

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 11/25/2025
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interview, and record review, the facility did not provide meals according to prescribed diets for 3 residents (R) (R9, R10, and R11) of 3 sampled residents. R9, R10, and R11 had orders for a consistent carbohydrate diet. On 11/25/25, residents on consistent carbohydrate diets were supposed to receive a half slice of garlic toast. R9, R10, and R11 received a full slice of garlic toast. Findings include: The facility's Diet and Diet Orders policy, revised 12/11/23, indicates: .11. Residents on therapeutic or mechanically-altered diets will not receive food or fluids outside the diet order unless approved by the attending physician in conjunction with the dietitian, nursing, and/or therapy. On 11/25/25, Surveyor reviewed R9's medical record. R9 had a diagnosis of type 2 diabetes and was prescribed a consistent carbohydrate (diabetic) diet. On 11/25/25, Surveyor reviewed R10's medical record. R10 had a diagnosis of type 2 diabetes and was prescribed a consistent carbohydrate with no added salt diet. On 11/25/25, Surveyor reviewed R11's medical record. R11 had a diagnosis of type 2 diabetes and was prescribed a consistent carbohydrate (diabetic) diet. On 11/25/25 at 11:00 AM, Surveyor observed food preparation and lunch service. The lunch menu indicated residents on consistent carbohydrate diets should receive 1 each manicotti with meat sauce; 4 ounces of asparagus cuts, a half slice of garlic toast, 4 ounces of canned fruit, and 8 ounces of milk. During meal service, Surveyor observed [NAME] (CK)-D put a full slice of garlic toast on R9, R10, and R11's meal trays. Surveyor observed R9, R10, and R11's tray cards that CK-D had reference to which indicated R9, R10, and R11 should receive a half slice of garlic toast. On 11/25/25 at 12:02 PM, Surveyor interviewed CK-D who did not notice the tray cards indicated the residents should receive a half slice of garlic toast. On 11/25/25 at 2:30 PM, Surveyor interviewed Dietary Manager (DM)-C who confirmed residents' diet orders should be followed.</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 11/25/2025
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure meals were served timely. This practice had the potential to affect more than 4 of the 72 residents residing in the facility. On 11/25/25, the lunch meal was served late. Findings include: The posted meal times on the meal service line for lunch were: Hall 4: 11:30 AM - start by 11:10 AM; Hall 2: 11:40 AM - start by 11:30 AM; Hall 1: 11:50 AM - start by 11:35 AM; Dining Room: 12:05 PM - start by 11:55 AM. On 11/25/25 at 11:00, Surveyor entered the kitchen to watch lunch service and noted the Hall 4 meal service started at 11:45 AM. The Hall 4 lunch service cart was completed and sent to the unit at 12:00 PM. On 11/25/25 at 12:00 PM, Surveyor heard Dietary Manager (DM)-C tell staff to move along because meal service was late. On 11/25/25 at 12:07 PM, Surveyor noted the Hall 2 meal service started but should have started at 11:40 AM. Surveyor followed the Hall 2 cart to the unit which was completed and sent to the unit at 12:30 PM. On 11/25/25 at 12:43 PM, Surveyor observed Certified Nursing Assistants (CNAs) start delivering meal trays on Hall 2. On 11/25/25 at 1:16 PM, the last meal tray was delivered on Hall 2. On 11/25/25 at 12:40 PM, Surveyor interviewed R7 (whose Minimum Data Set (MDS) assessment, dated 11/20/25, indicated R7 had intact cognition). R7 indicated meal trays should have been served by then but were consistently late. On 11/25/25 at 1:03 PM, Surveyor interviewed CNA-F who confirmed meal trays are frequently served late. On 11/25/25 at 2:30 PM, Surveyor interviewed DM-C who was aware meals were frequently served late. DM-C indicated DM-C was recently asked to work full-time at the facility to help with issues in the kitchen. DM-C had worked between 2 facilities for the previous 3 weeks. DM-C indicated DM-C would address the timeliness of meals.</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 11/25/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <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 11/25/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 72 residents residing in the facility. Food was not sealed, labeled, or dated appropriately. Food temperatures were not consistently documented prior to meal service. Kitchen cookware was not stored properly. In addition, kitchen equipment and the floor were not in clean condition. The rehab unit refrigerator was not in clean condition and contained undated and expired resident food. Staff touched ready-to-eat food with soiled gloves during lunch service. Findings include: On 11/25/25 at 8:39 AM, Surveyor completed a kitchen tour with Dietary Manager (DM)-C who indicated the facility follows the Wisconsin Food Code. Labeling/Dating/Storage: The Wisconsin Food Code documents at 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under paragraph 3-502.12, and except as specified in paragraphs (E), (F), and (H) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 41 degrees Fahrenheit (F) or less for a maximum of 7 days. The day of preparation shall be counted as day 1. Commercially processed food open and held cold (B) except as specified in paragraph (E)-(H) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked at the time the original container is opened in a food establishment and, if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in paragraph (A) of this section and; (1) The day the original container is opened in the food establishment shall be counted as day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. During a kitchen tour that began at 8:39 AM on 11/25/25, Surveyor observed the following: Walk-In Cooler:~ An unlabeled and undated bag of sliced ham that contained an unidentifiable black spot~ An unlabeled and undated bag of sliced turkey~ A one-quarter full five pound container of [NAME] sour cream with no open date~ Three unlabeled and undated plastic bins of juice mixes (per DM-C)~ An unlabeled and undated bag of chopped ham~ Two unlabeled and undated disposable condiment cups with a red substance~ An undated and unsealed bag of shredded lettuce~ An unlabeled and undated covered metal serving pan of rice (per DM-C) Dry Storage:~ A snack tray that contained an unlabeled and undated bag with half of a peanut butter and jelly sandwich that was hard to the touch~ An unlabeled and undated bag of either cake or muffin mix (per DM-C) ~ Three unlabeled and undated containers of Cheerios, [NAME] Krispies, and Raisin Bran (per DM-C) in plastic bins~ Two open and unsealed bags of cereal ~ Two open and undated bags of pasta Walk-In Freezer:~ An unlabeled and undated bag with 2 pieces of French toast (per DM-C)~ An open, unlabeled, and undated bag of Snicker pieces~ An unlabeled and undated sealed container with 2 round white cakes On 11/25/25 at 9:15 AM, Surveyor interviewed DM-C who confirmed all food items should be sealed, labeled, and dated. DM-C indicated DM-C was going to take over full-time the following week and had been working part time between 2 facilities for the past 3 weeks. DM-C was aware there were issues with labeling, dating, and ensuring food items were sealed. Food Temperatures: The Wisconsin Food Code documents at 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding: (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S 3-501.19, and except as specified under paragraphs (B)-(C) of this section, time/temperature control for safety food shall be maintained: (1) 135 degrees F or above, except that roasts cooked to a temperature and for a time specified in paragraph 3-401.11 (B) or reheated as specified in paragraph 3-403.11 (E) may be held at a temperature of 130 degrees F or above; or (2) At 41 degrees F or less. On 11/25/25 at 8:55 AM, Surveyor reviewed the facility's holding temperature logs and noted [NAME] (CK)-D completed breakfast temperatures on 11/25/25, however, they were written on the back of a piece of paper. Surveyor noted holding temperatures were not completed prior to meal service on the following days:~ For the week of 11/9/25 through 11/15/25, the log contained missing temperatures for all meals on 11/9/25; missing temperatures for supper on 11/12/25; missing temperatures for lunch and supper on 11/13/25; missing temperatures for breakfast and lunch on 11/14/25 and 11/15/25; and missing</p>		