STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525484	A. Building B. Wing	06/30/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure residents were provided a home-like dining experience. This practice had the potential to affect more than 4 of the 72 residents (R) residing in the facility. Residents were served meals on disposable Styrofaom dishware. In addition, residents were not always given the option to eat in the dining room. Findings include: The facility's Dining and Food Service policy, revised 2/12/25, indicates: Individuals will be provided with nourishing, palatable, attractive meals that meet daily nutritional and special dietary needs, making reasonable accommodations to consider the preferences of each resident. Individuals will be provided with services to maintain or improve eating skills. The dining experience will enhance the individual's quality of life and be supportive of the individual's needs during dining. Staff will utilize sanitary precautions when serving residents, including, but not limited to proper handling of glasses, flatware, and plates to prevent infection and foodborne illnesses .The Dining Services Director will perform meal rounds routinely to determine if the meals are attractive and nutritious and meet the needs of the individual. The Dining Services Director will observe meals to ensure food preferences, portion sizes, temperature, flavor, variety, and accuracy are appropriate. The Dining Services Director will refer all appropriate concerns to the Administrator, Nursing Director, Registered Dietitian (RD) or other necessary staff. On 6/30/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including metabolic encephalopathy, asthma, and diabetes. R9's Minimum Data Set (MDS) assessment, dated 6/19/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R9 had intact cognition. R9 made R9's own medical decisions. On 6/30/25 at 4:45 PM, Surveyor interviewed R9 who indicated R9 wished food was served on real plates instead of disposable plates. R9 indicated R9 would like staff to ask if R9 would like to eat in the dining room. R9 stated R9 does not want to eat in the dining room but has never been asked and would like to be offered. On 6/30/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including congestive heart failure and diabetes. R10's MDS assessment, dated 5/25/25, had a BIMS score of 15 out of 15 which indicated R10 had intact cognition. R10 made R10's own medical decisions. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/30/25 at 4:58 PM, Surveyor interviewed R10 who indicated R10 would like to be offered to eat in the dining room. R10 indicated R10 has a hard time walking, but would like staff to offer to push R10 in a wheelchair to the dining room sometimes. On 6/30/25 at 11:58 AM, Surveyor observed staff serve nine residents lunch in the 100 wing dining room. Surveyor noted all meals were served on non-disposable plates. On 6/30/25 at 4:43 PM, Surveyor observed staff deliver dinner trays to resident rooms on the 400 wing. Surveyor noted the food was served on disposable dishware. Surveyor noted canned fruit, three-bean salad, and chicken pieces were served in disposable bowls. Five of the bowls were not covered. Surveyor also noted each tray contained covered drinks and a breadstick wrapped in plastic wrap. On 6/30/25 at 4:46 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-C who was delivering meal trays on the 400 wing. CNA-C indicated dinner is typically served on disposable or take-out dishes. On 6/30/25 at 4:48 PM, Surveyor observed staff deliver dinner trays to resident rooms on the 300 wing. Surveyor noted the food was served on disposable dishware. Surveyor observed canned fruit, three-bean salad, and chicken pieces served in disposable bowls. Surveyor also noted each tray contained uncovered cups of coffee and a breadstick wrapped in plastic wrap. On 6/30/25 at 4:48 PM, Surveyor interviewed CNA-D who was delivering trays to residents on the 300 wing. CNA-D indicated CNA-D had seen dinner served on disposable dishes. On 6/30/25 at 4:50 PM, Surveyor interviewed Director of Nursing (DON)-B who did not know why dinner was served on disposable dishware and indicated meals were served on disposable dishes a while ago when the dishwasher was broken. On 6/30/25 at 4:51 PM, Surveyor interviewed [NAME] (CK)-E who indicated evening meals have been served on disposable dishware for at least a couple of months because the kitchen is short staffed. CK-E indicated food is served on disposable dishware per Dietary Supervisor (DS)-F's direction and DS-F orders the disposable dishware. CK-E indicated NHA-A is also aware dinner is served on disposable dishware. On 6/30/25 at 5:06 PM, Surveyor observed staff serve supper to five residents in the 100 wing dining room. Surveyor noted the meals were served on disposable dishware. On 6/30/25 at 5:09 PM, Surveyor noted one resident in the dining room had disposable bowls of fruit and green beans and used a spoon to eat a turkey sandwich from a foil wrapper. On 6/30/25 at 5:15 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who was not aware residents were served meals on disposable dishware. On 6/30/25 at 5:28 PM, Surveyor interviewed Dietary Aide (DA)-G who had worked at the facility for approximately one year. DA-G indicated meals were served on disposable dishware for approximately six months due to lack of staff. DA-G indicated DS-F orders the dishware. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/30/25 at 5:31 PM, Surveyor interviewed NHA-A who was aware sandwiches were served in foil for dinner and other meals. NHA-A indicated foil was used to keep food hot and keep some items more crisp. NHA-A indicated residents can eat in the dining room if it is their preference and stated sometimes residents eat in the dining room and sometimes they don't.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. This practice had the potential to affect more than 4 of the 72 residents (R) residing in the facility. Numerous supply carts for residents on enhanced barrier precautions (EBP) contained expired sanitizing wipes and/or expired hand sanitizer. Findings include: The facility's Infection Control Program policy, dated [DATE], indicates: The infection control program exists to assure a safe, sanitary, and comfortable environment for residents and personnel. It is designed to help prevent the development and transmission of disease and infection .The intent of this policy is to assure through the infection control program a system is in place to: .Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions .Elements of the program include: .Education, including training in infection prevention and control practices to ensure compliance with facility requirements as well as state and federal regulations .A system for detection, investigation, and control of outbreaks of infectious diseases .Infection control policies, procedures, and practices which promote consistent adherence to evidence-based infection control practices. Process to evaluate and enforce proper environmental controls. Process to evaluate and enforce proper infection control practices by personnel . On [DATE] at 11:02 AM, Surveyor observed personal protective equipment (PPE) carts outside the rooms of residents on EBP and noted expired bleach (sanitizing) wipes in carts for 6 resident rooms. The bleach wipes contained expiration dates of February 2025, February 2024, and [DATE]. Surveyor also noted multiple bottles of hand sanitizer that contained expiration dates of [DATE]. On [DATE] at 11:18 AM, Surveyor observed staff who walked ahead of Surveyor in the 100 hall remove bleach wipes from PPE carts Surveyor had not yet observed and replace them with different containers of bleach wipes. On [DATE] at 11:18 AM, Surveyor interviewed Nurse Schedule Coordinator (NSC)-H who did not know if expired bleach wipes and hand sanitizer were still effective. On [DATE] at 11:34 AM, Surveyor observed NSC-H throw away thirteen containers of bleach wipes that had been removed from PPE carts. Surveyor noted the discarded wipes were expired and requested to see where the wipes were stored. At 11:43 AM, Surveyor observed the storage area where PPE carts and supplies were kept and noted a full case of bleach wipes with expiration dates of [DATE] and another full case of bleach wipes with expiration dates of [DATE]. Surveyor and NSC-H also observed two full containers of bleach wipes with expiration dates of [DATE] and a PPE cart with a container of bleach wipes that expired on [DATE]. Surveyor also noted a bottle of hand sanitizer in the cart had an expiration date of [DATE] and observed hand sanitizer on a shelf with an expiration date of [DATE]. On [DATE] at 11:42 AM, Surveyor interviewed Registered Nurse (RN)-I who did not know who was supposed to check or if there was a schedule to check expiration dates of bleach wipes and hand sanitizer in PPE carts. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 11:58 AM, Surveyor observed Housekeeper (HK)-J walk down the 100 wing and enter the soiled linen room with an armful of hand sanitizer bottles. On [DATE] at 11:59 AM, Surveyor interviewed HK-J who indicated HK-J threw away the hand sanitizers because they were expired. HK-J indicated expired bleach wipes and hand sanitizer are not effective and should not be used. On [DATE] at 1:01 PM, Surveyor interviewed Director of Nursing (DON)-B who did not know if expired bleach wipes and hand sanitizer were still effective and indicated staff should have contacted the manufacturer to find out. DON-B indicated PPE carts should be checked and stocked on Mondays and items that expired more than three years ago should have been discarded. DON-B indicated DON-B was aware there could be a significant infection control issue if bleach wipes and hand sanitizer are not effective. On [DATE] at 5:31 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated NHA-A orders infection control items monthly. NHA-A indicated expiration dates for bleach wipes and hand sanitizer should be checked on arrival, prior to use, and prior to putting them in PPE carts.