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 _____	12/08/2023

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 12/07/2023, The Bureau of Assisted Living, Southern Regional Office conducted a standard survey at Oakwood Knoll, a CBRF in Madison, WI. As a result of this survey, 6 violations of Chapter DHS 83 were issued. Census: 19	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the resident's legal representative and physician were immediately notified when there was an incident or injury to the resident. On 11/02/2023, Resident 1 in his/her room. Resident 1's activated power of attorney (APOA) was not notified of this fall until 11/08/2023. FINDINGS INCLUDE: On 12/07/2023, Surveyor arrived at facility for a standard survey.	N 169		

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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N 169	Continued From page 1 On 12/07/2023 at 9:57 AM, Surveyor interviewed Family Member D. Family Member D stated Resident 1 suffered an unwitnessed fall on 11/02/2023. Family Member D stated s/he is Resident 1's legal representative. Family Member D stated on 11/08/2023 s/he was speaking with Nurse C about Resident 1's recent cancer diagnosis; and Nurse C told them Resident 1 experienced an unwitnessed fall on 11/02/2023. Family Member D stated s/he asked Administrator A why s/he wasn't notified of Resident 1's unwitnessed fall. Family Member D stated Administrator A told them the facility only needs to notify the legal representatives of a fall if the resident suffers an injury from the fall. Family Member D stated s/he needed to approach multiple members of facility administration to make it so s/he would be notified of Resident 1's falls in a timelier fashion. On 12/07/2023 at 11:00 AM, Surveyor discussed the above concern with Nurse C. While speaking with Surveyor Nurse C pulled up Resident 1's electronic health record (EHR) on a facility laptop computer. Nurse C stated Resident 1 had an unwitnessed fall on 11/02/2023, and Resident 1 was assessed by the covering registered nurse (RN) as having no injuries. Nurse C stated s/he did not see any documentation of Resident 1's legal representation and/or physician being notified of Resident 1's fall on 11/02/2023. Nurse C stated s/he sees a note s/he wrote on 11/08/2023 about a conversation s/he had with Family Member D. Nurse C stated s/he remembered notifying Family Member D of the 11/02/2023 fall during the conversation on 11/08/2023. Nurse C stated s/he did not believe the physician was notified of Resident 1's unwitnessed fall on 11/02/2023.	N 169		

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N 169	Continued From page 2 On 12/07/2023, Surveyor reviewed Resident 1's EHR on a facility laptop. On 12/07/2023, Surveyor reviewed Resident 1' s facesheet. Resident 1 was admitted to the facility on 10/19/2022. Family Member D is listed as Resident 1's activated power of attorney (APOA). Resident 1 is diagnosed with but not limited to: dementia, history of knee joint replacement, and abnormal gait. On 12/07/2023, Surveyor reviewed Resident 1's fall incident reports for November 2023. Surveyor reviewed a fall incident report dated 11/02/2023 at 9:09 PM. Resident Assistant B documented the following, "heard a yell found resident sitting on the floor in [his/her] room. [S/he] stated [s/he] turned to (sic.) fast. didn't (sic.) hurt anywhere stated [s/he] turned too fast and fell no complaints of pain." On 11/06/2023 at 2:51 PM, Nurse C documents [his/her] assessment. No, documentation related to notifying Family Member D or Resident 1's physician. On 12/07/2023, Surveyor reviewed Resident 1's facility progress notes from 11/01/2023 to 11/30/2023. No, documentation related to Resident 1's fall on 11/20/2023 are in the progress notes. On 11/13/2023 at 5:10 PM, Nurse B documents, "[Family Member D] to be notified of immediately of after any and all falls." On 11/14/2023 at 2:01 PM, Administrator A documented, "[Family Member D] expressed concern regarding fall notifications, [Family Member D] has expectations of being notified within shift that fall occurred on, requesting fall policy-writer to provide." On 12/07/2023 at 2:00 PM, Surveyor discussed	N 169		

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N 169	Continued From page 3 the above concerns with Administrator A and Nurse B. Administrator A and Nurse B acknowledged Resident 1 suffered an unwitnessed fall on 11/02/2023 and Family Member D was not notified of this fall until 11/08/2023. Administrator A and Nurse B acknowledged Resident 1's physician was not notified of the fall that occurred on 11/02/2023. Administrator A stated s/he is making a new flow sheet for caregivers to follow when dealing with resident falls. Administrator A stated s/he was not aware all resident falls needed to be immediately reported to the resident's legal representative and physician.	N 169		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff received at least 15 hours per calendar year and that continuing education included, standard precautions, fire safety and emergency procedures, including first	N 277		

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N 277	Continued From page 4	N 277		

aid.

Caregiver B was hired on 04/18/2016. Caregiver B had 7.5 hours of continuing education training documented for the calendar year of 2022. Caregiver B's 2022 continuing education training did not include standard precautions, fire safety and emergency procedures, including first aid.

FINDINGS INCLUDE:

On 12/07/2023, Surveyor arrived at facility for a standard survey.

On 12/07/2023, Surveyor reviewed Caregiver B's 2022 and 2023 training records. Surveyor reviewed approximately 4.5 hours of continuing education for the calendar year of 2022 and 0 hours of continuing education for the calendar year of 2023.

On 12/07/2023 at 2:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated there must have been a miscommunication with human resources. Administrator A agreed to send Surveyor Caregiver B's complete training record via email by the end of the day.

On 12/08/2023, Surveyor reviewed an email from Administrator A. Administrator A send an attached labeled as Caregiver B's 2022 and 2023 trainings. Surveyor reviewed Caregiver B's 2022 training record. Caregiver B had 7.5 hours of documented training in 2022. Caregiver B's 2022 training record did not include standard precautions, fire safety and emergency procedures, including first aid.

On 12/08/2023 at 9:51 AM, Surveyor sent

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N 277	Continued From page 5 notification to Administrator A that Caregiver B's training record did not contain the 15 required hours in 2022 and did not include standard precautions, fire safety and emergency procedures, including first aid. On 12/11/2023, Surveyor reviewed and email sent from Administrator A on 12/08/2023 at 4:30 PM. Administrator A stated Caregiver B's 7.5 hours of continuing education were the complete trainings for the calendar year of 2022.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall	N 302		

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N 302	Continued From page 6	N 302		

screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. The CBRF shall maintain the screening documentation in each resident ' s record.

Resident 2 and Resident 3 were not screened for tuberculosis using center for disease control and prevention standards.

FINDINGS INCLUDE:

On 12/07/2023, Surveyor arrived at facility for a standard survey.

On 12/07/2023 at 1:30 PM, Surveyor reviewed Resident 2's electronic health record (EHR). Resident 2 was admitted to the facility on 04/29/2020. Surveyor did not see Resident 2's screening for tuberculosis in Resident 2's EHR. Surveyor discussed this with Administrator A. Administrator A stated s/he could not find Resident 2's TB results in the EHR but would be able to send the TB test results to Surveyor by the end of the day.

On 12/07/2023 at 1:40 PM, Surveyor reviewed Resident 3's electronic health record (EHR). Resident 3 was admitted to the facility on 08/05/2021. Surveyor did not see Resident 3's screening for tuberculosis in Resident 3's EHR. Surveyor discussed this with Administrator A. Administrator A stated s/he could not find Resident 2's TB results in the EHR but would be able to send the TB test results to Surveyor by the end of the day.

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N 302	Continued From page 7 On 12/08/2023, Surveyor reviewed an email from Administrator A. Administrator A sent Resident 2's medical admission assessment. Under the subsection for tuberculin testing the physician marked that Resident 2 was not exhibiting active symptoms of tuberculosis; but did not include screening results for latent tuberculosis. Administrator A sent Resident 3's medical admission assessment. Under the subsection for tuberculin testing the physician marked that Resident 2 was not exhibiting active symptoms of tuberculosis but did not include screening results for latent tuberculosis. On 12/08/2023 at 9:51 AM, Surveyor sent an email to Administrator A stating that Resident 2 and Resident 3 did not have documented screenings for tuberculosis. On 12/11/2023, Surveyor reviewed and email sent from Administrator A on 12/08/2023 at 4:30 PM. Administrator A stated, "We did a search and unable to find the appropriate documentation." CROSS REFERENCE: N0394 DHS Chapter 83.35(5) Annual Evaluation Of Evacuation Limits CROSS REFERENCE: N0415 DHS Chapter 83.37(2)(d) Documentation Of Medication Administration	N 302		
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 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.	N 394		

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N 394	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident's mental or physical capability to respond to a fire alarm on an annual basis. Resident 3 did not have an updated evacuation assessment completed for the year of 2022. FINDINGS INCLUDE: On 12/07/2023, Surveyor arrived at facility for a standard survey. On 12/07/2023, Surveyor reviewed Resident 3's electronic health record (EHR) on a facility laptop. On 12/07/2023, Surveyor reviewed Resident 3's facility facesheet. Resident 3 was admitted to the facility on 08/05/2021. On 12/07/2023, Surveyor found zero documentation of Resident 3 having an updated evacuation assessment completed for the year of 2022 or 2023. On 12/07/2023 at 2:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated Resident 3's 2022 or 2023 updated evacuation assessment could be in their paper chart. Administrator A agreed to send Surveyor Resident 3's updated evacuation assessment by the end of the day. On 12/08/2023, Surveyor reviewed an email sent by Administrator A on 12/07/2023 at 6:46 PM. Administrator A did not include updated evacuation assessments for Resident 3. On 12/11/2023, Surveyor reviewed an email sent	N 394		

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N 394	Continued From page 9 by Administrator A on 12/08/2023 at 4:30 PM. Administrator A acknowledged that facility did not have an updated evacuation assessment for Resident 3. CROSS REFERENCE: N0302 DHS Chapter 83.28(4)(a) Resident Health Screening And Documentation CROSS REFERENCE: N0415 DHS Chapter 83.37(2)(d) Documentation Of Medication Administration	N 394		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the staff administering the medication documented in the resident record the name, dosage, date and time of the medication taken and initialed the medication administration record (MAR). From 10/01/2023 to 10/31/2023, there were 10	N 415		

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medications not documented as administered or refused on Resident 2's MAR.

From 10/20/2023 to 11/06/2023, there were 37 medications not documented as administered or refused on Resident 3's MAR.

FINDINGS INCLUDE:

On 12/07/2023, Surveyor arrived at facility for a standard survey.

On 12/07/2023 at 1:30 PM, Surveyor reviewed Resident 2's electronic health record (EHR) on a facility laptop.

On 12/07/2023, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 04/29/2020.

On 12/07/2023, Surveyor reviewed Resident 2's individualized service plan (ISP) dated 07/21/2023. Facility staff are to administered Resident 2's medications.

On 12/07/2023, Surveyor reviewed Resident 2's November 2023 medication administration record (MAR). The following medications were not documented as administered or refused:
1. 11/26/2023 at 8:00 PM - Mirtazapine 7.5 mg tablet
2. 11/19/2023 at 9:00 PM - Oxycodone HCL 2.5 mg tablet
3. 11/24/2023 at 9:00 PM - Oxycodone HCL 2.5 mg tablet
4. 11/26/2023 at 9:00 PM - Oxycodone HCL 2.5 mg tablet
5. 11/26/2023 at 8:00 PM - Pradaxa 75 mg Capsule
6. 11/19/2023 at 9:00 PM - Voltaren Gel 1%

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N 415	Continued From page 11 7. 11/24/2023 at 9:00 PM - Voltaren Gel 1% 8. 11/26/2023 at 9:00 PM - Voltaren Gel 1% 9. 11/13/2023 at 12:00 PM - Acetaminophen 650 mg tablet 10.11/26/2023 at 8:00 PM - Acetaminophen 650 mg tablet On 12/07/2023 at 1:35 PM, Surveyor reviewed Resident 3's EHR on a facility laptop. On 12/07/2023, Surveyor reviewed Resident 3's facility facesheet. Resident 3 was admitted to the facility on 08/05/2021. On 12/07/2023, Surveyor reviewed Resident 3's ISP dated 08/15/2023. Facility staff are to administer Resident 3's medications. On 12/07/2023, Surveyor reviewed Resident 3's October 2023 medication administration record (MAR). The following medications were not documented as administered or refused: 1. 10/21/2023 at 8:00 AM - Cholecalciferol 25 MCG (micrograms) tablet 2. 10/22/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 3. 10/24/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 4. 10/27/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 5. 10/28/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 6. 10/21/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 7. 10/22/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 8. 10/24/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 9. 10/27/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet	N 415		

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N 415	Continued From page 12 10.10/28/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 11.10/21/2023 at 8:00 PM - Loratadine 20 MG tablet 12.10/22/2023 at 8:00 PM - Loratadine 20 MG tablet 13.10/24/2023 at 8:00 PM - Loratadine 20 MG tablet 14.10/27/2023 at 8:00 PM - Loratadine 20 MG tablet 15.10/28/2023 at 8:00 PM - Loratadine 20 MG tablet 16.10/21/2023 at 8:00 PM - Oxycodone HCL 2.5 mg tablet 17.10/22/2023 at 8:00 PM - Oxycodone HCL 2.5 mg tablet 18.10/24/2023 at 8:00 PM - Oxycodone HCL 2.5 mg tablet 19.10/26/2023 at 8:00 PM - Oxycodone HCL 2.5 mg tablet 20.10/30/2023 at 8:00 PM - Oxycodone HCL 2.5 mg tablet 21.10/21/2023 at 8:00 PM - Sertraline HCL 25 mg tablet 22.10/22/2023 at 8:00 PM - Sertraline HCL 25 mg tablet 23.10/26/2023 at 8:00 PM - Sertraline HCL 25 mg tablet 24.10/30/2023 at 8:00 PM - Sertraline HCL 25 mg tablet 25.10/28/2023 at 8:00 PM - Sertraline HCL 25 mg tablet On 12/07/2023, Surveyor reviewed Resident 3's November 2023 medication administration record (MAR). The following medications were not documented as administered or refused: 1. 11/02/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 2. 11/03/2023 at 8:00 AM - Cholecalciferol 25	N 415		

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OAKWOOD KNOLL	5565 TANCHO DIRVE MADISON, WI 53718

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N 415	Continued From page 13 MCG tablet 3. 11/04/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 4. 11/05/2023 at 8:00 AM - Cholecalciferol 25 MCG tablet 5. 11/02/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 6. 11/03/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 7. 11/04/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 8. 11/05/2023 at 8:00 PM - Chromium Tablet 200 MCG tablet 9. 11/02/2023 at 8:00 PM - Loratadine 20 MG tablet 10.11/03/2023 at 8:00 PM - Loratadine 20 MG tablet 11.11/04/2023 at 8:00 PM - Loratadine 20 MG tablet 12.11/05/2023 at 8:00 PM - Loratadine 20 MG tablet On 12/07/2023 at 2:00 PM, Surveyor discussed the above concerns with Administrator A and Nurse B. Administrator A and Nurse B acknowledged that Resident 2 and Resident 3's MARs were missing documentation of administration or refusal of the above medications. Administrator A stated the computer system is supposed to 'X' out boxes on the resident MAR when they are 'out of the building.' Administrator A stated the computer system did not do this on Resident 2 and Resident MARs. Administrator A stated these issues would be corrected immediately.	N 415		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that	N 499		

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 _____	12/08/2023

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

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N 499	Continued From page 14 cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were labeled and stored in secure area. FINDINGS INCLUDE: On 12/07/2023, Surveyor arrived at facility for a standard survey. On 12/07/2023, Administrator A gave Surveyor a tour of the facility. Surveyor observed 2 unlocked cabinets containing toxic substances on the unit: 1.) Administrator A opened an unlocked laundry room door for Surveyor. Surveyor entered the laundry room and opened the unlocked cabinet directly in front of the laundry room entrance and found three partially full containers of TIDE brand laundry detergent. On the front of the TIDE laundry detergent containers it stated, "WARNING: HARMFUL IF PUT IN MOUTH AND SWALLOWED." 2.) Administrator A showed Surveyor the open kitchenette connected to a resident dining space. Surveyor opened and unlocked cabinet below the sink. Surveyor found 1 partially full gallon bottle of CLOROX brand bleach concentrate. The front of the CLOROX concentrate states, "KEEP OUT OF REACH OF CHILDREN." Surveyor found 6 full containers of hospital grade SANI-CLOTH brand disinfectant wipes that contain bleach as an active ingredient. The front of the SANI-CLOTH	N 499		

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 _____	12/08/2023

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N 499	Continued From page 15 wipes states, "KEEP OUT OF REACH OF CHILDREN." On 12/07/2023 at 11:00 AM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged that toxic substances had been stored in unlocked cabinets.	N 499		