

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Edenbrook of Green Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R54) of 19 sampled residents had a self-administration of medication assessment or a physician's order to self administer medication.</p> <p>On 7/15/24, Surveyor observed medication left at R54's bedside. R54 did not have a self-administration of medication assessment or a physician's order to self-administer medication.</p> <p>Findings include:</p> <p>The facility's Medication Self Administration policy and procedure, revised on 2/12/24, indicates: 1. The resident shall have a screen completed by a licensed nurse to determine factors that may impact the safe administration of medication .3. Or with supervision/cueing or after set up, shall have a physician order to do so .5. Medications to be self-administered shall be secured in a locked area in the resident's room or stored in the medication cart for provision to the resident to self-administer.</p> <p>1. On 7/15/24, Surveyor reviewed R54's medical record. R54 was admitted to the facility on [DATE], had an indwelling catheter, and had diagnoses including hydronephrosis, urinary tract infection (UTI), sepsis, and type 2 diabetes. R54's Minimum Data Set (MDS) assessment, dated 5/14/24, contained a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R54 had intact cognition. R54 had an activated power of attorney for healthcare (POAHC).</p> <p>On 7/15/24 at 11:37 AM, Surveyor observed R54's bedside table which contained a basin with a bottle of 12% ammonium lactate lotion and a pharmacy label that identified R54 and the physician's order for application. Surveyor interviewed R54 who stated R54 self-administered the medication and kept the medication on R54's bedside table.</p> <p>Surveyor noted R54's medical record did not contain a physician's order or a self-administration of medication assessment for the 12% ammonium lactate lotion.</p> <p>On 7/16/24 at 9:03 AM, Surveyor observed R54's bedside table which contained a basin of personal care items including the 12% ammonium lactate lotion that had been moved from the previous day. R54 stated R54 applied the lotion to R54's body without staff assistance.</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at 4:10 PM, Surveyor and Director of Nursing (DON)-B observed R54's room. DON-B indicated R54 did not have a self-administration of medication assessment or a physician's order to self-administer medication or keep medication at bedside. DON-B verified medication should not be stored on a resident's bedside table. DON-B stated medication should be stored in a treatment or medication cart unless there is an order to store at bedside.</p> <p>On 7/16/24 at 4:11 PM, DON-B asked a Registered Nurse (RN) to remove the medication from R54's room and indicated the medication should be locked up and not stored at bedside.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure the resident environment remained free of accident hazards for 1 resident (R) (R48) of 1 resident reviewed for smoking.</p> <p>R48 was known by the facility to smoke. The facility allowed R48 to carry R48's smoking materials in R48's wheelchair.</p> <p>Findings include:</p> <p>The facility's Smoking and E-Cigarettes Policy and Procedure Addendum: Facility Specific Smoking Plan states: Smoking items will be stored in the following locations: First floor nurses' station med room and second floor nurses' station med room. All residents must turn in smoking materials to their nurse after each use. Smoking materials are prohibited in resident rooms.</p> <p>On 7/15/24, Surveyor reviewed R48's medical record. R48 was admitted to the facility on [DATE] with diagnoses including diabetes type 2 with neuropathy, left and right below knee amputation, weakness, and dementia. R48's Minimum Data Set (MDS) assessment, dated 7/4/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R48 had intact cognition.</p> <p>A smoking assessment, dated 5/17/24, stated, Does resident need facility to store lighter and cigarettes? Yes.</p> <p>R48's smoking care plan, dated 6/26/24, stated, Resident is currently smoking at the facility independently. An intervention stated, Smoking material will be stored with staff.</p> <p>On 7/15/24 at 11:38 AM, Surveyor interviewed R48 and observed cigarettes and a lighter in a cup holder on R48's wheelchair. R48 stated R48 stored the smoking materials in the cup holder and did not need supervision to smoke.</p> <p>On 7/16/24 at 3:12 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E. When asked if residents were allowed to keep cigarettes and lighters, ADON-E stated ADON-E did not think they were.</p> <p>On 7/16/24 at 3:16 PM, Surveyor observed R48 self-propel R48's wheelchair to the front of the facility with cigarettes and a lighter in R48's cup holder.</p> <p>On 7/17/24 at 9:34 AM, Surveyor interviewed Director of Nursing (DON)-B who stated R48 was reeducated about the smoking policy on 7/16/24 and the facility completed a risk versus benefit assessment and a new smoking assessment. R48 was still deemed independent to smoke but needed to return R48's smoking materials to a nurse. DON-B stated R48 had a history of giving cigarettes away to other residents so R48's cigarettes were to be kept at the nurses' station. DON-B confirmed on 7/16/24 that R48 had smoking materials in R48's wheelchair and verified R48 was not supposed to have smoking materials on R48's person.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/17/24 at 10:08 AM, Surveyor observed R48 in a wheelchair in the hallway on the second floor with a lighter in the cup holder.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on observation, staff and resident interview, and record review, the facility did not provide appropriate care and services to prevent urinary tract infections (UTIs) for 2 residents (R) (R47 and R49) of 10 residents with indwelling catheters.</p> <p>R47 and R49's uncovered catheter drainage bags were observed in contact with the floor.</p> <p>Findings include:</p> <p>The facility's Catheter Care Policy and Procedure, with a revision date of 2/27/18, indicates: Staff will maintain consistent and adequate hygiene standards for residents with an indwelling catheter in order to maintain comfort, function, and infection prevention and other complications.</p> <p>The facility's Foley Catheter Management Policy and Procedure, with a revision date of 11/4/20, indicates: . 4. Catheter bags will be covered at all times .6. Correct positioning of catheter will be maintained . References: Guideline for the Prevention of Catheter Associated Urinary Tract Infections 2009.</p> <p>The Guideline for the Prevention of Catheter Associated Urinary Tract Infections 2009 indicates: .B. 2. Keep the collection bag below the level of the bladder at all times. Do not rest the bag on the floor.</p> <p>1. On 7/17/24, Surveyor reviewed R47's medical record. R47 was admitted to the facility on [DATE] and had diagnoses including end stage renal disease. R47's Minimum Data Set (MDS) assessment, dated 5/23/24, stated R47 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R47 had intact cognition.</p> <p>On 7/15/24 at 8:45 AM, Surveyor observed R47 in bed and noted R47's uncovered catheter drainage bag was visible from the hallway and in contact with the floor.</p> <p>On 7/16/24 at 8:59 AM, Surveyor observed R47 in bed and noted R47's uncovered catheter drainage bag was visible from the hallway and in contact with the floor.</p> <p>2. On 7/15/24, Surveyor reviewed R49's medical record. R49 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease. R49's MDS assessment, dated 4/28/24, stated R49 had a BIMS score of 6 out of 15 which indicated R49 had severely impaired cognition.</p> <p>On 7/15/24 at 11:12 AM, Surveyor observed R49 in a recliner and noted R49's uncovered catheter drainage bag was visible from the hallway and in contact with the floor. Surveyor interviewed R49 who stated R49 did not want the catheter bag on the floor and did not put the bag on the floor. Surveyor observed an empty basin on the floor not far from R49's catheter bag. R49 stated staff sometimes put the catheter bag inside the basin.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/15/24 at 11:18 AM, Surveyor observed Certified Nursing Assistant (CNA)-G answer R49's call light and adjust R49's chair. Surveyor observed CNA-G walk around R49's catheter bag and leave the room without removing the catheter bag from the floor.</p> <p>On 7/16/24 at 4:06 PM, Surveyor interviewed Director of Nursing (DON)-B who verified catheter bags should not be on the floor due to infection control issues. DON-B also stated DON-B expects staff to cover catheter bags for dignity. DON-B stated staff education was provided regarding catheter care protocol and DON-B expects staff to follow the facility's catheter policy and procedure.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47248</p> <p>Based on observation, staff and resident interview, and record review, the facility did not provide the necessary respiratory care and services for 4 residents (R) (R49, R3, R22, and R27) of 5 sampled residents.</p> <p>The facility did not clean continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) machines per manufacturer's instructions and the facility's policy.</p> <p>Findings include:</p> <p>The facility's CPAP/BiPAP Use policy, with a revision date of 6/15/23, indicates: To provide guidelines for the use of CPAP/BiPAP therapy for the treatment of the following conditions: Obstructive sleep apnea .history of respiratory failure .Procedure: .6. Filter on CPAP/BiPAP will be replaced based on manufacturer's recommendations.</p> <p>The Air Fit ResMed Mask User Guide indicates: When to replace CPAP supplies .To get the most out of your sleep apnea therapy, using your CPAP machine is only half the battle. The other half is making sure you inspect and replace your supplies as often as needed to maximize seal, comfort, and health benefits .CPAP machine filters need to be changed out for the same reasons that your car and vacuum filters do; build-up over time makes them less effective and may contribute to nasal symptoms such as sneezing, runny nose, and watery eyes .Based on general wear and tear, we suggest you use the following as a guideline to replace your CPAP parts: Every month: mask cushion and/or nasal pillow, CPAP machine filter .</p> <p>Harvard Health Publishing of Harvard Medical school, dated 10/8/2019, indicates: A CPAP machine is one of the best treatments for people with obstructive sleep apnea, a condition that causes you to stop breathing periodically during sleep. The pauses in sleep occur when muscles in the throat relax so much that they block the airway. CPAP keeps your airway open. The CPAP system consists of a small bedside pump that pushes a forceful stream of air through a tube and into a mask you wear while you sleep. Bacteria and mold can accumulate in different parts of the device .Given that the mask, tubing, and other components are breathed into and deliver air throughout the night, their cleanliness can be a serious health concern. Daily cleaning removes dangerous microbes, mold, dust, and debris .CPAP machines are humid and often warm, making them the perfect home for mold, bacteria, viruses, and other harmful microbes. Cleaning your CPAP components regularly washes these microbes away and prevents them from reaching dangerous levels, but neglecting your CPAP machine's hygiene can lead to both acute and chronic respiratory conditions.</p> <p>1. On 7/15/24, Surveyor reviewed R3's medical record. R3 had diagnoses including chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypoxia, moderate persistent asthma, acute on chronic diastolic (congestive) heart failure, and obstructive sleep apnea. R3's Minimum Data Set (MDS) assessment, dated 7/3/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 had intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3 had an order for CPAP to be worn daily when sleeping. R3 also had an order to wash the mask, nose pillow, tubing, and water tray weekly and empty the leftover distilled water and add new water every evening shift. Surveyor noted there were no orders to check and change the CPAP filter.</p> <p>On 7/15/24 at 9:46 AM, Surveyor interviewed R3 who stated R3 used a CPAP machine every evening and when R3 napped during the day. R3 stated R3 occasionally cleaned the mask and received assistance from staff to clean other parts of the machine. R3 was not sure if staff checked the CPAP's filter and whether the filter was dirty or clean. R3 used a ResMed AirSense 10 CPAP machine with an oxygen concentrator attached. Surveyor noted the filter was dark in color and contained what appeared to be dirt and dust. R3 stated R3 called 911 recently. R3 stated R3 had dropped the CPAP mask and was having a harder time breathing but was fine and breathing ok when 911 arrived. R3 stated R3 wears the CPAP religiously when sleeping and experiences shortness of breath without it.</p> <p>On 7/16/24 at 9:03 AM, Surveyor again interviewed R3 who stated nursing staff filled the CPAP machine with water but did not check or change the parts. Surveyor noted the filter was still dark in color and contained what appeared to be dirt and dust. The filter did not appear to be changed since Surveyor's observation on 7/15/24.</p> <p>2. On 7/16/24, Surveyor reviewed R49's medical record. R49 had diagnoses including obstructive sleep apnea and asthma. R49's MDS assessment, dated 4/28/24, had a BIMS score of 6 out of 15 which indicated R49 had severe cognitive impairment. R49 had an activated health care decision maker.</p> <p>A hospital discharge summary, dated 1/19/23, indicated R49 should start using a BiPAP machine because R49 was observed during a sleep study with apneas that lasted 2 minutes.</p> <p>R49 had an order for the BiPAP to be worn daily. R49 also had an order to wash the mask, nose pillow, tubing, and water tray weekly and empty the leftover distilled water and add new water every evening shift. R49 did not have an order to check and change the BiPAP filter.</p> <p>On 7/16/24 at 8:44 AM, Surveyor interviewed R49 who stated R49 wore a ResMed BiPAP machine every night and staff assisted with cleaning the BiPAP machine; however, R49 did not think staff checked or changed the filter. Surveyor noted the BiPAP filter was dark in color and contained what appeared to be dust, dirt, and hair. R49 stated the filter looked very dirty. R49 was concerned the filter had not been checked prior to Surveyor checking the filter.</p> <p>3. On 7/16/24, Surveyor reviewed R22's medical record. R22 had diagnoses including chronic respiratory failure with hypoxia, obstructive sleep apnea-on BiPAP, COPD, oxygen dependence, wears cardiac monitor, and quadriplegia. R22's MDS assessment, dated 6/21/24, had a BIMS score of 15 out of 15 which indicated R22 had intact cognition.</p> <p>R22 had an order for BiPAP to be worn daily when sleeping. R22 also had an order to wash the mask, nose pillow, tubing, and water tray weekly and empty the leftover distilled water and add new water every evening shift. R22 did not have an order to check and change the BiPAP filter.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/16/24 at 8:52 AM, Surveyor interviewed R22 who stated R22 used a BiPAP machine last night. R22 stated there are times when R22 sleeps without the BiPAP, but R22 has been better at wearing the BiPAP recently. Surveyor noted R22 had a ResMed BiPAP machine with a filter that was dark in color and contained what appeared to dust, hair, and other particles. R22 stated R22 could not clean or apply the BiPAP machine independently and received assistance from staff to maintain and apply the BiPAP.</p> <p>4. On 7/16/24, Surveyor reviewed R27's medical record. R27 had diagnoses including atrial fibrillation, acute on chronic diastolic (congestive) heart failure, and obstructive sleep apnea. R27's MDS assessment, dated 6/26/24, had a BIMS score of 15 out of 15.</p> <p>R27 had an order for CPAP to be worn daily when sleeping. R27 also had an order to wash the mask, nose pillow, tubing, and water tray weekly and empty the leftover distilled water and add new water every evening shift. R27 did not have an order to check and change the CPAP filter.</p> <p>On 7/16/24 at 8:57 AM, Surveyor interviewed R27 who stated R27 used a CPAP machine every night. R27 stated R27 did not remember the last time the machine and its parts were cleaned and said, All I do is wear it. Surveyor noted R27 had a ResMed AirSense 10 CPAP machine that did not contain a filter.</p> <p>On 7/16/24 at 1:46 PM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B did not know the manufacturers' recommendation for changing CPAP and BiPAP filters but would obtain the information. When Surveyor asked when R49, R3, R22, and R27's CPAP and BiPAP filters were checked and changed, DON-B confirmed R49, R3, R22 and R27's care plans did not contain information on how and when to change the filters. DON-B and Surveyor observed R49, R3, R22, and R27's CPAP and BiPAP machines. DON-B confirmed the unsanitary filters and the missing filter for R27. DON-B stated the facility did not have supplies to change the filters but would obtain the filters and add an order to R49, R3, R22 and R27's plans of care.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure medications were labeled and stored appropriately for 3 residents (R) (R21, R32, and R9) of 8 sampled residents.</p> <p>During observations of medication administration, Surveyor observed staff administer open and undated medications to R21 and R32.</p> <p>On 7/15/24, Surveyor observed wound care treatment solutions and acetic acid stored on R9's bedside table which was not in accordance with the facility's policy.</p> <p>Findings include:</p> <p>The facility's Medication Storage Policy, with a revision date of 2/12/24, indicates: 2. Drug containers having missing labels will be returned to the pharmacy for proper labeling before storing. 3. No discontinued, outdated, or deteriorated medications should be available for use in the facility. All such medications are destroyed per policy. 4. Expired medications are to be removed from medication carts prior to or at the time of expiration. Multi-Dose Vials: 1. Vials must be dated upon opening.</p> <p>The facility's Labeling Medications Policy, with a revision date of 1/22/24, indicates: 7. Medication vials/bottles will be labeled with the date they were opened (seal broken) to ensure proper tracking for expiration purposes.</p> <p>1. On 7/16/24 at 7:47 AM, Surveyor observed Registered Nurse (RN)-F administer 23 units of Basaglar insulin to R21 who had an order for Basaglar KwikPen Subcutaneous (SQ) Solution Pen-Injector 100 units/ml (milliliter) inject 23 units SQ in the morning for type 2 diabetes mellitus. The bag that contained the Basaglar insulin pen had a label that stated to give 20 units.</p> <p>On 7/16/24 at 7:50 AM, Surveyor interviewed RN-F who stated nurses follow the orders on the Medication Administration Record (MAR) and not what is on the bag label. RN-F stated a new label should have been ordered on 7/5/24.</p> <p>On 7/17/24 at 10:45 AM, Surveyor interviewed Director of Nursing (DON)-B who verified the label on the bag should contain the correct dose.</p> <p>2. On 7/16/24 at 7:21 AM, Surveyor observed RN-F administer Systane Ultra Ophthalmic Solution lubricant eye drops one drop each eye to R32. Surveyor noted the bottle and the carton that stored the bottle did not contain an open date.</p> <p>On 7/16/24 at 7:25 AM, Surveyor interviewed RN-F who verified the bottle and carton did not contain a date that indicated when the bottle was opened. RN-F stated the Systane bottle was almost out on 7/16/24 and RN-F thought the bottle was opened on 7/11/24.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/17/24 at 10:46 AM, Surveyor interviewed DON-B who verified R32's Systane eye drops should contain an open date.</p> <p>3. On 7/15/24, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, multiple sclerosis, and spina bifida. R9's Minimum Data Set (MDS) assessment, dated 6/13/24, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R9 had intact cognition.</p> <p>On 7/15/24 at 10:39 AM, Surveyor observed R9's room and noted three open/used bottles on the bedside table with pharmacy labels and medical orders for R9. The orders on the labels identified the open bottles as Dakin's solution, Vashe wound therapy solution, and acetic acid. Surveyor noted the bottle of acetic acid was approximately half full.</p> <p>On 7/15/24 at 11:54 AM, Surveyor interviewed R9 who stated the bottles on R9's bedside table were always there and staff used them daily to clean R9's wounds. Surveyor noted the bottles of Dakin's solution, Vashe wound therapy solution, and acetic acid were in the same spots viewed earlier that day.</p> <p>On 7/16/24 at 8:56 AM, Surveyor observed R9's room and noted the same three bottles of Dakin's solution, Vashe wound therapy solution, and acetic acid on the bedside table. Surveyor noted the acetic acid had been moved to the front of the bedside table and was approximately 1/8 full.</p> <p>On 7/16/24 at 2:41 PM, Surveyor noted the bottles of Dakin's solution, Vashe wound therapy solution, and acetic acid were in the same spots viewed earlier that day.</p> <p>On 7/16/24 at 4:06 PM, Surveyor and DON-B observed R9's room. DON-B verified R9 had wounds which the medications were used for and stated the medications should not be on the bedside table. DON-B stated DON-B expects medications to be stored in a treatment or medication cart and said R9 needed to have an order to store them at bedside.</p> <p>On 7/16/24 at 4:11 PM, DON-B asked an RN to remove the medications from R9's room and told staff the medications shouldn't be stored at R9's bedside.</p>		

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NAME OF PROVIDER OR SUPPLIER Edenbrook of Green Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure menu serving sizes were followed for therapeutic and mechanically altered diets for 5 residents (R) (R69, R12, R62, R11, and R2) of 19 sampled residents.</p> <p>Staff served smaller portions than the extended menu indicated for R69 who had an order for double protein and R12, R62, R11, and R2 who were prescribed mechanically altered diets.</p> <p>Findings include:</p> <p>The facility's Diet and Diet Orders policy, with a revision date of 12/11/23, indicates: All diets will be prescribed by the attending physician. The dietitian will review diets for accuracy and therapeutic goals and recommend changes to the physician as deemed appropriate .When necessary, the attending physician will order therapeutic or mechanically altered diets to address certain diseases and/or facilitate oral intake .The purpose of this policy is to provide consistency and accuracy in all diets provided to our residents and patients .Procedure: .5. Specific requests such as high protein .will be assessed by the dietitian and adjusted on the resident tray card and listed in the care plan .9. The facility will use a tray identification system to ensure diet accuracy in the service of meals. 10.When diet orders are changed, the care plan and tray card will be updated to reflect the change in order .Dietician will monitor compliance with policy by ensuring accuracy of diets and communicating changes or recommendations. Ensures that care plan is updated with diet changes. Food Service Director/Dietary Manager will ensure that food provided is consistent with diet order and that tray card accurately reflects resident/patient diet order and food preferences.</p> <p>On 7/16/24, the facility's extended menu indicated the lunch meal serving size double portion of protein was 2 portions of 3 ounces of pork loin. The mechanically altered (minced and moist) serving size was a #8 scoop (gray handle food scoop) which equaled 4 ounces.</p> <p>1. On 7/16/24, Surveyor reviewed R69's medical record. R69 was dependent on hemodialysis and was admitted to the facility with diagnoses including chronic renal failure related to end stage disease.</p> <p>R69 physician orders indicated the Registered Dietitian could make diet changes and orders as necessary.</p> <p>A Registered Dietician assessment, dated 6/23/24, included a diet change order for double protein with 85 to 106 grams of protein per day due to dialysis. Surveyor noted the diet change was not listed on R69's care plan.</p> <p>2. On 7/16/24, Surveyor reviewed R12's medical record. R12 had diagnoses including dysphagia, oropharyngeal phase, and Barrett's esophagus without dysplasia. R12's diet order indicated Level 6 soft & bite-sized with Level 5 minced and moist meat and Level 7 regular bread and bread products.</p> <p>(continued on next page)</p>		

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

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 7/16/24, Surveyor reviewed R62's medical record. R62 had diagnoses including malignant neoplasm of tonsil and adult failure to thrive. R62's diet order indicated Level 6 soft & bite-sized with Level 5 minced and moist meat and Level 7 regular bread and bread products.</p> <p>4. On 7/16/24, Surveyor reviewed R11's medical record. R11 had diagnoses including dysphagia, oropharyngeal phase. R11's diet order indicated Level 6 soft & bite-sized with Level 5 minced and moist meat and Level 7 regular bread and bread products.</p> <p>5. On 7/16/24, Surveyor reviewed R2's medical record. R2 had diagnoses including encounter for palliative care and cerebral palsy. R2's diet order indicated Level 6 soft & bite-sized with Level 5 minced and moist meat and Level 7 regular bread and bread products.</p> <p>During a continuous kitchen observation that began at 11:00 AM on 7/16/24, Surveyor observed [NAME] (CK)-D serve lunch at the tray line. Surveyor noted the steam table contained food scoops placed in containers of pork loin roast, potatoes, green beans, carrots, rice, and alternative menu items. Dietary Manager (DM)-C stated the food scoop size chart was on the wall. Surveyor noted the container of mechanically altered (minced and moist) pork loin contained a green food scoop. The poster on the wall indicated the green food scoop was a #12 scoop with a serving size of 2-2/3 ounces. Surveyor noted the extended menu and meal tray tickets for R12, R62, R11, and R2 indicated for minced and moist meat, a 4 ounce #8 scoop should be used for the serving size. Surveyor observed CK-D use a #12 green scoop for R12, R62, R11, and R2's portions of pork loin. Surveyor noted R69's meal ticket indicated a regular portion size for protein and noted R69 was served one 3 ounce pork loin.</p> <p>On 7/16/24 at 1:40 PM, Surveyor interviewed DM-C who stated when the Registered Dietician completes an assessment and makes a recommendation for a diet change, it is DM-C's responsibility to update the resident's meal ticket card, preferences, and care plan. DM-C confirmed R69 had an order for double protein which was not on R69's meal ticket or care plan and verified dietary staff have not been serving R69 double protein. Regarding moist and minced diets for R12, R62, R11 and R2, DM-C confirmed moist and minced protein was served with a #12 scoop with a serving size of 2-2 2/3 ounces; however, the meal ticket and extended menu for moist and minced protein indicated the portions should be served with a #8 gray scoop with a serving size of 4 ounces. DM-C verified the facility had a #8 scoop and confirmed R12, R62, R11 and R2 were not served the correct portion size.</p>

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<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** 49010</p> <p>Based on observation, staff and resident interview, and record review, the facility did not maintain an infection prevention program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection for 2 residents (R) (R51 and R54) of 19 residents.</p> <p>R51 had wounds that required wound care and was not on enhanced barrier precautions (EBP).</p> <p>R54 had an indwelling catheter and was not on EBP.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions Policy and Procedure, dated 3/26/24, indicates: Enhanced Barrier Precautions require gown and glove use for residents with a novel or targeted multi-drug resistant organism (MDRO) or any resident with a wound or indwelling medical device during specific high-contact resident care activities. High-contact resident care activities include: dressing; bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; device care or use of a device; central line, urinary catheter, feeding tube, tracheostomy/ventilator; wound care: any skin opening requiring a dressing.</p> <p>1. On 7/15/24, Surveyor reviewed R51's medical record. R51 was admitted to the facility on [DATE] and had diagnoses including encounter for digestive surgical aftercare, acute kidney failure, ileostomy, and type 2 diabetes mellitus. R51's Minimum Data Set (MDS) assessment, dated 4/16/24, stated R51 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R51 had moderately impaired cognition. R51 had a power of attorney for healthcare (POAHC).</p> <p>R51 acquired skin wounds while at the facility including blisters on the front of the left lower leg and the medial left ankle. R51 also received wound care for an abdominal surgical incision.</p> <p>On 7/15/24 at 11:02 AM, Surveyor observed the entrance to R51's room and noted there was not an EBP sign on or near the door.</p> <p>On 7/15/24 at 11:03 AM, Surveyor interviewed R51 who confirmed R51 had open sores on the left leg and abdomen. R51 showed Surveyor a bandage on R51's abdomen, dated 7/14/23. R51 stated staff checked the wounds and changed the bandages almost daily. R51 stated the bandage on R51's abdomen was changed the day prior and had the wrong year.</p> <p>On 7/16/24 at 8:58 AM and 2:42 PM, Surveyor observed the entrance to R51's room and noted there was not an EBP sign on or near the door.</p> <p>On 7/16/24 at 2:56 PM, Surveyor again interviewed R51 and noted the bandage on R51's abdomen was the same bandage that Surveyor observed the day prior and dated 7/14/23. The bandage on R51's left lower leg was dated 7/15/24. Surveyor observed the entrance to R51's room and noted there was not an EBP sign on or near the door.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at 4:06 PM, Surveyor and Director of Nursing (DON)-B observed R51 and R51's room. DON-B confirmed R51 had wounds, verified R51's room did not have an EBP sign, and stated there should be an EBP sign on R51's door due to R51's wounds. DON-B confirmed without an EBP sign near the entrance to the room, staff would likely not know they needed to don personal protective equipment (PPE), including a gown and gloves, for cares. DON-B acknowledged staff should wear the appropriate PPE for R51's cares due to the facility's EBP policy.</p> <p>On 7/16/24 at 4:30 PM, Surveyor reviewed R51's wound care orders which included the following:</p> <p>~ Wound care: Front of left lower leg: Cleanse with normal saline (NS), skin prep peri wound. Apply honey to wound bed. Cover with foam boarder. Change daily and PRN (as needed). Every evening shift, dated 7/2/24 at 12:20 PM.</p> <p>~ Wound care: Left inner foot: Cleanse with NS, skin prep peri wound. Apply honey to wound bed. Cover with foam border. Change daily and PRN. Every evening shift, dated 7/9/24 at 5:56 AM.</p> <p>~ Wound care: Cleanse abdomen incision with NS. Cover with Mepilex or dry gauze. Change daily and PRN. Discontinue once resolved. Every evening shift until 7/17/24, dated 7/10/24 at 1:37 PM.</p> <p>A progress note, dated 7/15/24 at 11:45 PM, indicated R51 declined an abdominal dressing change that evening.</p> <p>2. On 7/15/24, Surveyor reviewed R54's medical record. R54 had an indwelling catheter, was admitted to the facility on [DATE], and had diagnoses including hydronephrosis, urinary tract infection (UTI), sepsis, and type 2 diabetes mellitus. R54's MDS assessment, dated 5/14/24, stated R54 had a BIMS score of 13 out of 15 which indicated R54 had intact cognition. R54 had an activated POAHC.</p> <p>On 7/15/24 at 11:36 AM, Surveyor observed the entrance to R54's room and noted there was not an EBP sign on or near the door.</p> <p>On 7/15/24 at 11:37 AM, Surveyor interviewed R54 who confirmed R54 had a catheter. During the interview, Certified Nursing Assistant (CNA)-G entered the room to answer R54's call light. CNA-G indicated R54 should be on EBP. When R54 stated to CNA-G that staff did not wear PPE during R54's cares before and asked why they would start now, CNA-G stated staff should have been wearing PPE for R54's cares and there should be an EBP sign on R54's door. CNA-G stated CNA-G would tell someone to put an EBP sign on the door.</p> <p>On 7/16/24 at 9:00 AM, Surveyor observed an EBP sign and a PPE cart outside R54's room.</p> <p>On 7/16/24 at 4:06 PM, Surveyor interviewed DON-B who verified R54 had a catheter and should be on EBP. When Surveyor stated there was not an EBP sign on R54's door the day prior, DON-B stated there should have been. DON-B stated the facility's Infection Preventionist (IP) should check to make sure EBP signs are on the appropriate doors, that staff are aware of which residents are on EBP, and that the facility's EBP policy is followed.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on staff and resident interview and record review, the facility did not ensure vaccinations were administered for 1 resident (R) (58) of 5 sampled residents.</p> <p>The facility did not administer R58 the PCV20(R) vaccine after R58 signed a consent form to receive the vaccine.</p> <p>Findings include:</p> <p>Abbreviations (www.cdc.gov):</p> <p>PCV13: 13-valent pneumococcal conjugate vaccine (Pevnar13(R))</p> <p>PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance(R))</p> <p>PCV20: 20-valent pneumococcal conjugate vaccine (Pevnar 20(R))</p> <p>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))</p> <p>The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV15 or PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.</p> <p>The facility's Pneumococcal Vaccine Policy and Procedure, with a revision date of 6/28/23, indicates: All residents will be assessed for appropriateness to receive the pneumococcal vaccine. Residents who have been deemed as appropriate to receive the pneumococcal vaccine and who consent to the vaccine will be given the vaccine following the CDC guidelines for the administration of the PPSV23, PCV13, PCV15, and PCV20 as per the recommendations on the CDC website: https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html</p> <p>On 7/16/24, Surveyor reviewed R58's medical record. R58 was admitted to the facility on [DATE] and had diagnoses including osteoporosis, venous insufficiency, and left tibia fracture. R58's Minimum Data Set (MDS) assessment, dated 4/16/24, stated R58 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R15 had intact cognition. R58 did not have an activated power of attorney for healthcare (POAHC).</p> <p>R58's medical record indicated on 10/11/23, R58 was offered vaccinations from the facility and signed a consent form that indicated R58 wanted to receive the PCV20 vaccine. R58's medical record did not indicate R58 was administered the PCV20 vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at 12:53 PM, Surveyor interviewed R58 who stated R58 signed a consent form for the PCV20 vaccine but was not administered the vaccine. R58 indicated R58 still wanted the PCV20 vaccine.</p> <p>On 7/16/24 at 12:09 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E who stated a vaccination consent/refusal form was filled out by staff and signed by R58 on 10/11/23 when the facility offered the flu shot. ADON-E stated the form was most probably mistakenly filled out by staff for PCV20 consent as well. ADON-E stated if consent was received for a vaccine the facility offered, the vaccine should have been administered. ADON-E stated ADON-E would check with R58 to see if R58 still wanted the PCV20 vaccine.</p> <p>On 7/16/24 at 1:11 PM, Surveyor interviewed ADON-E who stated ADON-E spoke with R58 who still wanted the PCV20 vaccine. ADON-E stated the facility didn't have the PCV20 vaccine on hand, but ADON-E had ordered it. ADON-E stated ADON-E also obtained an updated signed consent form for R58 on 7/16/24 and would administer the PCV20 vaccine to R58 as soon as it arrived.</p> <p>On 7/16/24 at 3:15 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects staff to offer vaccines per CDC recommendations and the facility's policy. NHA-A indicated if R58 consented for a vaccine the facility offered, R58 should have been administered the vaccine.</p>		