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

Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook of Appleton North	2915 N Meade St Appleton, WI 54911

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563 Based on staff and resident interview, and record review, the facility did not provide pharmaceutical services to ensure the accuracy of admission orders and medication administration for 1 resident (R) (R276) of 6 sampled residents. R276 missed 3 doses of antirejection medication over a 3 day period until the medication order was clarified for proper dosage. In addition, R276 was administered 3 doses of medication from R276's home supply because staff could not locate R276's antirejection medication after it was delivered by the pharmacy. Findings include: From 6/10/24 through 6/12/24, Surveyor reviewed R276's medical record. R276 was admitted to the facility on [DATE] with diagnoses including post kidney transplant x 2, post pancreatic transplant x 2, renal dialysis, and end stage renal disease. R276's most recent Minimum Data Set (MDS) assessment, dated 6/3/24, documented R276 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R276 had intact cognition. Surveyor reviewed R276's admission medication orders and noted the following order for antirejection medication: ~ Cyclosporine oral capsule 25 mg (milligrams). Give 3 capsules by mouth one time a day for renal transplant. Surveyor noted R276's hospital discharge orders indicated to administer cyclosporine one time per day; however, R276's discharge summary stated to administer cyclosporine two times per day. R276's medical record indicated cyclosporine was increased to twice daily on 5/31/24. A nursing progress note, dated 5/29/24, indicated: Cyclosporine oral capsule 25 mg. Give 3 capsules by mouth one time a day for renal transplant. R276 took medication R276 brought from home because the medication was not yet received from pharmacy. A nursing progress note, dated 6/3/24, indicated: Cyclosporine oral capsule 25 mg. Give 3 capsules by mouth two times a day for renal transplant. Used home supply. (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: 525484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER: Edenbrook of Appleton North		STREET ADDRESS, CITY, STATE, ZIP CODE: 2915 N Meade St Appleton, WI 54911	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing progress note, dated 6/8/24, indicated: Cyclosporine oral capsule 25 mg. Give 3 capsules by mouth two times a day for renal transplant. R276 took from R276's home supply and was frustrated there was not a supply on hand at the facility. Writer will touch base with pharmacy to check on the concern. On 6/10/24 at 9:10 AM, Surveyor interviewed R276 who stated R276 questioned nursing staff on 5/28/24, 5/29/24, and 5/30/24 about missing R276's evening cyclosporine dose and explained to staff that R276 was prescribed the medication two times per day. R276 stated nursing staff stated cyclosporine was ordered once per day and did not call the physician for clarification of the order. On 6/10/24 at 9:32 AM, Surveyor interviewed Family Member (FM)-F who stated R276 called daily with frustration that the facility did not provide R276 with the proper dose of cyclosporine. FM-F agreed to bring R276's home supply of cyclosporine to the facility on [DATE]. R276 stated R276 and FM-F met with Assistant Director of Nursing (ADON)-I to discuss the discrepancy on 5/31/24. On 6/11/24 at 1:56 PM, Surveyor interviewed Director of Nursing (DON)-B who stated R276's cyclosporine supply was at the facility, but there was staff confusion about where the medication was stored. DON-B stated a banner was placed in R276's medical record so staff knew where to find the medication. DON-B verified staff administered R276's home supply of cyclosporine on 5/29/24, 6/3/24, and 6/8/24. DON-B stated the facility will replenish R276's home supply when R276 is discharged . On 6/12/24 at 1:09 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-M who stated if LPN-M questioned a medication order, LPN-M would double check the resident's orders, review the hospital discharge summary, and clarify the order with the physician. On 6/12/24 at 1:12 PM, Surveyor interviewed ADON-I who stated nursing staff should have clarified what medication R276 was referring to and called the physician for clarification. ADON-I stated R276's cyclosporine was in the facility on 6/3/24 and 6/8/24; however, staff could not locate the medication because it was stored in a different place in the medication cart. ADON-I stated staff were educated that a banner was placed in R276's medical record and the medication's location was documented on the 24 hour report (a document that staff use to share daily updated resident information). ADON-I verified antirejection medication is a life-sustaining medication. On 6/12/24 at 1:18 PM, Surveyor interviewed DON-B who stated if there is a question about an order, staff should call the ordering provider to find out how the medication should be ordered. DON-B verified antirejection medication is a life-sustaining medication.