

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043</p> <p>Based on observation, staff and resident interview, and record review, the facility did not provide appropriate respiratory care and services for 3 residents (R) (R237, R187 and R139) of 3 sampled residents.</p> <p>R237, R187, and R139 did not have physician's orders to use, clean, or maintain a continuous positive airway pressure (CPAP) machine.</p> <p>Findings include:</p> <p>The facility's CPAP Therapy policy, revised 6/24/22, indicates: Continuous positive airway pressure is used to treat obstructive sleep apnea .Indications: 1) Obstructive sleep apnea 2) Hypoxemia .1) Verify physician orders .Cleaning and Maintenance: .7) Clean and inspect all components regularly. The mask, tubing, and headgear should last approximately 6-12 months, but the actual life of the equipment can vary greatly. 8) Clean the CPAP unit as necessary .13) Filter Maintenance: 14) Will depend on the model of the unit you have. 15) There will be two filters on some models. The first filter is usually disposable, and the second filter is reusable. Disposable filters should be replaced per manufacturers' recommendations. Reusable filters should be rinsed of dust and allowed to air dry. Never put a damp filter in your CPAP unit.</p> <p>1. From 5/27/25 to 5/29/25, Surveyor reviewed R237's medical record. R237 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, and obstructive sleep apnea. A Minimum Data Set (MDS) assessment was not completed for R237 due to recent R237's recent admission. Per a nursing assessment completed on admission, R237 was alert and oriented to person, place, time, and event.</p> <p>R237's baseline care plan, dated 5/21/25, indicated staff should follow physician orders for CPAP use; however, R237's medical record did not contain orders for CPAP use or cleaning.</p> <p>On 5/27/25 at 9:26 AM, Surveyor interviewed R237 who indicated R237 used a CPAP machine at night. Surveyor observed a CPAP machine on R237's bedside table and a CPAP mask on R237's bed.</p> <p>On 5/28/25 at 9:01 AM, Surveyor interviewed R237 who indicated R237 used CPAP settings from home and cleaned the machine the other day. R237 indicated R237 did not need assistance with the CPAP machine.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525343	Facility ID: 525343 If continuation sheet Page 1 of 12

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/25 at 9:26 AM, Surveyor requested R237's CPAP order and the facility's CPAP use and cleaning policy from Director of Nursing (DON)-B.</p> <p>On 5/28/25 at 10:38 AM, DON-B provided a CPAP order for R237, dated 5/28/25, for use per home set up when napping or sleeping at night three times a day. DON-B also provided an order, dated 5/28/25, to clean R237's CPAP machine weekly every Thursday. The orders were signed by a Nurse Practitioner (NP) on 5/28/25.</p> <p>On 5/28/25 at 1:30 PM, Surveyor interviewed DON-B who indicated R237 should have had an order for CPAP use and cleaning prior to using the CPAP machine.</p> <p>47248</p> <p>2. On 5/27/25, Surveyor reviewed R187's medical record. R187 was admitted to the facility on [DATE] and had diagnoses including mesothelioma of pleura (cancer of the lining of the lungs) and obstructive sleep apnea. R187 was alert and oriented to person, place, time, and event and was R187's own decision maker.</p> <p>R187's care plan, dated 5/21/25, indicated R187 was at risk/had respiratory impairment related to cancer and sleep apnea. The care plan contained interventions to administer medications as ordered and to use a CPAP machine per Medical Doctor (MD) orders. Surveyor noted R187 did not have orders for CPAP use, cleaning, or maintenance.</p> <p>On 5/27/25 at 11:55 AM, Surveyor interviewed R187 who indicated staff had not cleaned R187's CPAP machine but assisted with filling it with water nightly. R187 stated, They should be cleaning the machine and mask, but no one has cleaned it. Surveyor noted R187's CPAP mask and tubing were visibly dirty and oily in appearance and contained skin particles, cream-colored particles, and hair. R187 indicated R187 required assistance from staff to put the mask on and clean the machine.</p> <p>On 5/28/25 at 1:15 PM, Surveyor observed R187's CPAP machine in the same condition as on 5/27/25. R187 indicated no one had cleaned the machine.</p> <p>On 5/29/25 at 9:05 AM, Surveyor observed R187's CPAP machine in the same condition as on 5/27/25. R187 indicated no one had cleaned the machine.</p> <p>On 5/28/25, Surveyor requested R187's CPAP orders from Nursing Home Administrator (NHA)-A.</p> <p>On 5/29/25, Surveyor reviewed R187's CPAP orders and noted the orders for use, cleaning, and maintenance were dated 5/28/25 and indicated: CPAP per home set up when napping or sleeping at night and clean CPAP weekly.</p> <p>On 5/29/25 at 2:00 PM, Surveyor interviewed DON-B who indicated CPAP orders for R187 should have been obtained and added to R187's medical record upon admission.</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 - Few</p>	<p>3. On 5/28/25, Surveyor reviewed R139's medical record. R139 was admitted to the facility on [DATE] and had diagnoses including COPD, acute and chronic respiratory failure with hypoxia, and obstructive sleep apnea. R139 was admitted to the facility from the hospital following a colostomy with colon resection. R139 developed bilateral pulmonary embolisms and pneumonia at the hospital. R139 was alert and oriented to person, place, time, and event and was R139's own decision maker.</p> <p>R139's medical record did not contain orders for CPAP use, cleaning, or maintenance.</p> <p>On 5/28/25 at 2:30 PM, Surveyor interviewed R139 who indicated R139 required assistance with cleaning R139's CPAP machine but did not receive assistance. R139 indicated staff had not cleaned any part of the machine since R139 was admitted. Surveyor noted R139's CPAP mask was visibly dirty and contained skin particles, hair, dirt, and oil. Surveyor also noted R139's CPAP tubing was visibly dirty.</p> <p>On 5/29/25 at 3:15 PM, Surveyor noted R139's CPAP machine was in the same condition as on 5/27/25. R139 indicated no one had cleaned the machine.</p> <p>On 5/28/25, Surveyor requested R139's CPAP orders from NHA-A.</p> <p>On 5/29/25, Surveyor reviewed R139's CPAP orders and noted the orders for use, cleaning, and maintenance were dated 5/28/25 and indicated: CPAP per home set up when napping or sleeping at night and clean CPAP weekly.</p> <p>On 5/29/25 at 2:00 PM, Surveyor interviewed DON-B who indicated CPAP orders for R139 should have been obtained and added to R139's medical record upon admission.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R9) of 17 sampled residents was provided safe and accurate administration of drugs and biologicals.</p> <p>On 5/27/25, Surveyor observed a tube of 1% hydrocortisone cream on R9's bedside table. R9 did not have a physician's order for the cream or an order have medication at the bedside.</p> <p>Findings include:</p> <p>The facility's Medication Administration Self-Administration by Resident policy, dated 1/2023, indicates: . Residents who desire to self-administer medication are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined the practice would be safe .1. If the resident desires to self-administer medication, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out the responsibility during the care planning process .3. The results of the interdisciplinary team assessment are recorded on a Medication Self-Administration Assessment which is placed in the resident's medical record .4. If the resident demonstrates the ability to safely self-administer medication, a further assessment of the safety of bedside medication storage is conducted .6. At least once during each shift, nursing staff check for usage of the medication by the resident .</p> <p>From 5/27/25 to 5/29/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including pathological fracture with subsequent encounter, atrial fibrillation, idiopathic corneal edema, and nonrheumatic mitral insufficiency. R9 was R9's own medical decision maker. R9's most recent Minimum Data Set (MDS) assessment, dated 4/30/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R9 had intact cognition.</p> <p>On 5/27/25 at 10:06 AM, Surveyor observed a tube of 1% hydrocortisone cream at R9's bedside. R9 indicated staff put the cream on R9 when needed for an itchy back.</p> <p>On 5/28/25 at 6:27 AM, Surveyor noted R9's medical record did not contain an order for hydrocortisone cream. A Medication Self-Administration assessment, last completed on 11/16/24, indicated R9 could not self-administer medication and did not wish to self-administer medication. A care plan, dated 4/24/25, did not indicate R9 self-administered medication or keep medication at the bedside.</p> <p>On 5/28/25 at 9:00 AM, Surveyor observed a tube of 1% hydrocortisone cream with the cap off at R9's bedside.</p> <p>On 5/28/25 at 10:22 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-J who recapped the tube of hydrocortisone cream and stated R9 did not have an order to keep medication at the bedside. LPN-J also verified R9's Medication Administration Record (MAR) did not contain an order for hydrocortisone cream. LPN-J stated LPN-J did not apply hydrocortisone cream to R9.</p> <p>(continued on next page)</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/28/25 at 1:34 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated R9 should have an order for hydrocortisone cream. DON-B also indicated R9 needed a self-administration of medication assessment that indicated R9 could have medication at the bedside or the medication should be stored in the treatment cart.		

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<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>47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure meals were served at regular times and per resident preferences for 7 residents (R) (R27, R19, R14, R18, R237, R13, and R23) of 7 sampled residents.</p> <p>On 5/28/25 and 5/29/25, the facility served room trays 30 or more minutes after the posted meal service time for breakfast. On 5/27/25 and 5/28/25, the facility served room trays 30 or more minutes after the posted meal service time for lunch. In addition, R237 did not receive a lunch tray on 5/28/25 until one hour after the posted meal service time.</p> <p>Findings include:</p> <p>On 5/27/25 at 9:39 AM, Surveyor interviewed R27 who indicated room trays are always late. R27 indicated R27 has had to wait 30 minutes to an hour after the posted meal time to receive a tray. R27 indicated sometimes breakfast does not arrive until almost 10:00 AM and lunch until 1:00 PM. R27 indicated kitchen staff could help more and stated meals are delivered closer to the mealtime when there is a hospitality aide scheduled. R27 was frustrated that R27 had wait later than the posted meal time. R27 also expressed frustration with seeing residents return from the dining room who had already eaten when R27 had not been served. R27 indicated R27 preferred room trays should not have to wait for meals or go to the dining room.</p> <p>On 5/27/25 at 10:00 AM, Surveyor noted posted meals times in the nurses' station were listed as: Breakfast 8:00 AM, Lunch 12:00 PM, Supper 5:00 PM.</p> <p>On 5/27/25 at 11:48 AM, Surveyor observed meal service at the tray line in the dining room and noted room trays were plated first and put in a tray cart. Surveyor observed staff serve 15 residents in the dining room and put 24 meal trays in the cart to deliver to rooms.</p> <p>On 5/27/25 at 12:08 PM, Surveyor observed lunch service and noted the following room tray service times:</p> <p>~ At 12:08 PM, a room tray cart was delivered to the nurses' station.</p> <p>~ At 12:11 PM, a room tray cart left the kitchen and was sent to the Deer Path Trail.</p> <p>~ At 12:25 PM, a room tray cart left Deer Path Trail and was taken to Eagle View Terrace to serve residents.</p> <p>~ At 12:31 PM, a room tray cart left Eagle View Terrace and was taken to Appletree Court to serve residents.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor noted R27 and R27's roommate were served lunch at 12:35 PM which was 35 minutes past the posted meal time. Surveyor noted R19 was served lunch at 12:38 PM. Surveyor also noted R14 was served lunch at 12:40 PM and received the last room tray.</p> <p>On 5/27/25 at 12:41 PM, Surveyor interviewed R27 and R18. R18 indicated breakfast was usually the latest meal served. R18 indicated an aide helped during the day twice per week and those days were better than the usual late times. R18 indicated having to wait was frustrating and stated R18 should not have to wait for meals to be served past the posted time. R27 indicated meals were always late and stated dinner was served closest to the posted time. R27 also indicated there was a new kitchen supervisor and stated the wait time was improving. R27 indicated currently the longest wait time was an hour, however, R27 used to wait for breakfast until 10:00 AM or later. R27 indicated breakfast was not served until 8:40 AM that morning which was unacceptable.</p> <p>On 5/28/25 at 7:54 AM, Surveyor observed the breakfast meal. Surveyor noted breakfast service had not started in the dining room and room trays were not being served despite the fact breakfast was scheduled for 8:00 AM. Surveyor observed 16 residents in the dining room and the following meal delivery times:</p> <p>~ At 8:00 AM, staff started room tray service and loaded a cart with breakfast trays.</p> <p>~ At 8:12 AM, a room tray cart left the dining room and was delivered to the nurses' station.</p> <p>~ At 8:19 AM, room tray service began on Deer Path Trail.</p> <p>~ At 8:37 AM, room tray service began on Eagle View Terrace.</p> <p>~ At 8:43 AM, room tray service began on Appletree Court.</p> <p>On 5/28/25 at 8:41 AM, Surveyor interviewed R18 who indicated last night's dinner was served close to the posted time because the aides who were working always delivered trays as soon as possible. R18 indicated R18 was still waiting for breakfast and stated, I always say here goes (neighbor) who is coming back from breakfast and we still haven't been served. I should be able to choose where I eat and still get served at the same time as others. It just isn't right we have to wait so long.</p> <p>On 5/28/25 at 8:45 AM, Surveyor continued with an observation of room tray service on Appletree Court and noted the following meal delivery times:</p> <p>~ At 8:49 AM, R18 and R27 were served room trays.</p> <p>~ At 8:54 AM, a room tray cart left Appletree Court to serve R237 who received a tray at 8:59 AM.</p> <p>On 5/28/25 at 9:01 AM, Surveyor interviewed R237 who indicated R237 had to wait over an hour at times for R237's breakfast and lunch room trays. R237 expressed frustration with having to wait so long and stated R237 wanted to receive meals at 8:00 AM and 12:00 PM when the facility indicated they would deliver meals.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/28/25 at 10:29 AM, Surveyor conducted a resident council meeting that included R13, R19, R23 and R14. During the group interview, the following concerns were reported regarding room tray delivery:</p> <p>~ R19 indicated room trays take a while to be delivered at times. R19 indicated the cart was delivered to the nurses' station and could sit for a long time before staff began to deliver room trays. R19 indicated R19 had waited over an hour for a room tray and indicated trays were usually delivered at least a half hour late or later which was unacceptable.</p> <p>~ R13 indicated breakfast took the longest. R13 indicated the wait time was unacceptable because residents who ate in the dining room had usually already eaten before some residents received their breakfast or lunch tray. R13 indicated when a hospitality aide worked twice per week there was still a wait, however, it was an acceptable wait and not an hour past the meal time. R13 indicated the concerns were brought up at resident council the past several meetings.</p> <p>~ R14 agreed with what the other residents stated. R14 indicated it could take an hour after the posted meal time to receive a room tray. R14 indicated staff from different areas could help because nursing staff could be busy.</p> <p>~ R23 indicated R23 waited a long times for meals. R23 indicated the wait for breakfast was the longest. R23 indicated the wait time was unacceptable and stated R23 should not have to wait so long to eat meals.</p> <p>On 5/28/25 at 11:50 AM, Surveyor observed 10 residents in the dining room and noted lunch service had not yet begun. Surveyor noted the following meal delivery times:</p> <p>~ At 12:00 PM, dietary staff began plating room trays.</p> <p>~ At 12:05 PM, a room tray cart was brought to the nurses' station.</p> <p>~ At 12:12 PM, staff began to deliver room trays on Deer Path Trail.</p> <p>~ At 12:24 PM, staff began to deliver room trays on Eagle Terrace.</p> <p>~ At 12:30 PM, staff began to deliver room trays on Appletree Court.</p> <p>~ At 12:43 PM, the last room tray was delivered on Appletree Lane.</p> <p>On 5/28/25 at 12:50 PM, Surveyor observed R237 in R237's room without a lunch tray. Surveyor interviewed R237 who indicated R237 was upset because meals were late and R237 had to wait a long time for meals. R237 indicated R237 should receive meals according to the posted meal times. Surveyor conducted a continuous observation and noted R237 was not served lunch until 1:01 PM.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/28/25 at 1:03 PM, Surveyor interviewed Dietary Manager (DM)-K who indicated kitchen staff did not pass room trays and stated it was nursing staffs' responsibility. DM-K indicated kitchen staff assisted at times when the facility was short staffed and staffing allowed for only one nurse aide to pass room trays, however, that was not the normal practice. DM-K was not aware of resident concerns regarding meal service times and indicated DM-K had only been in DM-K's position for a few weeks. DM-K indicated concerns may have been expressed prior to DM-K's arrival</p> <p>On 5/29/25 at 7:55 AM, Surveyor observed room tray delivery and noted the following meal service times. Surveyor also noted two staff assisted with delivering meal trays:</p> <p>~ At 8:03 AM, a room tray cart was brought to the nurses' station by dietary staff.</p> <p>~ At 8:10 AM, room service began on Deer Path Trail.</p> <p>~ At 8:21 AM, room service began on Eagle Terrace.</p> <p>~ At 8:30 AM, room service began on Appletree Court.</p> <p>~ At 8:40 AM, the last room tray was passed on Appletree Lane.</p> <p>On 5/29/25 at 8:59 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who was not aware of residents' concerns regarding room trays and was not aware the resident council brought up concerns in the past.</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** 45943</p> <p>Based on observation, staff interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection for 3 residents (R) (R33, R32, and R15) of 3 residents observed during the provision of cares.</p> <p>R33 was on enhanced barrier precautions (EBP). During an observation of care for R33, Certified Nursing Assistant (CNA)-D did not complete appropriate hand hygiene and did not don clean gloves while providing care. Licensed Practical Nurse (LPN)-E did not don a gown while providing care. In addition, R33's uncovered catheter drainage bag was observed on the floor.</p> <p>During wound care for R32, LPN-J did not complete hand hygiene between glove changes.</p> <p>During an observation of care for R15, CNA-C removed soiled gloves after providing perineal care and did not wash or sanitize hands before donning clean gloves.</p> <p>Findings include:</p> <p>The Facility's Hand Hygiene Policy, revised 11/2/22, indicates: All staff will perform proper hand hygiene to prevent the spread of infection to other personnel, residents, and visitors .Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR) .2. Hand hygiene is indicated and will be performed under the conditions listed in .the hand hygiene table .Before applying and after removing personal protective equipment (PPE), including gloves .Before and after handling clean or soiled dressings, linens, etc .After handling items potentially contaminated with blood, body fluids, secretions, or excretions .When, during resident care, moving from a contaminated body site to a clean body site .6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.</p> <p>The facility's Enhanced Barrier Precautions Policy, revised 8/8/24, indicates: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDROs) .Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of MDROs that employs targeted gown and glove use during high-contact resident care .3. Implementation of Enhanced Barrier Precautions: .b. Personal Protective Equipment (PPE) for enhanced barrier precautions is only necessary when performing high-contact care .4. High-contact resident care includes: a. dressing; b. bathing; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use .urinary catheters .h. wound care: any chronic skin opening requiring a dressing .</p> <p>The facility's Catheter Care Policy, revised 3/15/23, indicates: .2. Privacy/dignity bags will be available and catheter drainage bags should be covered or always shielded while in use.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Evergreen St Shawano, WI 54166	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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>1. On 5/28/25 at 1:31 PM, Surveyor observed CNA-D complete a bed bath for R33. R33 was on EBP due to a urinary catheter. Following the bed bath, CNA-D touched the bed remote and R33's bed rail without changing gloves. CNA-D then changed gloves without completing hand hygiene and turned R33 on the left side to wash R33's rectal area. CNA-D touched R33's incontinence brief (which contained a smear of stool), rectal area, and linens and changed gloves without completing hand hygiene. LPN-E then entered the room without a gown, completed a skin check, removed a dressing (that covered excoriated skin) from R33's left posterior thigh, and assisted CNA-D with rolling R33 on the right side. LPN-E touched R33's bedding, removed gloves, completed hand hygiene, and left the room. CNA-D washed R33's rectal area, applied silicone prevent cream to R33's buttocks and groin, and touched R33's bed rail while applying powder to R33's perianal area and under R33's breasts. LPN-E returned to the room with gloves and assisted with positioning R33 without a gown. CNA-D put an incontinence brief on R33, put on R33's pants, and touched R33's catheter bag without completing hand hygiene between a glove change.</p> <p>On 5/28/25 at 1:55 PM, Surveyor interviewed CNA-D who verified CNA-D should have completed hand hygiene between glove changes. CNA-D indicated CNA-D completed hand hygiene before entering R33's room and usually had hand sanitizer in CNA-D's pocket but forgot it.</p> <p>On 5/28/25 at 2:13 PM, Surveyor interviewed LPN-E who confirmed LPN-E provided care for R33 and did not wear a gown.</p> <p>On 5/28/25 at 2:23 PM, Surveyor observed CNA-D and another CNA transfer R33 from R33's wheelchair via Hoyer lift. CNA-D did not wear a gown or gloves and entered R33's room with the Hoyer lift. CNA-D touched R33 and the Hoyer lift. When Surveyor asked if PPE was required during high-contact cares for R33, CNA-D completed hand hygiene and donned a gown and gloves before emptying R33's catheter bag. CNA-D then placed R33's catheter bag under the wheelchair and removed PPE. Surveyor noted R33's uncovered catheter bag was touching the floor.</p> <p>On 5/28/25 at 2:45 PM, Surveyor interviewed CNA-D who verified R33's uncovered catheter bag was touching the floor. CNA-D indicated CNA-D would ask the nurse for a cover (dignity bag) and attach the bag higher on the wheelchair.</p> <p>On 5/28/25 at 2:49 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed a gown and gloves should be worn during high-contact cares for a resident on EBP. DON-B also confirmed staff should complete hand hygiene when doing cares and transfers, between glove changes, and after perirectal or any direct care. DON-B indicated DON-B needed to reeducate and review the EBP policy with staff. DON-B also indicated a dignity bag should have been provided for R33's catheter.</p> <p>2. From 5/27/25 to 5/29/25, Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE] and had diagnoses including traumatic subdural hemorrhage with loss of consciousness, type 2 diabetes, dysphagia, and weakness. R32's Minimum Data Set (MDS) assessment, dated 4/14/25, had a Brief Interview for Mental (BIMS) score of 1 out of 15 which indicated R32's cognition was severely impaired. R32 had a Guardian for medical decisions.</p> <p>R32's medical record indicated R32 had a wound on the right heel and contained an order to complete wound care every 3 days. R32's wound care orders stated to cleanse the heel with normal saline, pat dry, apply skin prep to the peri wound, allow to dry, apply medical grade honey gel to the wound base, and cover with an island dressing.</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 5/28/25 at 10:00 AM, Surveyor observed LPN-J complete wound care for R32's right heel. LPN-J donned the appropriate PPE and positioned R32 for wound care. LPN-J removed R32's soiled dressing, changed gloves, opened wound dressing supplies, and sprayed normal saline on R32's right heel. LPN-J dried the wound, changed gloves, and applied skin prep to the peri wound. LPN-J then applied medical grade honey to the wound and an island dressing. LPN-J removed gloves and dated and initialed the dressing. At the end of the procedure, LPN-J removed PPE and washed hands with soap and water. Surveyor interviewed LPN-J regarding hand hygiene. LPN-J indicated hand hygiene should have been completed in between glove changes.</p> <p>On 5/28/25 at 1:32 PM, Surveyor interviewed DON-B who indicated hand hygiene should be completed in between glove changes.</p> <p>3. From 5/27/25 to 5/29/25, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including pelvic fractures, osteoporosis, cognitive communication deficit, and an open wound on the right lower leg. R15's MDS assessment, dated 4/16/25, had a BIMS score of 7 out of 15 which indicated R15 had severe cognitive impairment. R15 did not have an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 5/27/25 at 1:49 PM, Surveyor observed CNA-C provide pericare for R15. CNA-C removed R15's incontinence brief and the bed pan and changed gloves without washing or sanitizing hands.</p> <p>On 5/28/25 at 1:29 PM, Surveyor interviewed DON-B who verified staff should complete hand hygiene between glove changes especially after pericare.</p>		