STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017017	A. BUILDING: _____ B. WING _____	R-C 10/30/2025

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OAK PARK PLACE OF JANESVILLE	700 MYRTLE WAY JANESVILLE, WI 53545

(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 From 10/29/2025 to 10/30/2025, Surveyors conducted a standard survey and 2 verification visits (statement of deficiency (SOD) V1E711, dated 07/16/2025 and SOD 3DZM12, dated 05/13/2025) at Oak Park Place Janesville, a CBRF in Janesville. As a result of this survey, 5 violations of Chapter DHS 83 were issued. Three of 5 violations were repeat. See Statement of Deficiency (SOD), ENKL11, dated 02/21/2020, SOD ENKL12, dated 02/10/2021, SOD 657X15, dated 08/31/2023, SOD 657X16, dated 01/18/2024, 3DZM12, dated 05/13/2025 and V1E711, dated 07/16/2025. Two (2) deficiencies from previous statement of deficiency (SOD) # V1E7111, dated 07/16/2025 were substantially corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 44	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time	N 386		

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

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N 386	Continued From page 1 limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 had a comprehensive individual service plan (ISP) that identified the resident's needs and desired outcomes, identified program services with the frequency and approaches the Community Based Residential Facility (CBRF) would provide, established measurable goals with specific time limits for attainment, and specified methods for delivering needed care and who was responsible for delivering the care. Resident 4's ISP did not identify the needs and desired outcomes, the services, frequency, and approach to provide, measurable goals, specific methods for delivering care, or who was responsible for delivery the care, related to dressing, grooming, bathing, medication administration, dietary needs, mobility, or assistive devices used on a daily basis to complete basic activities of daily living (ADLs). This is a repeat deficiency. See statement of deficiency (SOD) ENKL11, dated 02/21/2020. Findings include: On 10/29/2025 Surveyor reviewed resident records, which documented:	N 386		

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N 386	Continued From page 2 Resident 4 admitted to the provider's facility on 07/08/2025 with diagnosis including type 2 diabetes, major depressive disorder, and Parkinson's disease. Resident 4's ISP, with the latest revisions dated 10/27/2025, was missing information related to the following ADLs: grooming, dressing, bathing, oral care, and toileting needs (bladder/bowel). Resident 4's ISP did not include information related to his/her use of a wheelchair, bedrail, or other assistive devices. The ISP did not document the level of monitoring or assistance required in food preparation/ eating, medication management, or general social participation including leisure time activities. On 10/29/2025 at approximately 4:00 PM, Surveyors interviewed Administrator A and Director of Health Care Services (DHCS) B. Administrator A and DHCS B were surprised when Surveyor showed them Resident 4's ISP. They were unsure why the ISP was missing so much information. DHCS B stated they do complete comprehensive assessments, and that it would have been completed for Resident 4, so s/he did not know why the information did not get transferred into the ISP. Administrator A wondered if it could be an internal error with the provider's electronic health record (EHR), and stated they would investigate this further.	N 386		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written.	N 388		

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N 388	Continued From page 3	N 388		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure the individual service plan (ISP) for Resident 1 was implemented and followed as written.

Resident 1's ISP directed staff to ensure s/he took his/her medication while staff are present to maintain correct timing of medication doses. Resident 1 was left unsupervised with prescription medications in his/her room.

This is a repeat violation. See Statement of Deficiency (SOD), V1EJ11, dated 07/16/2025.

Findings include:

On 10/29/2025 at approximately 10:45 a.m., Surveyor toured the facility. This included a tour of Resident 1's personal bedroom. Surveyor observed Resident 1 holding a medication cup with 8 pills in it and taking a pill. Surveyor did not observe a staff from the facility in the room.

On 10/29/2025 at approximately 10:45 a.m., Surveyor interviewed Resident 1. Resident 1 stated the cup of pills were his/her morning medications, and that s/he hadn't taken them because s/he slept in. Resident 1 stated staff drop off his/her medications in the morning. Resident 1 stated that s/he liked to take 1 pill at time after s/he ate breakfast.

On 10/29/2025 at approximately 12:20 p.m., Surveyor interviewed Caregiver C. Caregiver C stated that s/he always drops [Resident 1]'s medications off in the morning. Caregiver C stated

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N 388	Continued From page 4 that [Resident 1] sleeps late and likes to take his/her medications with breakfast. Caregiver C said, "the nurse had to adjust the noon medication times a lot because of how late s/he sleeps." On 10/29/2025 at approximately 2:00 p.m., Surveyor reviewed Resident 1's record which documented the following: Resident 1 admitted to the provider on 07/29/2021 with diagnosis including cognitive communication deficit and lack of coordination. Resident 1's individual service plan (ISP) stated: " ... [Resident 1] is unable to self-administer the following medication all scheduled and prn meds. [Resident 1] will receive medications safely and as prescribed. Medications will be administered at scheduled times and ensure that [Resident 1] takes them while staff are present to maintain correct timing of medication doses. Medications will be administered by licensed or certified team members ..." On 10/29/2025 at approximately 4:00 p.m., Surveyor shared concern with Administrator A that Resident 1 was taking medications in his/her room without staff present. Administrator A acknowledged that was not how staff were trained to pass medications to Resident 1. Administrator A stated that s/he will ensure that staff are retrained on medication administration for Resident 1.	N 388		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 5 Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an individual service plan (ISP) was updated when there was a change in condition or need. Resident 3's ISP was not updated to address medication management. This is a repeat violation. See Statement of Deficiency (SOD), ENKL11, dated 02/21/2020, SOD ENKL12, dated 02/10/2021, SOD 657X15, dated 08/31/2023, SOD 657X16, dated 01/18/2024 and 3DZM12, dated 05/13/2025. Findings include: On 10/29/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 3's record. S/he was admitted to the facility on 04/25/2025, with vascular dementia. The ISP, dated 08/11/2025, documented the following for medication	N 389		

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N 389	Continued From page 6 management for Resident 3: -Medication Management: "[Resident 3] is unable to self-administer medication(s) r/t vascular dementia. Medications will be administered at the prescribed times. Medications will be administered by licensed or certified team members." On 10/29/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 3's Medication Administration Record (MAR). The MAR indicated that Resident 3 self-administers his/her fluticasone propionate nasal spray daily at 7:00 a.m. The MAR indicated that the fluticasone propionate nasal spray had a start date of 05/31/2023. On 10/29/2025 at approximately 12:20 p.m., Surveyor interviewed Caregiver D. Caregiver D stated that Resident 3 administers his/her own nasal spray. Caregiver D stated, "I think [s/he] keeps it in [his/her] room." On 10/29/2025 at approximately 4:00 p.m., Surveyor shared the concern of Resident 3's ISP being updated to indicate self-administration for the fluticasone propionate nasal spray. Executive Director A Executive Director A acknowledged that Resident 3's ISP was not updated to state that Resident 3 self-administered the fluticasone propionate nasal spray. Executive Director A stated that the facility was working hard to update all the ISP's and will continue to work on updating.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to	N 394		

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N 394	Continued From page 7 respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 residents were evaluated annually for capability to respond mentally and physically to a fire alarm. Resident 3's evacuation assessments was out of date. Findings include: On 10/29/2025, Surveyors reviewed resident records for Resident 3 and identified the following: Resident 3 was admitted to the facility on 04/26/2022. The most recent documented evacuation assessment was dated 06/24/2022. Resident 3's record did not include an evacuation assessment completed in the past year. On 10/29/2025 at 4:00 p.m., Surveyor interviewed Administrator A. Administrator A stated that s/he had provided the most updated evacuation assessment for Resident 3. Administrator A acknowledged that there had not been a completed evacuation assessment completed in the last year for Resident 3.	N 394		
N 414	83.37(2)(c) Medication administration not supervised Medication administration not supervised by a registered nurse, practitioner or pharmacist. When medication administration is not supervised by a registered nurse, practitioner or pharmacist,	N 414		

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N 414	Continued From page 8 the CBRF shall arrange for a pharmacist to package and label a resident ' s prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure medication administration not supervised by a registered nurse, practitioner, or pharmacist was packaged and labeled in unit dose. The provider had bottles of medications that were used for multiple residents. Resident 5 had 3 medications being administered from a prescription bottle. Resident 6 had 1 medication being administered from a prescription bottle. Findings include: On 10/29/2025 at approximately 12:30 PM, Surveyor reviewed the provider's medication cart. Surveyor observed 3 bottles, labeled with Resident 5's name, of the following medications: Furosemide 20 mg tablets, Tamsulosin Hcl 0.4 mg capsules, and Oxybutynin Chloride ER 10 mg tablets. Surveyor observed 1 bottle, labeled with Resident 6's name, of the following medication: Metoprolol Tartrate 25 mg tablets. On 10/29/2025 at approximately 4:00 PM, Surveyors interviewed Administrator A and Director of Health Care Services (DHCS) B. DHCS B	N 414		

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N 414	Continued From page 9 informed Surveyors when Resident 5 and Resident 6 admitted to the facility, they each had already received their next refill of a 90-day supply, for the medications named above. DHCS B stated some pharmacies will not take medications from other pharmacies to repackage them, and the pharmacies that will, charge a repackaging fee that the residents or families don't usually want to pay. Administrator A stated the provider would find the best way to ensure unit dose packaging was available.	N 414		