

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/08/2024
NAME OF PROVIDER OR SUPPLIER  Edenbrook of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE 265 S National Ave Fond Du Lac, WI 54935	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50467</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program to help prevent the spread of communicable disease and infection for 1 resident (R) (R6) of 6 sampled residents.</p> <p>R6 was on enhanced barrier precautions (EBP). During an observation of pericare on 11/7/24, Certified Nursing Assistant (CNA)-D reached inside CNA-D's gown with soiled gloves to retrieve a walkie talkie. In addition, CNA-D threw soiled linens on R6's floor and did not change gloves or complete hand hygiene appropriately.</p> <p>Findings include:</p> <p>The facility's Infection Control Program-Policy and Procedure, with a revision date of 5/8/24, indicates: The facility must require staff to clean their hands after each direct resident contact using the most appropriate hand hygiene professional practices .Personnel must handle, store, process, and transport linens so as to prevent the spread of infection .</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy and procedure, dated 3/26/24, indicates: The purpose of EBP is to prevent opportunities for transfer of multidrug-resistant organisms (MDROs) to employees' hands and clothing during cares, beyond situations in which staff anticipate exposure to blood or body fluids .High-contact resident cares include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting .</p> <p>The facility's Hand Hygiene policy and procedure, revised 5/8/24, indicates: Alcohol-based hand gel (ABHG) should be used .B. Before entering and leaving an isolation room .E. After handling items potentially contaminated with blood, body fluids, or secretions, F. Before moving from a contaminated body site to a clean body site during cares. G. After providing direct resident care.</p> <p>On 11/7/24 Surveyor reviewed R6's medical record. R6 had diagnoses including sepsis, cellulitis (infection of the skin) of right lower limb, type 2 diabetes, methicillin-resistant Staphylococcus-aureus infection (MRSA), extended-spectrum beta-lactamase (ESBL), non-pressure ulcer of right lower leg with fat layer exposed, resistance to multiple antimicrobial drugs, pressure ulcer of right ankle-stage 4, and non-pressure ulcer chronic to left and right lower legs. R6's Minimum Data Set (MDS) assessment, dated 8/6/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R6 had intact cognition.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/08/2024
NAME OF PROVIDER OR SUPPLIER  Edenbrook of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE 265 S National Ave Fond Du Lac, WI 54935	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/7/24 at 9:38 AM, Surveyor observed CNA-C and CNA-D provide pericare for R6 who was on EBP. During the provision of pericare, Surveyor observed CNA-D reach under CNA-D's gown twice to use a walkie talkie. Surveyor also observed CNA-D touch the front of CNA-D's uniform with soiled gloves. In addition, CNA-D did not change gloves between dirty and clean tasks and threw dirty linens on R6's floor. During the observation, CNA- D left the room to get a sling to assist R6 out of bed. Prior to leaving the room, CNA-D removed CNA-D's gown and gloves but did not perform hand hygiene.</p> <p>On 11/7/24 at 1:04 PM, Surveyor interviewed CNA-D who confirmed gloves should be changed between dirty and clean tasks and dirty linens should not be put on the floor. CNA-D indicated hand hygiene should be completed before putting on and after removing gloves. CNA-D confirmed CNA-D should not have reached under CNA-D's gown with soiled gloves while wearing personal protective equipment (PPE).</p> <p>On 11/7/24 at 1:08 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R6 was on EBP for carbapenem-resistant Acinetobacter baumannii (a type of bacteria that is highly resistant to antibiotics) (CRAB). DON-B indicated staff should follow the facility's EBP policy and contact precautions. DON-B confirmed dirty linens should not be placed on the floor. DON-B indicated staff should complete hand hygiene prior to putting on gloves and after glove removal. DON-B also indicated staff should not reach under their gown while providing care for a resident on precautions.</p>		