STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009395	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD KNOLL	5565 TANCHO DIRVE 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 10/22/2025, the bureau of assisted living southern regional office conducted a standard survey and complaint investigation at Oakwood Knoll a CBRF located in Madison, WI. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was unsubstantiated. Census: 17	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received all prescribed medication in the dosage and at intervals prescribed by a practitioner. From 10/03/2025 to 10/09/2025, Resident 1 was not administered 5 doses of his/her prescribed dosage of Diltiazem HCL ER (extended release) 120 mg capsule. FINDINGS INCLUDE: On 10/22/2025, Surveyor arrived at facility for a standard survey.	N 352		

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
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OAKWOOD KNOLL	5565 TANCHO DIRVE MADISON, WI 53718

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N 352	Continued From page 1 On 10/22/2025, Surveyor reviewed Resident 1's face sheet. Resident 1 was admitted to the facility on 08/21/2025. Resident 1 had an activated power of attorney. Resident 1 was diagnosed with but not limited to paroxysmal atrial fibrillation. On 10/22/2025, Surveyor reviewed Resident 1's facility record. Resident 1's October 2025 medication administration record (MAR). The MAR had an order listed for the medication Diltiazem HCL ER 120 mg capsule morning dose. The diltiazem was documented as, "Other/ See Progress Notes," on the following dates: 10/03/2025, 10/04/2025, 10/06/2025, 10/08/2025 and 10/09/2025. On 10/22/2025, Surveyor reviewed Resident 1's Observation Notes for October 2025: 1.) On 10/03/2025 at 10:58 AM, Caregiver C documented the following, "Note Text: diltiazem HCL ER Oral Capsule Extended Release 12-hour 120 MG Give 1 capsule by mouth in the morning for Hypertension ...Medication is not in med cart. Med not given." 2.) On 10/04/2025 at 10:32 AM, Caregiver C documented the following, "Note Text: diltiazem HCL ER Oral Capsule Extended Release 12-hour 120 MG Give 1 capsule by mouth in the morning for Hypertension ...Medication is not in the cart." 3.) On 10/06/2025 at 10:20 AM, Caregiver D documented the following, "Note Text: diltiazem HCL ER Oral Capsule Extended Release 12-hour 120 MG Give 1 capsule by mouth in the morning for Hypertension ...na (not available)." 4.) On 10/08/2025 at 10:29 AM, Caregiver D documented the following, "Note Text: diltiazem HCL ER Oral Capsule Extended Release 12-hour 120 MG Give 1 capsule by mouth in the morning for Hypertension ...na." 5.) On 10/09/2025 at 10:11 AM, Caregiver E	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009395	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD KNOLL	5565 TANCHO DIRVE MADISON, WI 53718

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N 352	Continued From page 2 documented the following, "Note Text: diltiazem HCL ER Oral Capsule Extended Release 12-hour 120 MG Give 1 capsule by mouth in the morning for Hypertension ...not located in cart." On 10/22/2025 at approximately 12:30 PM, Surveyor discussed the above concern with Administrator A and Social Worker B. Administrator A acknowledged staff had documented not having access to Resident 1 diltiazem capsules 5 days in October 2025. Administrator A stated s/he believed a staff member was withholding the medication for fear it would increase the effects of Resident 1's orthostatic hypotension. Administrator A acknowledged the order for Diltiazem didn't have vital sign parameters documented, nor were concerns about Resident 1's blood pressure reported to facility clinical staff. Administrator A acknowledged Resident 1 didn't receive all his/her prescribed doses of Diltiazem in October 2025.	N 352		