STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525274	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook of Fond Du Lac	265 S National Ave Fond Du Lac, WI 54935

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 48794 Based on staff interview and record review, the facility did not implement its written policies and procedures to prohibit mistreatment, neglect and abuse of residents for 1 (Cook (CK)-F) of 8 staff reviewed during the caregiver background compliance check. CK-F was hired on 2/20/24. CK-F's Department of Justice (DOJ) document indicated CK-F was charged with a qualifying offense on 6/27/24. The facility did not have additional information from the Clerk of Courts regarding the disposition of the case and the facts of the incident. Findings include: The Wisconsin Background Check and Misconduct Investigation Program Manual by the Department of Health Services (DHS), with a revision date of January 2024, indicates: At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: 1. A completed DHS form F-82064, Background Information Disclosure (BID) 2. A response from the DOJ, either: A 'no record found' response or criminal record transcript; and 3. A Governmental Findings Report (previously know as the Integrated Background Information System (IBIS) letter) that indicates the person's status, including administrative findings or licensing restrictions. The facility's Vulnerable Adult Abuse and Neglect Prevention policy, with a revision date of 10/4/23, states it is the policy of the facility to provide residents with a safe environment that is free from harm. The resident protection program policy and procedure indicates a criminal background check will be conducted on all prospective employees. On 5/13/24, Surveyor selected a sample of 8 staff to review for background checks. CK-F started at the facility on 2/20/24. The facility obtained a BID form from CK-F on 2/20/24 that indicated CK-F answered yes to Section A(2) that CK-F was convicted of a crime. No further information was provided on the BID form. On 2/20/24, the facility received CK-F's DOJ document that indicated CK-F was arrested for bodily harm or threat to an employee of health care facility or family on 6/24/23. The charge was amended and issued on 6/27/23 for battery. The facility did not obtain the criminal complaint or the judgment of conviction from CK-F prior to CK-F's employment with the facility. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/13/24, Surveyor interviewed Nursing Home Administrator (NHA)-A who provided Surveyor with the case summary. NHA-A stated CK-F was convicted of disorderly conduct on 4/19/24 which CK-F did not disclose to the facility per the facility's policy. NHA-A stated CK-F was suspended pending the facility's ability to obtain additional information on the conviction. On 5/14/24 at 8:07 AM, Surveyor reviewed the Judgement of Conviction, dated 4/19/24, which indicated CK-F did not work at the facility at the time the incident occurred and the incident did not involve health care personnel from the facility. On 5/14/24 at 12:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated Human Resource Director (HRD)-G is responsible for completion of employee background checks. NHA-A stated NHA-A and HRD-G were aware of the circumstances of the charges and CK-F was not yet convicted. NHA-A stated HRD-G reviewed all other background records for current employees to ensure there were no other issues. On 5/14/24 at 12:25 PM, Surveyor interviewed HRD-G who stated HRD-G completed an online training from the facility that reviewed the Wisconsin Department of Health Services and Division of Quality Assurance form (P-00274), dated 10/2023, titled Wisconsin Background Check and Misconduct Investigation Program: Offenses Affecting Eligibility. HRD-G stated when HRD-G reviewed the form, HRD-G did not feel additional information was necessary until after CK-F was formally convicted. HRD-G stated that CK-F did not update the facility of the conviction. HRD-G acknowledged HRD-G did not follow up with CK-F on the pending charges. HRD-G stated HRD-G will implement a process to ensure follow-up is completed.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 45942 Based on staff interview and record review, the facility did not ensure 1 resident (R) (R30) of 5 sampled residents met the Pre-Admission Screening and Resident Review (PASRR) requirements. R30 had a positive updated PASRR Level I Screen, dated 4/10/24, that indicated R30 had mental illness. A Level II Screen was not completed when R30 was prescribed psychotropic medication. Findings include: 1. R30's most recent admission to the facility was on 4/10/24. R30 had diagnoses including schizoaffective disorder, major depressive disorder, and anxiety. R30's Minimum Data Set (MDS) assessment, dated 4/16/24, documented a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R30 had intact cognition. An updated PASRR Level I Screen, dated 4/10/24, indicated R30 was prescribed Clozaril (antipsychotic medication) 100 mg 5 times daily plus 50 mg every day and Paxil (an antidepressant medication) 20 mg BID. A PASRR Level II Screen was not completed following a change in condition as noted in R30's medical record. A daily skilled charting note, dated 4/20/24, indicated: Monitoring for behaviors due to recent auditory/visual hallucinations and medication changes. A health status note, dated 4/20/24, indicated R30's physician ordered paroxetine (Paxil) 10 mg (milligrams) twice daily (BID) and clozapine (Clozaril) 50 mg three times daily (TID) and 450 mg at bedtime (HS). On 5/15/24 at 10:30 AM, Surveyor and Social Services Director (SSD)-H interviewed Behavioral Consulting Services Staff (BCSS)-I for clarification regarding when a PASRR Level II Screen should be completed after an updated PASRR Level I Screen is completed. Per BCSS-I, if there is a change in medication or if mental illness symptoms are not controlled and the resident requires a new medication, a PASRR Level II Screen should be completed. SSD-H confirmed R30 had a change in mental illness condition and a Level II Screen should have been completed. On 5/15/24 at 10:42 AM, Surveyor interviewed SSD-H who confirmed an updated PASRR Level II Screen for R30 was not submitted. SSD-H indicated R30 would have benefited from a Level II Screen. On 5/15/24 at 11:38 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R30 had mental illness changes. DON-B indicated if there are mental illness changes, a PASRR Level II referral should be initiated. On 5/15/24 at 1:07 PM, Surveyor interviewed DON-B who stated the facility does not have a PASRR policy.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 45943 Based on staff interview and record review, the facility did not ensure potential adverse reactions to high-risk medications were monitored for 4 residents (R) (R22, R46, R11, and R30) of 5 residents reviewed for unnecessary medications. Staff did not monitor R22, R46, and R11 for potential side effects or adverse reactions to antibiotic medication. Staff did not monitor R22, R46, and R30 for potential side effects or adverse reactions to anticonvulsant medication. Findings include: The facility's Seizure Assessment and Management policy, revised 3/13/24, indicates: The nurse will monitor for complications related to antiepileptic medications; for example, dizziness, ataxia, somnolence, headache, diplopia, blurred vision, nausea, vomiting, and rash. The Centers for Disease Control and Prevention (CDC) Healthy Habits: Antibiotic Dos and Don'ts indicate common side effects of antibiotics range from minor to very severe health problems including rash, dizziness, nausea, diarrhea, yeast infections, Clostridicum (C) difficile infection, severe and life-threatening allergic reactions, and antimicrobial-resistant infections. 1. On 5/14/24 Surveyor reviewed R22's medical record which indicated R22 had a diagnosis of chronic osteomyelitis. R22 had an order for gabapentin (an anticonvulsant medication) 300 mg (milligrams) give 2 capsules by mouth three times daily for pain (ordered 7/7/23). Surveyor noted the facility did not monitor R22 for adverse side effects of gabapentin, including drowsiness, dizziness, blurred vision, cold and flu-like symptoms and delusions. R22 also had an order for Bactrim double stength (DS) (an antibiotic medication) 800-160 mg give 1 tablet by mouth twice daily for chronic infection (ordered 11/21/22) and azithromycin (an antibiotic medication) 500 mg give 1 tablet by mouth as needed prior to dental appointments (ordered 11/21/22). Surveyor noted the facility did not monitor R22 for adverse reactions to the antibiotic medications, including rash, diarrhea, and yeast infection. On 5/15/25 at 10:33 AM, Surveyor interviewed Director of Nursing (DON)-B who verified staff did not monitor R22 for adverse reactions to gabapentin until 5/14/24. DON-B also stated R22's care plan indicated R22 had an infection but did not contain monitoring interventions for Bactrim DS and azithromycin. 2. On 5/14/24, Surveyor reviewed R46's medical record which indicated R46 had a diagnosis of displaced trimalleolar fracture of the left lower leg following a motor vehicle accident and an external fixator (a metal device attached to the bones of the leg with pins of screws that pass through the skin and muscle to treat unstable (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	or complex fractures) on the left lower leg. R46 had an order for Lyrica (an anticonvulsant medication) oral capsule 150 mg give 1 capsule by mouth three times daily for pain for 30 days (ordered 4/19/24) and an order for sulfamethoxazole-trimethoprim (an antibiotic medication) oral tablet 800-160 mg give 1 tablet by mouth two times daily for 14 days for infection of the skin and/or soft tissue (ordered 5/8/24). Surveyor noted R46's plan of care did not contain monitoring interventions for adverse reactions to Lyrica and sulfamethoxazole-trimethoprim. On 5/14/24 at 12:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified a consent for Lyrica, dated 4/18/24, included a list of common side effects including swelling of extremities, dizziness, drowsiness, headache, fatigue, weight gain, dry mouth, uncoordination, and double vision. NHA-A verified staff did not monitor R46 for adverse reactions to Lyrica. On 5/14/24 at 1:45 PM, Surveyor interviewed DON-B who indicated the facility did not have specific monitoring interventions for antibiotics. DON-B verified R46's care plan, dated 5/9/24, indicated R46 had a wound/skin infection to the left ankle surgical site, however, R46's plan of care did not include monitoring interventions for adverse reactions to sulfamethoxazole-trimethoprim. 45942 3. On 5/13/24, Surveyor reviewed R11's medical record which indicated R11 was prescribed minocycline hydrocholride (an antibiotic medication) 100 mg give 1 tablet by mouth once daily for bollous pemphigoid (a rare skin disorder that causes large fluid filled blisters). Surveyor noted R11's plan of care did not contain monitoring interventions for adverse reactions, including rash, diarrhea and yeast infection, to the antibiotic medication. On 5/15/24 at 10:33 AM, Surveyor interviewed DON-B who verified staff did not monitor R11 for adverse reactions to minocycline hydrochloride. 4. On 5/14/24, Surveyor reviewed R30's medical record which indicated R30 had diagnoses including diabetes type 2 and neuropathy. R30 had an order for gabapentin oral capsule 400 mg give 2 capsules by mouth at bedtime for neuropathy. Surveyor noted R30's plan of care did not contain monitoring interventions for adverse reactions, including drowsiness, dizziness, blurred vision, cold or flu-like symptoms, and delusions, to the anticonvulsant medication. On 5/14/24 at 2:49 PM, Surveyor interviewed NHA-A who indicated staff did not monitor R30 for adverse reactions to gabapentin.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50479 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 47 residents residing in the facility. Staff did not complete hand hygiene prior to handling clean dishes. Staff did not maintain cooling logs for leftover food. Findings include: On 5/13/24 at 8:57 AM, Surveyor began an initial kitchen tour with Dietary Manager (DM)-C who indicated the facility followed the Food and Drug Administration (FDA) 2022 Food Code. 1. The 2022 FDA Food Code documents at 2-301.14: Food employees shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and (E) After handling soiled equipment or utensils. The facility's undated FS-1: Dishwashing procedure indicates: .9. Before any dish machine operator moves from soiled dishes to clean dishes one of the following must occur: A. Hands shall be washed using proper handwashing procedures. B. If using gloves, soiled gloves shall be removed, hands washed using proper hand washing procedures and clean, unused gloves must be put on. On 5/14/24 at 12:42 PM, Surveyor observed [NAME] (CK)-D wash dishes and clean food scraps from dirty dishes with gloved hands. CK-D then removed the gloves but did not wash CK-D's hands. CK-D then removed clean dishes from a tray on the right side of the dishwasher, moved dirty dishes into the left side of the dishwasher, and unloaded clean trays. On 5/14/24 at 12:55 PM, Surveyor observed CK-D remove clean dish trays from the right side of the dishwasher while wearing the same gloves CK-D wore to load dirty dishes. Surveyor observed CK-D then remove the soiled gloves, however, CK-D did not wash CK-D's hands before CK-D put away clean plates. On 5/14/24 at 1:05 PM, Surveyor interviewed CK-D who stated staff are expected to wash hands before touching clean dishes. Surveyor also interviewed Dietary Aide (DA)-E who stated during the dish washing process, one staff should handle dirty dishes while another staff handles clean dishes. DA-E stated hand washing is expected before staff touch clean dishes. On 5/14/24 at 1:29 PM, Surveyor interviewed with DM-C who stated DM-C expects two staff members to wash the dishes to prevent cross-contamination. DM-C stated DM-C expects one staff to handle dirty dishes while a different staff handles clean dishes. DM-C stated the same employee should not be working on both sides of the dishwasher. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. The 2022 FDA Food Code documents at 3-501.14: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 135 Fahrenheit (F) to 70 F; and (2) Within a total of 6 hours from 135 F to 41 F or less. (B) Time/Temperature Control for Safety Food (TCS) shall be cooled within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna. The 2022 FDA Food Code documents at 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding equipment, food containers in which food is being cooled shall be: (1) Arranged in the equipment to provide maximum heat transfer through the container walls; and (2) Loosely covered or uncovered if protected from overhead contamination as specified under subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the food. The facility's Cooling Food Temperature Log policy and procedure, dated 6/19/23, indicates: .1. Cooked TCS foods shall be cooled under refrigeration within 2 hours from 135 degrees F or greater to 70 degrees F and within a total of 6 hours from 135 degrees F or greater to 41 degrees F or less. 2. Temperatures of TCS foods placed in the cooler shall be recorded by the cook on the Cooling Food Temperature Log and re-heated or discarded as directed on the form .4. When a temperature of 41 degrees F is reached, food shall be covered tightly, labeled, and dated. If the temperature is greater than 41 degrees F after 6 hours, the food item shall be discarded. On 5/13/24 at approximately 9:00 AM, Surveyor observed a container of leftover soup in the walk-in refrigerator. On 5/14/24 at 11:50 AM, Surveyor interviewed DM-C who stated leftovers are not routinely kept, however, certain items (i.e., soup, vegetables, and hamburger patties) are occasionally kept as leftovers. DM-C stated the procedure is to place the leftovers in an ice bath, cool the leftovers as quickly as possible, and place the leftovers in the refrigerator when cooled. DM-C stated staff do not check the temperature of the leftovers before they put the leftovers in the refrigerator. DM-C also stated dietary staff do no maintain a cooling temperature log.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 45942 Based on observation, staff interview, and record review, the facility did not ensure staff performed hand hygiene before administering medication and providing assistance for 4 residents (R) (R30, R24, R2, and R43) of 6 residents observed during medication administration. Licensed Practical Nurse (LPN)-J did not consistently perform hand hygiene during medication administration and while providing assistance to residents. Findings include: The facility's Administering Medications Policy and Procedure, revised on 1/22/24, indicates: .15. Adherence to established facility infection control procedures shall be followed during the administration of medications: Hand hygiene per policy shall be required between residents. The facility's Hand Hygiene Policy and Procedure, revised on 1/16/23, indicates: Wash hands with soap and water: a) When hands are visibly dirty or soiled .b) Before applying gloves and after removing gloves or other personal protective equipment (PPE) .f) After providing direct resident care .i) If exposure to an infectious disease is suspected or proven .Use an alcohol-based hand rub for all the following situations: a) When hands are not visibly soiled .c) Before preparing or handling medication; d) Before applying gloves and after removing gloves or other PPE .m) After contact with inanimate objects (e.g., medical equipment) in the immediate vicinity of the resident . On 5/13/24 at 12:01 PM, Surveyor observed LPN-J prepare and administer R30's noon medication. LPN-J did not perform hand hygiene prior to or after LPN-J administered R30's medication. On 5/13/24 at 12:09 PM, Surveyor observed LPN-J enter R24's room. Surveyor noted R24 was on contact precautions. Without performing hand hygiene, LPN-J opened R24's sorbet cup. On 5/13/24 at 12:16 PM, Surveyor observed LPN-J prepare R24's insulin without performing hand hygiene. During the observation, an alcohol wipe fell on the floor. LPN-J picked the alcohol wipe off the floor, opened the package, wiped the top of the insulin vial, and drew insulin into a syringe. LPN-J then donned gloves, entered R24's room, administered the insulin, and removed gloves. Without performing hand hygiene, LPN-J touched the medication cart and computer keys. On 5/13/24 at 12:19 PM, Surveyor observed LPN-J prepare an as needed (PRN) medication for R24 when LPN-J was interrupted by R2 who requested assistance. R2 was on enhanced barrier precautions. LPN-J opened R2's fruit cup and spilled some of the juice on R2's wheelchair. LPN-J handed the fruit cup back to R2 and wiped the juice with a tissue. Without performing hand hygiene, LPN-J entered R24's room and administered R24's PRN medication. On 5/13/24 at 12:34 PM, Surveyor observed LPN-J pour R43's liquid lactulose (for constipation) in a 30 milliliter medication cup. R43 refused the medication. LPN-J educated R43 on the importance of lactulose, however, R43 continued to refuse. At 12:39 PM, Surveyor observed LPN-J dispose of the lactulose in a drug buster in the medication room. LPN-J did not complete hand hygiene after the lactulose was disposed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/13/24 at 1:45 PM, Surveyor interviewed LPN-J who confirmed LPN-J recalled at least 3 opportunities where LPN-J did not perform hand hygiene but should have. LPN-J verified the alcohol pad that dropped on the floor should have been discarded and LPN-J should have performed hand hygiene. LPN-J verified hand hygiene should be performed when staff move from one surface to another and especially between residents. On 5/14/24 at 8:22 AM, Surveyor interviewed Director of Nursing (DON)-B who stated nurses should perform hand hygiene between residents and after medication disposal. Per DON-B, hands should be washed prior to leaving the medication room and after picking up items off the ground.