

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Oshkosh		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Bowen St Oshkosh, WI 54901	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure a clean or home-like environment for 1 resident (R) (R41) of 20 sampled residents.</p> <p>R41's bedside tray table was not in a clean condition.</p> <p>Findings include:</p> <p>The facility did not have a policy regarding a clean, comfortable, and home-like environment. The facility provided an untitled and undated cleaning list that indicated: Resident Room Over-Bed Tables, scrub all areas of table (legs, base, stand, table top and table bottom). Polish if necessary.</p> <p>From 3/24/25 to 3/26/25, Surveyor reviewed R41's medical record. R41 was admitted to the facility on [DATE] and had diagnoses including schizoaffective disorder, bipolar type, bipolar disorder, anxiety disorder, dementia, muscle weakness, lymphedema, and pain in right and left knee. R41's Minimum Data Set (MDS) assessment, dated 3/15/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R41 had moderately impaired cognition. R41 had a corporate Guardian for decision making.</p> <p>R41's care plan, dated 12/19/24, indicated R41 had limited physical mobility related to schizophrenia, obesity, and dementia. A nutrition care plan, revised 3/17/25, indicated R41 preferred to eat in R41's room and could eat independently with set up assistance. R41 liked cranberry juice and/or milk with meals.</p> <p>On 3/24/25 at 12:24 PM, Surveyor observed staff place a lunch tray on R41's bedside table. Staff set up the tray and R41 slowly ate with a fork. R41 picked up a cup throughout the meal and drank cranberry juice. R41's movements were slow and R41 closed R41's eyes frequently.</p> <p>On 3/25/25 at 12:24 PM, Surveyor again observed staff serve R41's lunch tray. Staff placed the tray on R41's bedside table and completed set up assistance. R41 again used a fork and ate with slow movements. R41 also drank juice throughout the meal with slow movements.</p> <p>On 3/25/25 at 3:21 PM, Surveyor entered R41's room with Licensed Practical Nurse (LPN)-C who interacted with R41 and noted a piece of food in R41's bed. LPN-C removed the piece of food. Surveyor noted R41's bedside table contained 2 dried liquid stains.</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: 525299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Oshkosh		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Bowen St Oshkosh, WI 54901	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/25 at 4:27 PM, Surveyor observed R41's bedside table again and noted the 2 liquid stains were still there.</p> <p>On 3/26/25 at 9:19 AM, Surveyor entered R41's room with LPN-C and observed 2 pieces of dried and shriveled food on R41's bedside table. When Surveyor asked if R41 had eaten breakfast, LPN-C indicated R41 refused breakfast that morning. When Surveyor asked how often bedside tables were cleaned, LPN-C was not sure and indicated the dried food was probably from the day before. LPN-C confirmed staff should wipe R41's bedside table after meals because R41 used the bedside table for all meals.</p> <p>On 3/26/25 at 1:04 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated R41's bedside table should be cleaned if it is visibly dirty.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Oshkosh		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Bowen St Oshkosh, WI 54901	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not ensure range of motion exercises were completed in accordance with a range of motion program for 1 resident (R41) of 20 sampled residents.</p> <p>Documentation for R41's range of motion (ROM) program was not completed accurately and/or was not completed.</p> <p>Findings include:</p> <p>From 3/24/25 to 3/26/25, Surveyor reviewed R41's medical record. R41 was admitted to the facility on [DATE] and had diagnoses including schizoaffective disorder, bipolar type, dementia, patients non-compliance with medical treatment and regimen, muscle weakness, bilateral primary osteoarthritis of knee, peripheral vascular disease (PVD), and pain in right and left knee. R41's Minimum Data Set (MDS) assessment, dated 3/15/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R41 had moderately impaired cognition. R41 had a corporate Guardian for decision making.</p> <p>A care plan (revised 12/19/24) indicated R41 had limited physical mobility related to schizophrenia, obesity, and dementia. The care plan contained an intervention (dated 4/11/24) for ROM daily.</p> <p>On 3/26/25 at 12:24 PM, Surveyor interviewed Therapy Director (TD)-J who indicated R41 was seen by therapy from 3/21/24 to 4/10/24. The goal for therapy was to get R41 to sit up in bed more. TD-J indicated R41 was discharged from therapy on 4/10/24. A daily ROM daily program was implemented on 4/11/24. The ROM program included heel slides, straight leg raises, hip abductions, and dorsal flexions. TD-J indicated the therapy note stated staff were trained, however, therapy staff put examples of exercises in the room for staff to reference. TD-J indicated any type of ROM for R41 would be good.</p> <p>On 3/26/25, Surveyor reviewed the ROM task in R41's medical record which indicated: Lower extremity ROM bilateral - heel slides, dorsiflexion/plantarflexion, hip flexion, and hip abduction 10 reps daily. Certified Nursing Assistant (CNA) staff were asked: Task completed? Staff could choose: 0 = Yes, 1 = No, 2 = Resident not available, 3 = Resident refused, or 4 = Not applicable.</p> <p>ROM documentation for R41 from 1/1/25 through 3/25/25 indicated the following:</p> <ul style="list-style-type: none"> ~ Six days had no documentation ~ Seven days indicated NA (4) ~ Thirty five days indicated No (1) ~ Thirty days indicated Yes (0) ~ Four days indicated R41 refused (3) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Oshkosh		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Bowen St Oshkosh, WI 54901	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor noted Certified Nursing Assistant (CNA)-E frequently documented a 1 on the task which indicated ROM was not completed.</p> <p>On 3/26/25 at 12:56 PM, Surveyor interviewed CNA-E about consistently documenting No for R41's ROM task. CNA-E indicated R41 usually refused ROM. When Surveyor asked why CNA-E did not document that R41 refused instead of indicating ROM was not completed, CNA-E indicated CNA-E was not aware there was an option for refused.</p> <p>On 3/26/25 at 1:04 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed documentation should be completed daily. DON-B also indicated the documentation should be accurate. DON-B indicated if R41 refuses, the documentation should indicate the refusal.</p>