

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER OAKHILL AFH		STREET ADDRESS, CITY, STATE, ZIP CODE 482 N OAKHILL AVE JANESVILLE, WI 53548		
(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
M 000	INITIAL COMMENTS On 09/24/2024, Surveyor conducted a standard licensing survey at Oakhill AFH, an AFH located in Janesville, WI. As a result of the survey, 4 violations of Chapter DHS 88 were issued. Census: 4	M 000		
M 288	88.05(3)(e)2.a INSPECTIONS-OIL FURNACE An oil furnace shall be inspected and serviced every 2 years by a heating contractor. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the facility oil furnace was inspected every 2 years by a heating contractor. There was no documented oil furnace inspection since calendar year 2020. Findings include: On 09/24/2024, Surveyor reviewed the facility documented inspections for the oil furnace. The last oil furnace inspection was dated in 2020, the print on the invoice was faded. On 09/24/2024 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he was sure that the furnace had been inspected since 2020. Licensee A looked through his/her files and could not find a documented inspection for the oil furnace. Surveyor gave Licensee A until 09/25/2024 to provide further documentation.	M 288		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 288	Continued From page 1 On 09/24/2024 at 3:52 PM, Licensee A emailed an invoice for an inspection of the oil furnace dated 09/24/2024, which had taken place after Surveyor had been on site. On 09/24/2024 at 5:00 PM, Surveyor emailed Licensee A and gave Licensee A until 09/25/2024 at 12:00 PM to provide further information. As of 09/25/2024 at 12:30 PM, no further information was provided.	M 288		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 4 of 4 residents were evaluated annually for evacuation time. Four of 4 residents did not have a current documented resident evacuation assessment completed. Findings include: On 09/24/2024 at 10:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 12/14/2018. The most current resident evacuation assessment for Resident 1 was dated 01/2023.	M 346		

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M 346	Continued From page 2 On 09/24/2024 at 10:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 05/01/2017. The most current resident evacuation assessment for Resident 2 was dated 01/2023. On 09/24/2024 at 10:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 12/14/2018. The most current resident evacuation assessment for Resident 3 was dated 01/2023. On 09/24/2024 at 10:30 AM, Surveyor reviewed Resident 4's medical record. Resident 4 was admitted 10/22/2018. The most current resident evacuation assessment for Resident 4 was dated 01/2023. On 09/24/2024 at 11:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that each resident must be evaluated annually for evacuation time and ability. Licensee A acknowledged that Residents 1, 2, 3 and 4 had not had a resident evacuation assessment since 01/2023. Licensee A stated, "this was an oversight on my part, I will get it done asap."	M 346		