STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011119	A. BUILDING: _____ B. WING _____	C 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD MEADOWS	5565 TANCHO DRIVE 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 06/26/2024, Surveyor conducted a standard licensing survey and 2 self-report reviews at Oakwook Meadows, a CBRF located in Madison, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. Census: 17	N 000		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that Resident 1 was free from mistreatment. Resident 1 was struck at least 2 times by Former Caregiver B. Findings include: On 05/21/2024, the Department received a self-report that a resident was hit by a caregiver on 05/17/2024. On 06/26/2024 at 9:00 AM, Surveyor requested the documentation regarding the incident on 05/17/2024.	N 348		

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

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N 348	Continued From page 1 Documentation dated 05/17/2024 indicated that Former Caregiver C reported to management that Former Caregiver B had hit Resident 1 at least twice, once in the stomach and once on the right upper extremity. An assessment conducted immediately after the report of possible abuse revealed that Resident 1 had reddened areas on his/her stomach and right upper extremity, which was consistent with what Former Caregiver C reported to management. Former Caregiver B was escorted out of the facility and suspended pending results of the investigation. Former Caregiver B's employment was terminated as of 05/20/2024. Written statement dated 05/17/2024 by Former Caregiver C stated, "Former Caregiver B hit him/her right in front of me. It was Former Caregiver B and s/he hit Resident 1 and not only once. S/he punched him/her on the shoulder and then his/her stomach too." On 06/26/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted on 01/13/2024 with diagnoses that include but are not limited to: Alzheimer's late onset, dementia in other classes severe with agitation, altered mental status, adult failure to thrive, and insomnia. Resident 1's Individual Service Plan (ISP) indicated that Resident 1 had history of behaviors to include wandering, agitation resulting in angry outbursts, provocation, and verbal abuse. On 06/26/2024 at 11:30 AM, Surveyor interviewed Nurse D who confirmed that the incident had been reported to management on 05/17/2024. Resident 1 was assessed immediately and there were reddened areas observed on Resident 1's	N 348		

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N 348	Continued From page 2 stomach and right upper extremity. Resident 1 was sent to the hospital for evaluation, but no major injuries were diagnosed. The investigation began immediately after being reported and the conclusion was that Former Caregiver B had struck Resident 1 in the stomach and right upper extremity. On 06/26/2024 at 12:00 PM, Surveyor interviewed Administrator A who confirmed that the incident had occurred. Administrator A acknowledged that the assessment confirmed reddened areas on Resident 1's stomach and right upper extremity. Administrator A confirmed that Former Caregiver B was immediately removed from the facility, suspended and eventually terminated as of 05/20/2024.	N 348		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 2's individual service plan (ISP) was followed in regards to repositioning and frequency of incontinence care. Findings include: On 06/26/2024 at 9:30 AM, Surveyor reviewed a facility self-report that alleged staff conducted an improper transfer. Facility documentation dated 04/04/2024 included a written statement from Resident 2 that said,	N 388		

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N 388	Continued From page 3 "Sometimes staff don't change me on NOC shift." On 06/26/2024 at 11:30 AM, Surveyor interviewed Resident 2 who stated, "I am paralyzed and can't use my legs, I am incontinent and need help with cares and repositioning. Staff don't always change me during the night and tell me I'm fine. I'm not fine, I get sore if I am in one position longer than a couple hours." Surveyor asked Resident 2 how often s/he is not changed during the night. Resident 2 stated, "At least 1 or 2 times a week. Some staff would rather not deal with me and just peek their heads in and leave. I need help, that's why I am here." On 06/26/2024 at 12:00 PM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted to the facility 07/27/2023 with diagnoses that include but are not limited to: spastic paraplegia, fracture of unspecified part of neck of right femur, depression. An assessment dated 07/23/2023 indicated Resident 2 is at risk for falls and bed sores due to their medical condition and is to be changed and repositioned every 2 hours to minimize risk for bed sores. Resident 2's ISP, dated 07/23/2023, also directs staff to change and reposition Resident 2 every 2 hours. On 06/26/2024 at 12:00 PM, Surveyor reviewed Resident 2's Medical Administration Record (MAR) for the months of April 2024, May 2024 and June 2024. Surveyor noted Resident 2's MAR included an area for staff to document when they change and reposition Resident 2 every 2 hours. The following dates in Resident 2's MAR (change and reposition every 2 hours) were blank: APRIL 2024	N 388		

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N 388	Continued From page 4 04/02/2024-10 PM 04/03/2024-10 PM 04/04/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 04/05/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 04/07/2024-12 AM, 2 AM, 4 AM, 6 AM, 2 PM 04/08/2024-12 AM, 2 AM, 4 AM, 6 AM 04/09/2024-12 AM, 2 AM, 4 AM, 6 AM, 2 PM 04/10/2024-12 AM, 2 AM, 4 AM, 6 AM 04/12/2024-10 PM 04/13/2024-8 PM, 10 PM 04/14/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 04/16/2024-12 AM, 2 AM, 4 AM, 6 AM 04/17/2024-12 AM, 2 AM, 4 AM, 6 AM 04/19/2024-12 AM, 2 AM, 4 AM, 6 AM, 2 PM, 10 PM 04/20/2024-12 AM, 2 AM, 4 AM, 6 AM 04/21/2024-12 AM, 2 AM, 4 AM, 6 AM 04/22/2024,12 AM, 2 AM, 4 AM, 6 AM 04/23/2024-12 AM, 2 AM, 4 AM, 6 AM 04/24/2024- 6 AM 04/28/2024-10 PM 04/29/2024-12 AM, 2 AM, 4 AM, 6 AM 04/30/2024-12 AM, 2 AM, 4 AM, 6 AM MAY 2024 05/02/2024-10 PM 05/04/2024-6 AM, 10 PM 05/08/2024-6 AM, 10 PM 05/09/2024-2 PM 05/10/2024-6 AM, 2 PM 05/12/2024-12 AM, 2 AM, 4 AM, 6 AM 05/13/2024-12 AM, 2 AM, 4 AM, 6 AM, 2 PM, 10 PM 05/14/2024-12 AM, 2 AM, 4 AM, 6 AM, 2 PM 05/16/2024-12 AM, 2 AM, 4 AM, 6 AM 05/17/2024-6 AM 05/18/2024-12 AM, 2 AM, 4 AM, 6 AM 05/19/2024-2 AM, 4AM, 6AM	N 388		

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N 388	Continued From page 5 05/20/2024-12 AM, 2 AM, 4 AM, 6 AM 05/21/2024-6 AM 05/22/2024-10 PM 05/24/2024-12 AM, 2 AM, 4 AM, 6 AM 05/26/2024-6 AM, 10 PM 05/27/2024-6 AM 05/28/2024-12 AM, 2 AM, 4 AM, 6 AM 05/29/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM JUNE 20204 06/03/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 06/04/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 06/05/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 06/06/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 06/07/2024-4 AM, 6 AM 06/10/2024-12 AM, 2 AM, 4 AM, 6 AM 06/14/2024-4 AM, 6 AM 06/15/2024-12 AM, 2 AM, 4 AM, 6 AM 06/16/2024-6 AM 06/17/2024-12 AM, 2 AM, 4 AM, 6 AM 06/18/2024-12 AM, 2 AM, 4 AM, 6 AM, 10 PM 06/19/2024-6 AM 06/20/2024-12 AM, 2 AM, 4 AM, 6 AM 06/21/2024-12 AM, 2 AM, 4 AM, 6 AM 06/23/2024-12 AM, 2 AM, 4 AM, 6 AM 06/24/2024-12 AM, 2 AM, 4 AM, 6 AM 06/25/2024-6 AM, 10 PM 06/26/2025-12 AM, 2 AM, 4 AM, 6 AM On 06/26/2024 at 12:30 PM, Surveyor discussed the above concern with Administrator A who confirmed that Resident 2 is to be changed and repositioned every 2 hours per their ISP with follow up documentation of the task listed in Resident 2's MAR. Administrator A acknowledged that there were numerous blank dates in Resident 2's MAR where staff were supposed to document changing and repositioning Resident 2. Administrator A	N 388		

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N 388	Continued From page 6 acknowledged that they were made aware of Resident 2's concern that their ISP in regards to being changed and repositioned every two hours was not being implemented.	N 388		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual evacuation drills. There were no documented evacuation drills for calendar year 2023. Findings include: On 06/26/2024 at 9:00 AM, Surveyor reviewed the facility's evacuation drills. There were no documented evacuation drills for calendar year 2023. On 06/26/2024 at 9:30 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that the facility must conduct semi-annual evacuation drills. Administrator A stated, "If it is not in the binder, we don't have it but I can continue to look." Surveyor gave Administrator A until 06/27/2024 at noon to provide further information. As of 06/27/2024 at noon, no further information was provided.	N 526		