STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017017	A. BUILDING: _____ B. WING _____	R-C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF JANESVILLE	700 MYRTLE WAY JANESVILLE, WI 53545

(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 06/24/2026, the Bureau of Assisted Living, completed a verification visit at Oak Place of Janesville, a CBRF, located in Janesville. Two deficiencies were identified, both deficiencies were a repeat violation from Statement of Deficiency (SOD) ENKL12, dated 02/10/2021 and 9I0L11, dated 04/09/2026. Four of the 6 deficiencies from the previous Statement of Deficiency (SOD) 9I0L11, dated 04/09/2026 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 40	N 000		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN	{N 408}		

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

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{N 408}	Continued From page 1 psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP) with a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. Resident 4 took PRN Seroquel, but his/her ISP did not include information about the medication. Resident 5 took PRN hydroxyzine, but his/her ISP did not include rationale or specific behaviors requiring the use of the PRN. This is a repeat deficiency. See Statement of Deficiency (SOD) ENKL12, dated 02/10/2021 and SOD 910L11, dated 04/09/2026. Findings include: On 06/24/2026 Surveyors reviewed resident records. Example 1- Resident 4 Resident 4 admitted to the provider's facility on 09/18/2025 with diagnosis including vascular dementia and depression. Resident 4's physician orders included: Seroquel Oral Tablet 25 Mg- Give 0.5 tablet by mouth at bedtime for agitation related to vascular dementia, unspecified severity, with agitation. Resident 4's ISP did not include any information about the Seroquel.	{N 408}		

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{N 408}	Continued From page 2 Example 2- Resident 5 Resident 5 was admitted to the provider's facility on 07/29/2021 with diagnosis including adjustment disorder with mixed anxiety and depressed mood and cognitive communication deficit. Resident 5's physician orders included: Hydroxyzine Hcl Oral Tablet 10 mg- Give 1 tablet by mouth every 8 hours as needed for anxiety. Resident 5's ISP included that s/he took hydroxyzine, but it did not include a rationale for use, or the specific behaviors that would require the use of the PRN. On 06/24/2026 at approximately 2:45 PM, Surveyors interviewed Administrator I and Director of Nursing (DON) J regarding above concerns. Surveyor asked if they were familiar with the code for PRN psychotropics. DON J stated s/he noticed some of the CBRF ISPs included the PRNs, but that s/he was not used to having to do that as s/he spends more time in the provider's skilled nursing unit. Administrator I and DON J stated together with their consultant, they would ensure all ISPs get updated for residents who utilize PRN psychotropic medications.	{N 408}		
{N 446}	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.	{N 446}		

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{N 446}	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that equipment was maintained and in good repair. The ice machine had a build up of a black mold-like substance inside the spout. Findings include: OBSERVATION On 06/24/2026 at approximately 10:50 AM, Surveyor toured the facility's "enhanced care" dining room and observed the following: The dining room had an ice machine on the counter in a common area, accessible to everyone. There was evidence the facility had attempted to clean the outside of the ice machine, around the spout. The lime scale build up previously seen was not as significant. However, inside the spout of the ice machine, there was additional build up including a black, mold-like substance accumulating around the edges. INTERVIEW: On 06/24/2026 at approximately 2:40 PM, Surveyor interviewed Administrator I and Director of Nursing (DON) J. Administrator I stated the original plan to maintain the ice machine was to clean it weekly, then was increased to twice weekly. S/he stated as of 06/23/2026, they increased the frequency to daily, including a filter clean too. DON J stated s/he knows maintenance did complete a thorough cleaning of the machine originally, and that managers look at it too during	{N 446}		

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{N 446}	Continued From page 4 their daily rounds. Neither Administrator I or DON J were aware of the build-up inside the spout.	{N 446}		