

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 03/05/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R6) of 1 resident observed during the provision of cares.</p> <p>On 3/5/25, staff did not ensure enhanced barrier precautions (EBP) were followed during high-contact resident cares for R6.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy, dated 3/26/24, indicates: .EBP, in addition to standard and contact precautions, will be implemented during high-contact resident care activities when care for residents who have an increased risk for acquiring a multidrug-resistant organism (MDRO), such as a chronic wounds requiring a dressing, indwelling medical devices, or residents with infection or colonization with an MDRO .The purpose of EBP is to prevent opportunities for transfer of MDROs to employees' hands and clothing during cares, beyond situations in which staff anticipate exposure to blood or body fluids. High-contact resident care activities include .transferring, providing hygiene or changing briefs, or assisting with toileting .</p> <p>On 3/5/25, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, benign prostatic hyperplasia with lower urinary tract symptoms, and extended-spectrum beta lactamase (ESBL) (an enzyme produced by certain bacteria that makes them resistant to a broad range of antibiotics) in urine. R6's Minimum Data Set (MDS) assessment, dated 12/17/24, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 that indicated R6 had severely impaired cognition.</p> <p>On 3/5/25 at 10:15 AM, Surveyor observed Certified Nursing Assistant (CNA)-C and CNA-D complete peri-care and a mechanical lift transfer for R6. Surveyor noted there was an EBP sign on R6's door and a personal protective equipment (PPE) cart near R6's door, however, CNA-C and CNA-D donned gloves but not gowns. After CNA-C and CNA-D transferred R6 and began peri-care, Surveyor asked CNA-C and CNA-D if R6 was on EBP. CNA-D was not familiar with EBP. CNA-C indicated the PPE cart in the hallway was for the resident in the next room. CNA-C and CNA-D then proceeded with peri-care for R6.</p> <p>On 3/5/25 at 10:55 AM, Surveyor reviewed R6's medication administration record (MAR) and noted R6 was on EBP. In addition, R6's care plan indicated R6 had colonized MDROs as evidenced by Klebsiella pneumoniae in R6's urine. The care plan contained an intervention for EBP.</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
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/5/25 at 11:52 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should wear a gown and gloves and possibly a face shield/mask during high-contact cares for a resident on EBP. DON-B confirmed transfers and peri-care are considered high-contact resident cares.		