

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 10/11/2023
NAME OF PROVIDER OR SUPPLIER OAK PARK PLACE AUTUMN LANE II			STREET ADDRESS, CITY, STATE, ZIP CODE 719 JUPITER DR MADISON, WI 53718		
(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 10/03/2023, Surveyor conducted 1 verification visit at Oak Park Place Autumn Lane II. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency #UFS812 dated 06/22/2023, #UFS811 dated 01/04/2023, and #2U7711 dated 06/26/2019. One of 2 deficiencies from SOD UFS812, dated 06/22/2023 was corrected. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 34	{N 000}			
{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 a living environment that was clean and homelike for 2 of 6 resident rooms observed. This is a repeat deficiency. See Statement Of Deficiency #UFS812 dated 06/22/2023, #UFS811 dated 01/04/2023, and #2U7711 dated 06/26/2019.	{N 481}			

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

TITLE

(X6) DATE

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{N 481}	Continued From page 1 Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 67 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. On 10/03/2023 at approximately 11:30 AM while touring facility with Administrator A, Surveyor observed the following: Example 1- Resident 4's room The carpet was soiled with multiple black stains. The room smelled strongly of urine and soiled clothes in a basket in the bathroom smelled heavily of urine. Administrator A stated Resident 4's carpet had been cleaned multiple times, but the stains would not come out and the company's owner approved switching the carpet out for luxury vinyl in July or August 2023. Administrator A stated carpet is being replaced with luxury vinyl as rooms open. Administrator A stated caregivers are responsible for all housekeeping including the toilets. Administrator A stated Resident 4's family does his/her laundry and will not allow caregivers to rinse clothes soiled with urine and the urine odor is still noticeable when the clothes are bagged up dry. Example 2- Resident 1's room Resident 1's carpet was soiled with multiple black stains. The fall matt had been placed to the side. There were crumbs and debris on the carpet next to the bed where the fall matt had been. Administrator A stated the wheels on Resident 1's Hoyer lift and broda chair were hard on the carpet	{N 481}		

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{N 481}	Continued From page 2 and the carpet had been cleaned many times. On 10/03/2023 at approximately 12:15 PM, Surveyor discussed clean environment with Administrator A who stated s/he would make Resident 1's room a priority for new flooring and would send Surveyor a list of carpets cleaned since 09/14/2023. On 10/04/2023 at 11:50 AM, Surveyor received the carpet cleaning schedule dated 09/4/2023 - 10/02/2023 from Administrator A. The schedule identified Resident 1's carpet was cleaned the week of 09/04/2023. Resident 4's room was not listed on the schedule. On 10/11/2023 at 12:56 PM, Surveyor interviewed Family Member B who stated Resident 4's room smelled like urine all the time and was rarely vacuumed. Family Member B stated facility had always done Resident 4's laundry since admission.	{N 481}		