27 days. Vicks Vapor Rub Ointment, Resident 4 refused 25 out of 27 days. Surveyor reviewed Resident 4's progress notes for August and September 2023 which did not document that his/her physician, nurse, or pharmacist were notified of Resident 4's continued refusals. On 10/02/2023 at 3:32 PM, Surveyor interviewed Director A regarding Resident 4's refusals of the above topical's. Director A confirmed staff did not notify Resident 4's physician when s/he continued to refuse. Director A stated s/he would educate staff about notifying physicians when residents continue to refuse. Director A stated the above medications should be discontinued if Resident 4 is continuing to refuse.	N 410		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safe, clean, and comfortable.	N 481		

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N 481	Continued From page 5 Findings include: On 09/27/2023 at 9:00 AM, Surveyor toured the facility and observed the following: -Resident 2's bedroom ceiling was covered dust. -The first resident bathroom, under the sink had a mildew odor and the cabinet floor appeared rotted. -Resident 1's bedroom smoke detector was covered in a thick layer of dust and had cobwebs in the corners of the ceiling. -The emergency light above the front door did not illuminate when tested. -The wall vents on each side of the living room were covered in a thick layer of dust. -The second resident bathroom's toilet bowl was discolored with a rust orange appearance. -Resident 4's bedroom to the wall upon entering the room had black scuff marks along the wall and paint chipping. -In the kitchen, many of the cabinets would not open and appeared sticky to the touch. The microwave had splatter throughout. The walls/ceiling were vaulted and had many cobwebs. The cabinet under the sink had a mildew odor and the cabinet floor appeared rotted. On 10/02/2023 at 3:32 PM, Surveyor interviewed Director A regarding the above concerns. Director A acknowledged home needed a deep clean. Director A stated the vaulted ceiling in the kitchen and living room are hard to maintain since staff cannot reach to dust. Director A stated s/he will look into hiring a company to assist with keeping the kitchen and living space clean.	N 481		