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	06/11/2025

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

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R23) of 5 sampled residents had documentation that indicated their legal representative was informed of the risks and benefits of prescribed psychotropic medication. R23 was prescribed lorazepam (antianxiety medication). The facility did not ensure an informed consent for medication was reviewed and completed with R23's legal Guardian. Findings include: The facility's Psychotropic Medication policy, revised 5/1/25, indicates: 5. The resident or the durable power of attorney/responsible party will be advised on the non-pharmacological interventions attempted and the resident's response. The need for psychotropic medication, indication for use, and any potential side effects will be presented to assist them with making an informed decision. Facilities in every state may use the informed consents available from the Wisconsin Department of Health Services. 6. Psychotropic medications will be administered upon a physician's order and informed consent by the resident or the durable power of attorney/responsible party. b. Wisconsin specific: i. Prior to administering a psychotropic medication to a resident, a nursing home shall obtain written informed consent from the resident or, if the resident is incapacitated, a person acting on behalf of the resident, on a form provided by the Department of Health .vi. The facility will obtain oral consent from the resident or, if the resident is incapacitated, a person acting on behalf of the resident, before administering the psychotropic medication .1. The oral consent shall be entered in the resident's medical record. 2. The oral consent shall be valid for 10 days after which time the nursing home may not continue to administer the psychotropic medication unless it has obtained written informed consent. From 6/9/25 to 6/11/25, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] and had diagnoses including schizophrenia, generalized anxiety disorder, major depressive disorder, and mood affective disorder. R23's Minimum Data Set (MDS) assessment, dated 5/23/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R23 had intact cognition. R23 had a legal Guardian who was appointed on 9/28/11 with the latest protective placement dated 12/3/24. On 6/9/25, Surveyor reviewed R23's current physician orders which included the following medication with a black box warning (the strictest warning on the label of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug): (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ Lorazepam oral tablet 1 milligram (mg). Give 1 tablet by mouth every 12 hours as needed for anxiety related to generalized anxiety disorder for 6 months, dated 5/22/25. Surveyor was unable to locate informed consent for medication documentation for lorazepam in R23's medical record and requested the documentation from Nursing Home Administrator (NHA)-A. On 6/10/25 at 2:33 PM, Surveyor received R23's signed informed consent documentation for lorazepam. Surveyor noted the documentation was signed by R23's Guardian and dated 6/10/25. On 6/10/25 at 3:17 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility usually obtains informed consent when psychotropic medications are ordered. DON-B indicated Social Worker (SW)-C attempted to inform R23's Guardian but was unable to make contact. DON-B indicated staff do not administer psychotropic medications unless informed consents are signed. Surveyor reviewed R23's Medication Administration Record (MAR) and noted R23 had not received lorazepam thus far. When Surveyor asked for documentation regarding the attempted contact of R23's Guardian, DON-B indicated Surveyor should interview SW-C. On 6/11/25 at 10:16 AM, Surveyor interviewed SW-C who confirmed SW-C had just obtained R23's Guardian's informed medication consent signature on 6/10/25. SW-C indicated consent should have been obtained when lorazepam was first ordered on 5/22/25. SW-C indicated DON-B wants SW-C to obtain consent when a medication is changed, however, it is the admitting nurse's responsibility to obtain consent verbally or in writing during admission. SW-C indicated SW-C informed R23's Guardian about lorazepam on 6/10/25 and there was no documentation of verbal consent prior to 6/10/25. SW-C verified SW-C emailed R23's Guardian informed consent documentation on 6/10/25 to obtain a signature.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R304) of 17 sampled residents were provided safe administration of drugs and biologicals. On 6/9/25, Surveyor observed an albuterol 90 base inhaler (albuterol inhaler) and artificial eye gel drops on R304's bedside table. R304 did not have an order for the eye drops or an order for either medication to be left at the bedside. Findings include: The facility's Policy and Procedure Administering Medications, dated 1/22/24, indicates: .Medications shall be administered per provider's written/verbal orders upon resident's identity when no contraindications are identified, and the medication is labeled according to accepted standards . The facility's Policy and Procedure Medication Self Administration, dated 3/1/24, indicates: .1. The resident shall have a screen completed by a licensed nurse to determine factors that may impact the safe administration of medications .3. Residents who have been deemed appropriate to self-administer medications independently or with supervision/cuing or after set-up shall have a physician order to do so . From 6/9/25 to 6/11/25, Surveyor reviewed R304's medical record. R304 was admitted to the facility on [DATE] and had diagnoses including heart failure, chronic obstructive pulmonary disease (COPD), type 2 diabetes, and pneumonitis due to inhalation of food and vomit. A Minimum Data Set (MDS) assessment was not yet completed due to R304's recent admission. Nursing notes, dated 5/30/25, indicated R304 was alert and oriented to person, place and time and could make R304's needs known. R304 made R304's own medical decisions. On 6/9/25 at 9:36 AM, Surveyor observed an albuterol 90 inhaler and a bottle of artificial eye gel drops on R304's bedside table. Surveyor interviewed R304 who indicated R304 used the inhaler for shortness of breath and indicated R304's spouse administered the artificial eye gel drops for R304. R304's medical record contained a self-administration of medication assessment, dated 5/30/25, that indicated R304 could use a nebulizer independently. The assessment did not contain any other medications. R304 had an order, dated 5/30/25, that indicated R304 could administer a nebulizer treatment after set up by the nurse. R304 also had an order, dated 5/29/25, for an albuterol inhaler to be administered every 4 hours for shortness of breath. R304 did not have an order for the albuterol inhaler to be left at the bedside and did not have an order to administer artificial eye gel drops or store the eye drops at the bedside. On 6/11/25 at 9:19 AM, Surveyor interviewed Registered Nurse (RN)-H who verified the albuterol inhaler and artificial eye gel drops were at R304's bedside. RN-H tried to remove the medications from R304's bedside, however, R304 refused. RN-H indicated the albuterol inhaler and artificial eye gel drops should not be stored at the bedside without a physician's order. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/11/25 at 10:09 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated R304 should have an order for the artificial eye gel drops. DON-B indicated there should be orders to store the albuterol inhaler and artificial eye gel drops at the bedside if a self-administration of medication assessment is completed and deems R304 appropriate to have medications at the bedside.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure staff followed enhanced barrier precautions (EBP) for 1 resident (R) (R34) of 5 sampled residents. R34 was on EBP due to colonization of a multidrug-resistant organism (MDRO) to prevent the spread of the organism/infection to other residents. On 6/10/25, Registered Nurse (RN)-D did not wear the appropriate personal protective equipment (PPE) while completing high-contact resident cares for R34. Findings include: The facility's Enhanced Barrier Precautions policy, dated 3/26/24, indicates: It is the policy of this facility that enhanced barrier precautions (EBP), in addition to standard and contact precautions, will be implemented during high-contact resident care activities when caring for residents who have an increased risk for acquiring a multidrug-resistant organism (MDRO) such as a resident with chronic wounds requiring a dressing, indwelling medical devices, or residents with infection or colonization with an MDRO .The purpose of enhanced barrier precautions is to prevent opportunities for transfer of MDROs to employees' hands and clothing during cares .High-contact resident care activities include: .Changing linens .EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staffs' hands and clothing . On 6/9/25, Surveyor reviewed R34's medical record. R34 was admitted to the facility on [DATE] and had diagnoses including atrial fibrillation, mild cognitive impairment, and history of urinary tract infection. R34's Minimum Data Set (MDS) assessment, dated 5/10/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R34 had moderate cognitive impairment. R34 had a court-appointed Guardian who was responsible for R34's healthcare decisions. On 6/9/25 at 9:01 AM, Surveyor observed a sign near R34's door that indicated R34 required EBP and staff should wear a gown and gloves during high-contact resident cares. On 6/10/25 at 8:32 AM, Surveyor observed RN-D prepare and administer R34's morning medications which included eye drops. Surveyor observed RN-D enter R34's room to administer medication without donning a gown or gloves. (The administration of medications is typically not considered high-contact care in most circumstances.) After RN-D administered R34's oral medications, Surveyor observed RN-D don gloves and administer eye drops by leaning over the bed to reach R34's head which was on the opposite side of the bed from where RN-D was standing. Surveyor noted RN-D's uniform top touched R34's bed linens during the administration of the eye drops. RN-D then removed gloves and cleansed hands. Without donning clean gloves, RN-D removed a pillow from under R34's head, adjusted the pillowcase, and placed the pillow back under R34's head. Surveyor noted RN-D's uniform top touched R34's bed linens while RN-D leaned over the bed to place the pillow under R34's head. RN-D then exited the room and cleansed hands. On 6/10/25 at 8:47 AM, Surveyor interviewed RN-D who verified RN-D should have worn PPE while administering R34's eye drops and while adjusting R34's pillow and pillow case. RN-D indicated R34 was on EBP due to colonization of an MDRO. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/10/25 at 11:32 AM, Surveyor interviewed Director of Nursing (DON)-B who verified RN-D should have worn PPE while administering R34's eye drops and while adjusting R34's pillow and pillow case.