

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook of Wisconsin Rapids		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Strawberry LN Wisconsin Rapids, WI 54494	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R10) of 5 sampled residents was monitored for adverse reactions to a high-risk medication.</p> <p>R10 was prescribed furosemide (a diuretic medication). R10's care plan did not contain monitoring interventions for adverse reactions to the high-risk medication.</p> <p>Findings include:</p> <p>According to medlineplus.gov, furosemide may cause side effects including, but not limited to: frequent urination, blurred vision, headache, constipation, diarrhea, fever, ringing in the ears, loss of hearing, rash, hives, blisters or peeling of the skin, itching, difficulty breathing or swallowing, or yellowing of the skin or eyes.</p> <p>Between 2/24/25 and 2/26/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including dementia, Alzheimer's disease, hypertension (high blood pressure), restless leg syndrome, bradycardia (slow heart beat), and presence of aortocoronary bypass graft and coronary heart disease. R10's Minimum Data Set (MDS) assessment, dated 1/6/25, had a Brief Interview for Mental Status (BIMS) score 15 out of 15 which indicated R10 had intact cognition.</p> <p>R10 had a physician order for furosemide 20 milligrams (mg) by mouth once daily for edema (dated 9/3/24). R10's care plan did not indicate R10 received diuretic medication or include monitoring interventions for adverse reactions to furosemide.</p> <p>On 2/26/25 at 12:37 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed R10's plan of care should contain monitoring interventions for adverse reactions to furosemide.</p> <p>On 2/26/25 at 12:56 PM, Director of Nursing (DON)-B confirmed R10's plan of care did not contain monitoring interventions for furosemide. DON-B indicated DON-B added monitoring interventions to R10's plan of care and planned to audit other residents' plans of care</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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** 40342</p> <p>Based on observation, staff interview, and record review, the facility did not ensure staff completed proper hand hygiene during the provision of cares for 1 resident (R) (R28) of 3 residents.</p> <p>On 2/26/25, Certified Nursing Assistant (CNA)-D did not complete appropriate hand hygiene during the provision of cares for R28.</p> <p>Findings include:</p> <p>The facility's Hand Hygiene policy, revised 5/8/24, indicates: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections .3. Hand hygiene is always the final step after removing and disposing of personal protective equipment (PPE) .Using alcohol-based hand gel: 1. If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations: .d. Before applying gloves and after removing gloves or other PPE .f. Before moving from a contaminated body sit to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments .</p> <p>On 2/26/25, Surveyor reviewed R28's medical record. R28 was admitted to the facility on [DATE] and had diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (also known as stroke) affecting the left non-dominant side. R28's Minimum Data Set (MDS) assessment, dated 12/28/24, indicated R28 was dependent on staff for personal hygiene.</p> <p>On 2/26/25 at 11:38 AM, Surveyor observed CNA-C and CNA-D provide incontinence care for R28. During the provision of care, Surveyor observed CNA-D provide rear perineal care and remove R28's soiled brief with gloved hands. With the same soiled gloves, CNA-D placed a clean brief under R28, applied protective cream to R28's buttocks, and assisted CNA-C with repositioning R28. CNA-D then removed gloves and completed hand hygiene. After R28 was repositioned in bed, Surveyor observed CNA-D remove gloves, raise the head of the bed, and place R28's call light within reach before completing hand hygiene.</p> <p>On 2/26/25 at 11:45 AM, Surveyor interviewed CNA-D who verified CNA-D should have completed hand hygiene immediately following glove removal. CNA-D also verified CNA-D should have changed gloves and completed hand hygiene after CNA-D provided perineal care and removed R28's brief and before CNA-D provided a clean brief and applied protective cream.</p> <p>On 2/26/25 at 11:56 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff are expected to complete hand hygiene before moving from dirty to clean tasks and immediately following glove removal.</p>		