STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014642	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE AUTUMN LANE II	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 11/22/2023, Surveyor conducted 1 complaint investigation at Oak Park Place Autumn Lane II. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency SYL411 dated 02/03/2022, Q29H14 dated 06/02/2022, Q29H15 dated 10/28/2022, and Q29H16 dated 05/04/2023. The complaint was unsubstantiated. Census: 47	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes 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 when there was a change in resident's needs, abilities or physical or mental condition, the individual service plan was reviewed and revised.	N 389		

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

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N 389	Continued From page 1 Upon return from skilled nursing facility stay for rehab, Resident 1's comprehensive assessment was not completed accurately, and his/her individual service plan was not reviewed or revised to identify current abilities/needs in the areas of legal representation, medication administration, diet, activities of daily living, mobility, outside services and risk for skin breakdown. This is a repeat violation. See Statement Of Deficiency SYL411 dated 02/03/2022, Q29H14 dated 06/02/2022, Q29H15 dated 10/28/2022, and Q29H16 dated 05/04/2023. Findings include: On 11/22/2023, Surveyor reviewed Resident 1's record. S/he was admitted 03/02/2018. Power of Attorney for Health Care incapacity statement was signed 07/13/2023. Skilled nursing facility (SNF) Discharge Summary signed and dated by advance practice nurse prescriber 08/16/2023 (summarized): " ...POA was activated 07/13/2023 ...Patient needs help with the following: bathing, dressing, toileting, walking and transferring ...Diet: mechanical soft ...requires one person assistance with walker/wheelchair with ADLs [activities of daily living]. Plan: home health PT/OT to follow ..." Comprehensive Assessment dated 08/18/2023: In the area of Medication and Treatments: " ... [Resident 1] is able to self-administer [his/her] current medications] ..." In the area of Skin Integrity: "Is the resident at risk for skin breakdown? Yes ...potential/actual impairment to skin integrity of the buttocks r/t	N 389		

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N 389	Continued From page 2	N 389		

limited mobility and being wheelchair bound ...observe skin. Keep skin clean and dry. Hydrate skin with lotion, as needed. Report any skin alteration to nurse ...Does the resident have any present edema/swelling in lower extremities, upper extremities, scrotum, or abdomen? Yes Comment: Resident has 1+ pitting edema to lower extremities when feet are dependent."

In the area of Dietary & Nutrition Management: "Diet order general ...Resident needs assistance with dressing ...occasional assistance with grooming ..."

In the area of Bathing: " ...requires assistance for bathing/showering. Please assist with helping with temperature flow of water ...washing [his/her] back and lower half as well as drying [his/her] body and dressing ..."

In the area of Transferring- " ...the resident requires assistance with transfer with 1 care team member ...offer stand by assistance during transfers ...the resident is able to transfer independently but has weakness at times ..."

In the area of Outside Providers/Skilled Nursing- "Does the resident receive services from outside providers? No ..."

Individual Service Plan dated 03/29/2023-
In the area of Special Instructions- "NOT activated"
In the area of Showering- "[Resident 1] is independent with showering- needs assistance only with managing water outflow from the shower and stay for safety support ...will manage current level of function in bathing ...requires assist of one care staff to assist with showering ..."

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N 389	Continued From page 3 In the area of Risk for Falls- " ...Remind [Resident 1] to use wheeled walker as needed ..." In the area of medications- "[Resident 1] is able to self-administer [his/her] current medications ...will self-administer medications(s) safely and as prescribed ..." In the area of ADLs- " ...Is independent in all ADLs except for stand by assist with bathing ...requires assistance of one care staff for stand by assistance for transfer in toileting ... independent with eating ...independent in personal hygiene and oral care ..." The ISP contained no information regarding therapy services, use of wheelchair or risk for skin integrity. On 11/22/2023 at 11:17 AM, Surveyor interviewed Director of Health Care Services B (DHCS-B) who stated Resident 1's 03/29/2023 ISP was the current ISP was reviewed 07/05/2023 during his/her stay at SNF. DHCS-B stated Resident 1's Power of Attorney for Health Care document was activated while at SNF and shows s/he is activated in the electronic medical record. DHCS-B stated Resident 1 uses a wheelchair most of the time and staff have administered Resident 1's medications since return from SNF on 08/20/2023. On 11/22/2023 at 12:02 PM, Surveyor interviewed Caregiver E who stated Resident 1only used a wheelchair, not a walker. On 11/22/2023 at 12:07 PM, Surveyor interviewed Cook C who stated Resident 1 received a mechanical soft diet. On 11/22/2023 at 12:31 PM, Surveyor discussed concern of Resident 1's inaccurate comprehensive assessment and ISP not	N 389		

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N 389	Continued From page 4 reviewed and revised when s/he returned from SNF with Administrator A, DHCS-B and Assistant Housing Director D. Administrator A stated upon return from the SNF Resident 1 graduated from PT and OT fairly quickly. Administrator A stated s/he was not sure why the ISP was not updated. Administrator A stated the comprehensive assessment was completed by a regional nurse who was not at the facility consistently so information may have been lost in translation.	N 389		