STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525307	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook of Green Bay	2961 St Anthony Dr Green Bay, WI 54311

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 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 provide pharmacy services to ensure the accurate and safe administration of medication for 1 resident (R) (R10) of 3 residents observed during medication administration. R10 had an order for insulin aspart injection solution 100 units/milliliter (ml) inject 5 units subcutaneously before meals for hyperglycemia related to type 2 diabetes. On 6/6/25, Licensed Practical Nurse (LPN)-D incorrectly administered 5 units of Basaglar KwikPen (long-acting insulin) 100 units/ml to R10. Findings include: The facility's Administering Medications Policy & Procedure, revised 1/22/24, indicates: Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Procedure: .4. Medications shall be administered per provider's written/verbal orders upon verification of the right medication, dose, route, time, and positive verification of the resident's identity when no contraindications are identified and the medication is labeled according to accepted standards . On 6/6/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes and morbid obesity. R10's Minimum Data Set (MDS) assessment, dated 5/8/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R10 had intact cognition. On 6/6/25 at 7:55 AM, Surveyor observed LPN-D prepare and administer medication for R10, including 5 units of Basaglar KwikPen 100 units/ml insulin. On 6/6/25 at 1:10 PM, Surveyor reviewed R10's Medication Administration Record (MAR) which contained a physician order for insulin aspart injection solution 100 units/ml inject 5 units subcutaneously before meals for hyperglycemia related to type 2 diabetes (dated 3/14/25). R10's MAR indicated the medication was administered by LPN-D on 6/6/25. (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/6/25 at 1:15 PM, Surveyor interviewed LPN-D regarding the Basaglar KwikPen 5 units administered to R10 and asked LPN-D to show Surveyor R10's insulin pens. LPN-D could not find R10's insulin aspart in the insulin storage box in the medication cart and could only find a Basaglar KwikPen and an insulin lispro pen. LPN-D indicated R10 should have received insulin aspart per R10's MAR. LPN-D verified R10's MAR incorrectly indicated insulin aspart was administered on 6/6/25. LPN-D indicated LPN-D would document the medication error, monitor R10, and update the physician due to the incorrect administration of insulin. LPN-D indicated no side effects had been reported from R10 thus far. On 6/6/25 at 2:01 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated LPN-D did not realize the wrong insulin was administered to R10 and probably did not perform the 5 rights of medication administration. DON-B indicated LPN-D would receive education about correct medication administration. DON-B instructed LPN-D to update the physician regarding the medication error and monitor R10 for adverse reactions.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, staff interview, and record review, the facility did not ensure medication was dated when opened and stored appropriately for 2 residents (R) (R9 and R10) of 3 residents observed during medication administration. In addition, staff left a medication cart unlocked and unattended and R11's Medication Administration Record (MAR) exposed during medication administration. This practice had the potential to affect more than 4 of the 74 residents residing in the facility. On 6/6/25, Surveyor observed Licensed Practical Nurse (LPN)-D prepare and administer timolol maleate ophthalmic solution 0.5 % eye drops to R9. The eye drops did not contain an open date. On 6/6/25, Surveyor observed LPN-D prepare and administer 5 units of Basaglar KwikPen (insulin) 100 units/milliliter (ml) to R10. The insulin pen did not contain an open date. On 6/6/25, Surveyor noted a medication cart was left unlocked and unattended when LPN-D entered R11's room to administer medication. LPN-D also did not ensure a computer on top of the medication cart that displayed R11's Medication Administration Record (MAR) was closed prior to entering the room. The medication cart was not within LPN-D's view during medication administration. Findings include: The facility's Medication Storage Policy, revised 2/12/24, indicates: Purpose: To ensure medications and biologicals are stored in a safe, secure storage and safe handling. Procedure: .3. No discontinued, outdated, or deteriorated medications should be available for use in the facility .4. Expired medications are to be removed from area medication carts prior to or at the time of expiration .7. Compartments containing medications should be locked when not in use. Trays or carts used to transport such items should not be left unattended. (Note: Compartments include but are not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) .Multi-dose vials: 1. Vials must be dated upon opening and discarded within 30 days unless otherwise specified by the manufacturer . The facility's Administering Medications Policy & Procedure, revised 1/22/24, indicates: Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Procedure: .17. Privacy and confidentiality of Medication Administration Records (MARs) will be maintained throughout the medication pass. 18. Medications will remain secured in a locked cabinet/cart unless in direct view of the individual administering the medication. 1. On 6/6/25 at 7:27 AM, Surveyor observed LPN-D prepare and administer timolol maleate ophthalmic solution 0.5 % 1 drop to R9's right eye. Surveyor noted the eye drops did not contain an open date. (The eye drops were opened and dispensed on 3/27/25.) On 6/6/25 at 7:50 AM, Surveyor interviewed LPN-D who verified R9's eye drops did not contain an open date. 2. On 6/6/25 at 7:55 AM, Surveyor observed LPN-D prepare and administer 5 units of Basaglar KwikPen 100 units/ml insulin to R10. Surveyor noted the KwikPen did not contain an open date. (The insulin pen was dispensed on 5/31/25 and had a manufacturer's expiration date of 1/5/26.) (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/6/25 at 1:15 PM, Surveyor interviewed LPN-D who verified R10's Basaglar KwikPen did not contain an open date. 3. On 6/6/25 at 8:21 AM, Surveyor observed LPN-D leave the medication cart unlocked after LPN-D prepared R11's medication and entered R11's room. Surveyor also noted a computer screen that displayed R11's MAR was left open on top of the cart. The medication cart was left unattended in the hallway while LPN-D administered medication to R11. During medication administration, the medication cart was not visible to LPN-D and was located to the left of R11's doorway out of LPN-D's sight. On 6/6/25 at 8:25 AM, Surveyor interviewed LPN-D who verified LPN-D left the medication cart unlocked and unattended during medication administration for R11. LPN-D indicated LPN-D should have ensured the medication cart was securely locked. On 6/6/25 at 2:01 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated LPN-D should have locked the unattended medication cart during medication administration. DON-B also indicated eye drops and insulin should be dated when opened and computers and medication carts should be locked when the nurse is not present.

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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. Based on observation, staff interview, and record review, the facility did not ensure staff followed proper infection control practices for 4 residents (R) (R9, R10, R11, and 14) of 4 sampled residents. On 6/6/25, Licensed Practical Nurse (LPN)-D did not complete hand hygiene before preparing or after administering medication to R9, R10, and R11. On 6/6/25, Certified Nursing Assistant (CNA)-E placed wash cloths in an unsanitized sink and ran water over them. CNA-E then wrung out the wash cloths, hung them over the side of the sink, and used them to complete pericare for R14. Findings include: The facility's Hand Hygiene policy, revised 5/8/24, indicates: Purpose: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections. Procedure: .2. The use of gloves does not replace hand hygiene. 3. Hand hygiene is always the final step after removing and disposing of personal protective equipment (PPE) .Washing Hands with Soap and Water: 1. Staff will perform hand hygiene by washing hands for at least twenty seconds with antimicrobial or non-antimicrobial soap and water under the following conditions: .b. Before applying gloves and after removing gloves or other PPE; .d. After handling items potentially contaminated with blood, body fluids, or secretions; e. Before moving from a contaminated body site to a clean body site during resident care; example; after providing pericare, before applying moisture barrier or other treatments; f. After providing direct resident care .Using Alcohol-Based Hand Gel: 1. If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations: a. When hands are not visibly soiled .c. Before preparing or handling medications; d. Before applying gloves and after removing gloves or other PPE .f. Before moving from a contaminated boy site to a clean body site during resident care . The facility's Activities of Daily Living policy, revised 2/25/25, indicates: Procedure: .2. The facility will provide care and services for the following activities of daily living: .bathing and hygiene - assistance with bathing or showering and maintaining personal hygiene; toileting - assistance with using the the bathroom and maintaining cleanliness. 1. On 6/6/25 at 7:27 AM, Surveyor observed LPN-D prepare medication for R9 without completing hand hygiene prior to donning gloves. LPN-D also did not complete hand hygiene after LPN-D administered the medication and removed gloves. 2. On 6/6/25 at 7:55 AM, Surveyor observed LPN-D prepare medication for R10 without completing hand hygiene prior to donning gloves. LPN-D also did not complete hand hygiene after LPN-D administered the medication and removed gloves. 3. On 6/6/25 at 8:15 AM, Surveyor observed LPN-D prepare medication for R11 without completing hand hygiene prior to donning gloves. LPN-D also did not complete hand hygiene after LPN-D administered medication and removed gloves. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/6/25 at 8:25 AM, Surveyor interviewed LPN-D who verified LPN-D did not complete hand hygiene between residents during medication preparation and administration. On 6/6/25 at 8:57 AM, Surveyor interviewed Infection Preventionist (IP)-C who indicated LPN-D should have completed hand hygiene between residents during medication preparation and administration either by washing hands or sanitizing hands with alcohol-based sanitizer.4. On 6/6/25 at 3:49 AM, Surveyor observed CNA-E transfer R14 to the toilet with a gait belt. On 6/6/25 at 3:55 AM, Surveyor observed CNA-E put clean wash cloths in R14's sink and wet them with warm water. CNA-E let the water run over the wash cloths and then wrung them out and laid them over the side of the sink. Surveyor observed basins in a rack next to the sink. CNA-E indicated the sink was not sanitized before CNA-E wet the wash cloths. CNA-E indicated CNA-E uses a basin if cares are completed in bed but does not use a basin if cares are completed in the bathroom. On 6/6/25 at 4:32 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should use a basin or wipes for cares in accordance with the facility's policy. On 6/6/25 at 5:52 AM, Surveyor reviewed the facility's Activities of Daily Living policy referenced above that Nursing Home Administrator (NHA)-A provided to Surveyor and indicated included the facility's pericare procedure. Surveyor noted the policy does not specify that staff should use a basin or wipes during pericare. Surveyor clarified with NHA-A and DON-B (who confirmed with the corporate office) that the Activities of Daily Living policy was the facility's only pericare policy.