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 _____	R-C 03/02/2026

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 03/02/2026, Surveyor conducted a complaint investigation and verification visit at Oakwood Knoll a CBRF located in Madison, WI. One (1) deficiency was identified. One (1) previous deficiency from statement of deficiency (SOD) 4O8I11, dated 10/23/2025 was corrected. The complaint was substantiated. Under statutory provisions of Wis. State. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name,	N 406		

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

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N 406	Continued From page 1 strength and amount. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure administrator/designee and one other employee witnessed, signed, and dated the record of destruction. Findings include: On 02/06/2026, the department received a complaint alleging that medications are not stored or destroyed properly. On 03/02/2026, Surveyor conducted a complaint investigation and verification visit. At 10:15 a.m., Surveyor asked Nurse F where the facility stored medication that should either be returned to the pharmacy or destroyed. Nurse F took Surveyor to Clerical Assistant G's office and stated that medications that need to be returned or destroyed were stored in there. Surveyor observed several medication cards stored in Clerical Assistant G's office. Surveyor asked what the plan was for all the medications stored in Clerical Assistant G's office. Clerical Assistant G pointed to a bin of medication cards under a table and stated that those medications were being returned to the pharmacy. Surveyor asked about the medication cards that were stored on top of the table. Clerical Assistant G stated that those medications will be destroyed by the facility staff. Some of those medications including: Buspirone 10 mg, 3 cards Amlodipine 5 mg Citalopram 20 mg Mirtazapine 30 mg	N 406		

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N 406	Continued From page 2 Certivite senior Vitamin B-12 1000 mcg Vitamin D 1000 IU Memantine 5 mg, 2 cards Metoprolol tart 50 mg, 2 cards Rosuvastatin 40 mg Surveyor asked to review the provider's medication destruction records. Clerical Assistant G stated that none of the medications are schedule II, so they do not keep a record of the destruction. On 03/02/2026 at 11:20 a.m., Surveyor reviewed the above concerns with Nurse F and Social Worker B. Nurse F stated s/he thought only schedule II medications needed a destruction record and that s/he would ensure there is a record of all medications that were destroyed by facility staff.	N 406		