STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, the facility did not ensure staffing was sufficient to meet care needs of residents. This had the potential to affect all 37 residents. Schedules were compared with daily census as well as the Facility Assessment and there were days staffing did not meet the needs of the daily census.Interviewed residents and family members indicated they waited a long time for call lights and call lights were observed to be turned off prior to the resident need being met. Interviews revealed weekends were more challenging because there was no office staff to assist as needed.Interviewed staff which revealed that the facility has many 2 person assist transfers and high acuity residents which affects care needs being met as well as meal times. Based on observation, staff and resident interview, and record review, the facility did not ensure there was sufficient staff to meet resident's needs. This practice had the potential to affect all 37 residents residing in the facility. On multiple dates, staffing levels were not in accordance with the facility's census or the Facility Assessment. Resident interviews indicated residents waited a long time for staff to answer call lights, especially on weekends when administrative staff were not there to provide assistance. In addition, call lights were turned off prior to residents' needs being met. Staff interviews indicated the facility had high acuity and a number of residents who required the assistance of 2 staff for transfers which affected staffs' ability to meet residents' needs and provide timely meals. Findings include: The Facility Assessment, updated [DATE], indicated on average, the facility's census was 32. The staffing plan indicated: Based on our resident population and their needs for care and support, below is our general approach to staffing to ensure we have sufficient staff to meet the needs of residents at any given time. The facility's evidence-based data tools are used on an ongoing basis to make adjustments to our staffing plan based on resident acuity and need. For Certified Nursing Assistants (CNAs): The Facility Assessment identified scheduling 8 CNAs per day (3 for the AM and PM shifts and 2 for the night (NOC) shift). On [DATE] at 10:58 AM, Surveyor interviewed Scheduler (SCH)-I who schedules nursing staff and helps on the floor. SCH-I indicated staffing is determined by the census and acuity. SCH-I indicated if the census is 36 or 37, the facility schedules 3 to 3.5 CNAs. SCH-I indicated the facility usually schedules 3 CNAs on the AM and PM shifts and 2 CNAs on the NOC shift when the census is under 36. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	SCH-I indicated SCH-I tries to schedule the same for weekdays and weekends and will beg and plead and offer incentives if needed. SCH-I indicated SCH-I meets with Director of Nursing (DON)-B, Assistant Director of Nursing (ADON)-L, Nursing Home Administrator (NHA)-A and Human Resources staff at least once daily related to staffing. SCH-I indicated if the facility doesn't have an extra CNA, ADON-L or SCH-I come in to help. SCH-I indicated the facility's acuity is higher than usual and the facility has Hospitality Aides (HAs) in the CNA training program who are scheduled Monday through Friday. SCH-I indicated HAs cannot provide direct care but can make beds that are unoccupied, answer simple call light requests, and pass water. SCH-I indicated it is more difficult to find help on the weekends. Surveyor reviewed facility's nursing schedules and noted the following: ~ On [DATE], the census was 37. There were 3 CNAs scheduled on the AM and PM shifts. ~ On [DATE] (Saturday), the census was 37. There were 3.5 CNAs and 1 HA scheduled on the AM shift and 3.5 CNAs scheduled on the PM shift. ~ On [DATE] (Sunday), the census was 36. There were 3.5 CNAs scheduled on the AM and PM shifts. ~ On [DATE], the census was 36. There were 3 CNAs scheduled on the AM shift and 3.5 CNAs scheduled on the PM shift. ~ On [DATE], the census was 37. There were 3 CNAs scheduled on the AM shift and 3.5 CNAs scheduled on the PM shift. ~ On [DATE] (Saturday), the census was 37. There were 3.25 CNAs scheduled on the AM shift and 3 CNAs scheduled on the PM shift. ~ On [DATE] (Sunday), the census was 37. There were 3.5 CNAs scheduled on the AM and PM shifts. ~ On [DATE], the census was 37. There were 4 CNAs and 1 HA scheduled on the AM shift and 3.5 CNAs scheduled on the PM shift. On [DATE], the facility provided Surveyor with a nursing schedule for the duration of the survey that indicated there were 3 CNAs and 1 HA scheduled on the [DATE] AM shift. On [DATE], Surveyor reviewed the actual AM shift schedule and noted there were 4 CNAs on the [DATE] AM shift. The facility's Payroll Based Journal (PBJ) report indicated a concern with low weekend staffing. Surveyor reviewed the facility's weekend staffing schedules for April, May, and June of 2025 and noted the following: ~ On [DATE] (Saturday), the census was 33. There were 3 CNAs scheduled on the AM shift (2 CNAs from 6:00 AM to 2:15 PM and 1 CNA from 6:00 AM to 2:30 PM). There were 4 CNAs scheduled on the PM shift (3 CNAs from 2:00 PM to 10:00 PM and 1 CNA from 1:45 PM to 5:30 PM). ~ On [DATE] (Saturday), the census was 36. There were 2 CNAs scheduled on the AM shift (1 CNA from 2:00 AM to 2:00 PM and 1 CNA from 5:45 AM to 6:00 PM). There were 4 CNAs scheduled on the PM shift (1 CNA from 2:00 PM to 10:15 PM, 1 CNA from 2:00 PM to 6:00 PM, 1 CNA from 6:00 PM to 10:30 PM, and 1 CNA from 1:45 PM to 10:30 PM). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~ On [DATE] (Sunday), the census was 36. There were 3 CNAs scheduled on the AM shift (1 CNA from 6:00 AM to 4:00 PM, 1 CNA from 6:00 AM to 2:30 PM, and 1 CNA from 12:00 PM to 2:00 PM). There were 3 CNAs scheduled on the PM shift. ~ On [DATE] (Saturday), the census was 34. There were 3 CNAs and 1 HA scheduled on the AM shift, 3 CNAs scheduled on the PM shift, and 1.5 CNAs scheduled on the NOC shift (1 CNA from 10:15 PM to 6:15 AM and 1 CNA from 12:00 AM to 6:00 AM). ~ On [DATE] (Sunday), the census was 34. There were 3 CNAs scheduled on the AM shift (1 CNA from 6:00 AM to 3:15 PM, 1 CNA from 8:00 AM to 2:15 PM, and 1 CNA from 6:00 AM to 11:45 AM). There were 3 CNAs scheduled on the PM shift (1 CNA from 2:00 PM to 9:00 PM, 1 CNA from 2:00 PM to 10:15 PM, and 1 CNA from 2:30 PM to 10:00 PM). On [DATE] at 11:54 AM, Surveyor interviewed DON-B who indicated the corporate office sets the levels for staffing which are based on the census and patients per day (PPD). DON-B indicated there are usually 3 to 3.5 CNAs on the floor and there are 4 when the census is 34 or higher. DON-B verified resident acuity should factor into scheduling and confirmed the facility has a higher acuity level. DON-B indicated the facility tries to ensure there are at least 3 CNAs in the building. If there is an unanticipated staffing shortage, DON-B indicated staff are asked to come in early or stay late and those who aren't scheduled are called. If there is a need to fill a CNA position, DON-B indicated the administrative team tries to ensure DON-B, ADON-L, SCH-I or SSD-C are on the floor. DON-B confirmed there have been staffing concerns, including the past 2 weekends. Resident. Staff, and Family Interviews: From [DATE] to [DATE], Surveyor reviewed R34's medical record. R34 was admitted to the facility on [DATE]. R34's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R34 had intact cognition. On [DATE] at 9:30 AM, Surveyor interviewed R34 who indicated there are not enough staff and call light response times can take up to an hour, especially during the day and on weekends. R34 indicated R34 and a number of other residents require the assistance of 2 staff for transfers. R34 stated 4 CNAs have worked at times for part of a shift which R34 feels is helpful. R34 indicated the facility should have 4 staff on the AM and PM shifts. From [DATE] to [DATE], Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE]. R1's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R1 had intact cognition. On [DATE] at 9:55 AM, Surveyor interviewed R1 who indicated R1 waited 2 and a half hours yesterday at shift change and was not washed up all weekend. R1 stated R1 also waits a long time for R1's call light to be answered. From [DATE] to [DATE], Surveyor reviewed R25's medical record. R25 was admitted to the facility on [DATE]. R25's MDS assessment, dated [DATE], had a BIMS score of 12 out of 15 which indicated R25 had moderately impaired cognition. On [DATE] at 10:40 AM, Surveyor interviewed R25 who indicated it can take staff up to an hour to respond to call lights on the AM and PM shifts. R25 indicated R25 spoke with NHA-A and DON-B who (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	said their hands are tied. R25 indicated R25 has seen other staff help out recently. From [DATE] to [DATE], Surveyor reviewed R29's medical record. R29 was admitted to the facility on [DATE]. R29's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R29 had intact cognition. On [DATE] at 11:45 AM, Surveyor interviewed R29 who indicated the facility does not have enough help and it can take staff a long time to answer call lights. R29 stated there is usually 1 staff scheduled per hall (which is 3 staff on the AM and PM shifts). R29 indicated a number of residents on R29's wing and the adjacent wing require 2 staff for transfers. R29 indicated R29 does not get washed up timely because some residents take a lot of staffs' time. R29 indicated R29 has recently seen more management staff provide assistance. R29 indicated the facility has good staff, however, there is turnover and staff can't assist residents in a timely manner. From [DATE] to [DATE], Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE]. R3's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R3 had intact cognition. On [DATE] at 1:04 PM, Surveyor interviewed R3 who indicated R3 had a recent fall and needed to use an E-Z stand lift with the assistance of 2 staff for transfers. R3 indicated a number of residents on R3's wing need the lift and R3 has had to wait 30 minutes to an hour for assistance. On [DATE] at 11:34 AM, Surveyor interviewed Social Services Designee (SSD)-C who indicated one resident requires a lot of staffs' time which has affected other residents' care. SSD-C verified SSD-C's family member (R3) resides at the facility. SSD-C indicated another family member visited R3 over the weekend and notified SSD-C that R3's call light had been on for over an hour and R3 needed to use the bathroom. SSD-C called the unit and asked that someone assist R3 to the bathroom. On [DATE] at 12:33 PM, Surveyor interviewed CNA-H who indicated it can take a long time to answer call lights and stated 2 units have heavy cares. CNA-H indicated if the census is 35, the facility tries to schedule 4 CNAs on the AM and PM shifts. CNA-H indicated it can take 30 minutes to an hour to get some residents up and ready in the morning and stated things run smoother if there are 4 CNAs. CNA-H indicated R1's hall is difficult and it can be difficult to wash R1 in the morning. CNA-H indicated staff didn't get into the dining room to serve breakfast until between 9:00 AM and 9:30 AM on the weekend. CNA-H indicated earlier that morning, CNA-H radioed 3 times for assistance with a transfer but the other CNAs were busy and SCH-I provided assistance. CNA-H indicated weekends are horrible because ADON-L, SCH-I, NHA-A, and SSD-C are not there to help like they do during the week. On [DATE] at 4:51 PM, Surveyor interviewed CNA-J who usually works the AM shift. CNA-J indicated during the week the facility schedules 4 CNAs for the weekend, however depending on the census, staff don't always get the fourth CNA. CNA-J indicated the fourth CNA is helpful and stated it's draining to work with only 3 CNAs. CNA-J indicated the facility has a number of heavy care residents and residents don't always get the care they need, including R1. CNA-J indicated staff provide care as fast as they can because they know other residents are waiting. CNA-J indicated some residents take up to an hour to get ready which takes one staff off the floor. CNA-J indicated when there are only 2 CNAs left on the floor with a number of residents who require the assistance of 2 staff, it can take a long time to get to residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 11:37 AM, Surveyor interviewed Dietary Manager (DM)-K who indicated meals have been affected by CNA staff. DM-K indicated breakfast was an hour late on [DATE] (Saturday) and staff were still feeding residents at 10:30 AM on [DATE]. DM-K indicated the CNAs work hard, however, the facility has a lot of high-needs residents who require the assistance of 2 staff. DM-K stated a number of residents eat breakfast in the dining room and staff struggle to get everyone up and dressed in the morning. DM-K indicated if DM-K knows the CNAs are struggling, DM-K has dietary staff pass meal trays. DM-K stated DM-K is cardiopulmonary resuscitation (CPR) certified but can't assist with feeding. DM-K indicated if licensed staff aren't in the dining room on time, DM-K is in the dining room in case someone chokes. DM-K indicated there is a difference between weekday and weekend staff because the facility does not have extra management staff to help out. On [DATE], Surveyor requested a list of residents who require a Hoyer (full body) or sit-to-stand lift for transfers and noted on R1, R25, R29, and R3's wing, 9 of 14 residents require a mechanical lift and the assistance of 2 staff for transfers. On [DATE] at 11:54 AM, Surveyor interviewed DON-B who was aware of concerns from residents and CNAs about low weekend staffing. DON-B indicated residents feel there should always be 4 CNAs, however, it's not always possible to fill the fourth CNA position and the census may not warrant it. DON-B indicated the facility improved staffing by hiring new CNAs. Grievances: From [DATE] to [DATE], Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE]. R5's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R5 had intact cognition. Surveyor reviewed the facility's grievance file and noted on [DATE], R5 complained of long call light wait times over the weekend. R5 felt R5 waited too long each time R5 activated R5's call light. R5 also stated nursing staff complained to R5 about the tasks they still needed to complete. The facility noted there were staffing challenges over the weekend that impacted R5's satisfaction, including a CNA who called in the night of [DATE] and another who walked off the job on [DATE] without notice. ADON-L was called to cover the floor but did not have experience working as a CNA which caused delays. A new CNA appeared to be overwhelmed and complained to R5. ADON-L received additional training as a CNA to be better equipped to cover the floor as a CNA in the future. Resident Council Meeting: From [DATE] to [DATE], Surveyor reviewed R7's medical record. R7's most recent admission to the facility was on [DATE]. R7's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R7 had intact cognition. From [DATE] to [DATE], Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE]. R11's MDS assessment, dated [DATE], had a BIMS score of 13 out of 15 which indicated R11 had intact cognition. From [DATE] to [DATE], Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE]. R32's MDS assessment, dated [DATE], had a BIMS score of 15 out of 15 which indicated R32 had intact cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 9:59 AM, Surveyor participated in a Resident Council meeting that included R1, R32, R7, R3, and R11 and noted the following: ~ All residents in attendance indicated they felt staff response times were longer and meal times were later on the weekends. R7 indicated breakfast was recently over an hour late which pushed lunch back because staff struggled to get everyone up. ~ R1 and R7 indicated care is rushed. R1 stated 3 staff tried to quickly provide a bed bath for R1 before the end of the shift on R1's shower day and each staff washed a different area on R1. R1 indicated R1 was not washed thoroughly. R1 also indicated staff do not come around often. ~ R3 indicated staff turn R3's call light off and don't return. R3 stated R3 wishes staff wouldn't turn the call light off. All residents in attendance agreed that staff turn off call lights and don't return. ~ All residents indicated there are not enough staff in the evenings or on weekends because there are no extra management staff to help like there are on weekdays. ~ When asked if snacks are provided, R7 and R32 indicated it depends on who is working. R7 stated there should be 4 CNAs, especially on weekends, since a number of residents require mechanical lift transfers. R7 stated the facility tries to make adjustments in staffing and tries to have CNAs come in at different hours so there are 4 CNAs at times. Call Light Observations: Between [DATE] and [DATE], Surveyor observed call lights on the AM and PM shifts. On [DATE], there were 3 CNAs scheduled on the PM shift and a fourth CNA was scheduled to come in at 6:00 PM. Surveyor observed call lights between 3:00 PM and 5:00 PM and noted a number of call lights were activated simultaneously on 3 wings. Surveyor observed DON-B, ADON-L, and SSD-C assist with answering call lights during that time. On [DATE] at 4:05 PM, Surveyor noted R34's call light was activated. On [DATE] at 4:11 PM, Surveyor observed ADON-L and SSD-C enter R34's room and turn R34's call light off. On [DATE] at 4:15 PM, Surveyor observed CNA-G and SSD-C enter R34's room with an EZ-Stand lift. R34's call light was not on. On [DATE] at 4:18 PM, SSD-C and CNA-G exited R34's room. On [DATE] at 9:37 AM, Surveyor noted R29's call light was activated. On [DATE] at 9:40 AM, Surveyor observed SSD-C enter R29's room and speak with R29. SSD-C then exited the room and indicated R29 wanted to speak with Surveyor. On [DATE] at 9:41 AM, Surveyor noted R29's call light was off. Surveyor interviewed R29 who reported staffing concerns. When Surveyor asked why R29 activated the call light, R29 indicated R29 wanted to get washed up. R29 indicated SSD-C turned the call light off and stated staff were busy (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	getting other residents ready for a meeting at 10:00 AM and would assist R29 after the meeting started. R29 indicated staff frequently turn call lights off and forget to come back. R29 indicated R29 sometimes dozes off while waiting and then staff turn off R29's call light without checking to see what R29 needs. R29 indicated R29 wishes staff would wake R29 up. On [DATE] at 10:50 AM, Surveyor interviewed R29 after the Resident Council meeting. R29 indicated staff had not come back to assist R29. R29 indicated R29 activated the call light again and SCH-I provided assistance. On [DATE] at 10:58 AM, Surveyor interviewed SCH-I who confirmed R29's call light was activated and SCH-I assisted with washing R29. On [DATE] at 11:54 AM, Surveyor interviewed DON-B who indicated the call light should be left on until staff return to complete the resident's request. DON-B indicated staff are expected to answer call lights within 9 minutes so residents are not left waiting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a Power of Attorney for Healthcare (POAHC) document was accurate for 1 resident (R) (R1) of 14 sampled residents.R1's POAHC document was not in accordance with R1's wishes. The facility did not review the document with R1 to ensure accuracy.Findings include:From 9/8/25 to 9/10/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including paranoid schizophrenia, generalized anxiety disorder, congestive heart failure, and chronic pain. R1's Minimum Data Set (MDS) assessment, dated 8/29/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1 was R1's own decision maker.On 9/8/25, Surveyor reviewed a POAHC document signed by R1 on 6/8/12 that contained the names of POAHC-D, POAHC-E, and POAHC-F. Surveyor reviewed the contact list in R1's medical record and noted POAHC-D, POAHC-E, and POAHC-F were not on R1's contact list.On 9/9/25 at 10:48 AM, Surveyor interviewed R1 regarding the POAHC document. When Surveyor informed R1 of the individuals named in the document and asked if R1 still wanted those individuals to make decisions for R1, R1 indicated R1 was no longer friends with POAHC-D, and POAHC-E and was not sure about POAHC-F. R1 indicated R1 would like a different individual added who visits R1 regularly. R1 indicated the facility did not review the document with R1 to ensure accuracy.On 9/9/25 at 11:34 AM, Surveyor interviewed Social Services Designee (SSD)-C who was not aware that R1's POAHC document was inaccurate. SSD-C indicated SSD-C does not review POAHC documents with residents at any set intervals.On 9/10/25 at 2:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed residents' POAHC documents should be accurate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not ensure assistance for activities of daily living (ADLs) was provided in a timely and consistent manner for 2 residents (R) (R3 and R1) of 3 sampled residents.R3's plan of care indicated R3 should receive a weekly shower on the Thursday PM shift. R1's plan of care was not consistently followed. R1's plan of care indicated R1 should receive 2 full bed baths weekly. R1's plan of care was not consistently followed. Findings include:The facility's Activities of Daily Living (ADLs) policy, revised 2/25/25, indicates: .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 .9. If a resident refuses care, this shall be reported to the nurse and the resident reapproached. Documentation of refusal shall be completed in the electronic medical record.1.From 9/8/25 to 9/10/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis and chronic pain syndrome. R3's Minimum Data Set (MDS) assessment, dated 7/18/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 had intact cognition. A care plan, dated 12/19/24, indicated R3 had an ADL self-care performance deficit related to hemiplegia and hemiparesis following cerebral vascular accident (CVA), chronic pain syndrome, edema, fatigue, muscle weakness, and obesity. The care plan contained an intervention, dated 12/19/24, for bathing/showering assist of one. A care plan, dated 8/12/25, indicated R3 had limited physical mobility and required a stand up lift with the assistance of two staff for transfers. Surveyor reviewed R3's shower documentation for June 2025 to the present and noted the following:~ In June 2025, Certified Nursing Assistant (CNA) documentation indicated R3 received 2 showers and 1 bed bath. An entry on 6/19/25 indicated not applicable (NA).~ In July 2025, CNA documentation indicated R3 received 3 showers and 1 bed bath. An entry on 7/17/25 indicated NA.~ In August 2025, CNA documentation indicated R3 received 1 shower, 2 bed baths (one on 8/28/25), and had 1 refusal. ~ On 9/4/25, CNA documentation indicated R3 refused a shower.On 9/8/25 at 1:04 PM, Surveyor interviewed R3 who indicated R3 did not get a shower the week before last and did not get a shower last Thursday (9/4/25) on the PM shift (R3's shower day). R3 indicated R3's family member (Social Services Designee (SSD)-C)) works at the facility and R3 mentioned it to SSD-C last week. R3 stated SSD-C indicated R3's shower was marked as a refusal. R3 indicated R3 did not recall being offered a shower last week and asked, How can I refuse something I was never offered? R3 stated staff on the 9/5/25 AM shift stayed after their shift to give R3 a shower. In a later interview at 1:46 PM, R3 stated R3 only gets one shower per week and likes to shower because R3's hair gets washed.On 9/9/25 at 11:34 AM, Surveyor interviewed SSD-C who indicated R3 is alert and oriented and told SSD-C that R3 was not offered a shower which made SSD-C sad.On 9/9/25 at 12:33 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who worked the AM shift on 9/5/25. CNA-H indicated when CNA-H got R3 ready that morning and asked about R3's shower the previous night, R3 stated R3 didn't get a shower. When CNA-H asked if a shower was offered, R3 stated a shower was not offered and R3 also did not get a shower the week prior. CNA-H indicated showers are missed, especially on R3's wing, because there are a number of residents who require the assistance of 2 staff for transfers as well as residents who frequently activate their call lights and require a lot of time to get ready in the morning or in bed in the evening. CNA-H was aware of another resident who didn't get a shower because there were 2 showers scheduled on the AM shift and not all nurses provide assistance. CNA-H indicated management has been assisting more lately. On 9/9/25 at 3:34 PM, Surveyor interviewed CNA-G who documented R3's shower refusal on 9/4/25. CNA-G indicated R3 likes to shower before 8:30 PM. CNA-G stated CNA-G got to R3 too late and R3 wanted to be transferred to bed. CNA-G asked the nurse what to do and then documented that R3 refused. CNA-G indicated if CNA-G had gotten to R3 earlier, R3 probably would have taken a shower.2. From 9/8/25 to 9/10/25, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525406	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Omro	500 Grant Ave Omro, WI 54963

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including paranoid schizophrenia, generalized anxiety disorder, and chronic pain. R1's MDS assessment, dated 8/29/25, had a BIMS score of 15 out of 15 which indicated R1 had intact cognition. R1 was R1's own decision maker.A care plan, dated 4/19/25, indicated R1 had an ADL self-care performance deficit related to disease process mononeuropathy and chronic obstructive pulmonary disease (COPD). The care plan contained an intervention, dated 8/12/25, for bathing/showering assistance of 1 staff. Provide sponge bath when a full bath or shower cannot be tolerated. R3's Kardex (an abbreviated care plan used by nursing staff) indicated R3's baths were scheduled on the Tuesday and Friday PM shifts. On 9/8/25 at 10:57 AM, Surveyor interviewed R1 who indicated staff do not always wash R1 in the morning and do not always provide a second bed bath per week per R1's preference. R1 indicated R1 does not like to use the shower.Surveyor reviewed R1's bathing documentation for June 2025 to the present and noted the following:~ In June 2025, CNA documentation indicated R1 received 5 full bed baths. Four scheduled days indicated NA.~ In July 2025, CNA documentation indicated R1 received 2 full bed baths. Four scheduled days indicated NA and 2 days were blank.~ In August 2025, CNA documentation indicated R1 received 7 full bed baths. Two days indicated NA. ~ In September 2025, CNA documentation indicated R1 received 1 full bed bath. Two days indicated NA.On 9/10/25 at 11:54 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B attempted to educate staff in the past that NA should not be used for documentation. DON-B indicated if staff aren't able to shower a resident due to time constraints, they should let the resident know, ask the nurse to chart what occurred, and inform the resident the shower will be offered on the next shift or the next day. DON-B confirmed DON-B was aware that R3 didn't receive a shower and stated DON-B would look into it.