

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)
<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure protective placement was obtained for 1 resident (R) (R49) of 20 residents reviewed for advanced directives.</p> <p>R49 had a legal guardian. The facility did not petition or obtain court-ordered documents for protective placement when R49's stay in the facility exceeded 60 days from admission on 3/10/23.</p> <p>Findings include:</p> <p>Wisconsin State Statue Chapter 55.055(1)(b) contains the following information: The guardian of an individual who has been adjudicated incompetent may consent to the individual's admission to a nursing home or other facility not specified in par. (a) for which protective placement is otherwise required for a period not to exceed 60 days. In order to be admitted under this paragraph, the individual must be in need of recuperative care or be unable to provide for his or her own care or safety so as to create a serious risk of substantial harm to himself or herself or others. Prior to providing that consent, the guardian shall review the ward's right to the least restrictive residential environment and consent only to admission to a nursing home or other facility that implements that right. Following the 60 day period, the admission may be extended for an additional 60 days if a petition for protective placement under s. 55.075 has been brought, or, if no petition for protective placement under s. 55.075 has been brought, for an additional 30 days for the purpose of allowing the initiation of discharge planning for the individual.</p> <p>Between 6/10/24 and 6/12/24, Surveyor reviewed R49's medical record. R49 was admitted to the facility on [DATE] with diagnoses including vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, hemiplegia (weakness on one side of the body), hemiparesis (paralysis on one side of the body), and aphasia (a language disorder that affects a person's ability to communicate) following cerebral infarction affecting the right dominant side. R49's Minimum Data Set (MDS) assessment, dated 4/25/24, indicated R49 was rarely to never understood and had severely impaired cognition. A staff assessment for mental status indicated R49 had short and long-term memory problems, poor recall ability, and was severely impaired with daily decision making. Guardianship due to R49's incompetency was filed on 4/26/23. R49's medical record did not contain a court order for protective placement.</p> <p>On 6/12/24 at 12:51 PM, Surveyor interviewed Director of Nursing (DON)-B who verified protective placement was not obtained for R49.</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
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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/24 at 1:22 PM, Surveyor interviewed Social Service Director (SSD)-E who confirmed R49 had a court- ordered guardianship. SSD-E stated a few months ago SSD-E contacted R49's guardian ad item who informed SSD-E that R49 was not protectively placed. SSD-E verified no further action was taken to obtain or file a petition for protective placement with the county.</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43361</p> <p>Based on staff interview and record review, the facility did not ensure their abuse policy was implemented for 1 employee (Certified Nursing Assistant (CNA)-C) of 8 employees reviewed for background checks.</p> <p>CNA-C was hired on 11/10/15. CNA-C's most recent background check was dated 11/8/19 which was not within the last 4 years.</p> <p>Findings include:</p> <p>The facility's Vulnerable Adult Abuse and Neglect Prevention policy, with a review date of 1/14/22, indicates: Screen potential employees for a history of abuse, neglect, exploitation, or mistreatment as defined by the applicable requirements at 48.13(C)(1)(ii) (A) and (B). This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries.</p> <p>On 6/11/24 at 10:37 AM, Surveyor reviewed the Background Information Disclosure (BID) form and Department of Justice and Information Background Integration System (IBIS) letters for CNA-C. When Director of Nursing (DON)-B provided the information, DON-B stated to Surveyor that CNA-C's background check was run on 6/11/24 because the Human Resources department did not have one on file that was completed within the last 4 years. DON-B stated background checks are completed at the corporate level and DON-B contacted corporate staff who could not locate a recent background check for CNA-C. DON-B confirmed CNA-C's background check should have been completed sooner.</p> <p>On 6/12/24 at 11:13 AM, Surveyor interviewed DON-B and asked when CNA-C's background check was last completed prior to 6/11/24. DON-B stated CNA-C's background check was last completed on 11/8/19.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff interview and record review, the facility did not ensure a Preadmission Screen and Resident Review (PASRR) for 1 resident (R) (R26) of 5 sampled residents was submitted for additional screening after the resident was diagnosed with a new mental illness and prescribed additional antipsychotic medication.</p> <p>R26's PASRR Level I Screen was completed upon R26's admission to the facility on [DATE]. A PASRR Level II Screen was completed on 8/23/22. On 11/29/22, R26 received a new mental illness diagnosis of chronic paranoid schizophrenia and on 1/24/23, R26 was prescribed Vraylar (an antipsychotic medication) for paranoid schizophrenia. The facility did not update R26's PASRR Level I Screen and did not submit for a new PASRR Level II Screen.</p> <p>Findings include:</p> <p>From 6/10/24 through 6/12/24, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] with diagnoses including bipolar disorder, anxiety disorder, borderline personality disorder, and depression. R26 had physician orders for alprazolam (an antianxiety medication), sertraline (an antidepressant medication), mirtazapine (an antidepressant medication), Seroquel (an antipsychotic medication), Depakote (an anticonvulsant medication also used to treat psychiatric disorders), and buspirone (an antianxiety medication). R26's PASRR Level I Screen, dated 6/22/22, contained the aforementioned diagnoses and medications. A referral for a PASRR Level II Screen was submitted on 7/21/22 and completed on 8/23/22. On 11/29/22, R26 was seen by a psychiatrist who diagnosed R26 with a new mental illness of chronic paranoid schizophrenia. On 1/24/23, R26 was prescribed Vraylar (an antipsychotic medication). R26's medical record did not indicate the facility updated R26's PASRR Level I or submitted a new referral for additional Level II screening to determine the need for specialized services.</p> <p>On 6/12/24 at 1:22 PM, Surveyor interviewed Social Services Director (SSD)-E who stated SSD-E was not employed at the facility at the time a new PASRR Level II Screen should have been obtained. SSD-E confirmed an additional Level II referral was not submitted since R26 received the new mental illness diagnosis or was prescribed an additional antipsychotic medication.</p> <p>On 6/12/24 at 1:33 PM, Surveyor spoke with Behavioral Consulting Services Consultant (BCSC)-N who confirmed facilities should submit a new referral if there is a change or addition to a resident's mental illness diagnosis.</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** 43361</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention program designed to provide a safe and sanitary environment to prevent the transmission of communicable disease and infection for 3 residents (R) (R19, R28, and R5) of 3 residents.</p> <p>R19 and R28 were on droplet precautions. During observations on 6/10/24, staff did not wear appropriate personal protective equipment (PPE) when they entered R19 and R28's rooms.</p> <p>R5 had a stage 3 pressure injury and was not on enhanced barrier precautions (EBP) as indicated.</p> <p>Findings include:</p> <p>The facility's policy Isolation Precautions policy, with a revision date of 3/26/24, indicates:</p> <p>~ Droplet Precautions: Implement droplet precautions for a resident with suspected or confirmed to be infected with a communicable disease/infection transmitted via droplets generated by sneezing, talking, or during procedures such as suctioning. 3. Prior to entering the isolation room, the following steps are required: a. Perform hand hygiene and apply gloves, gown, and mask prior to entering the room; .c. Remove gown and gloves and perform hand hygiene before leaving the room .</p> <p>~Enhanced Barrier Precautions: 1. Expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms (MDROs) to staffs' hands and clothing. Examples of high-contact resident care activities requiring gown and glove use for enhanced barrier precautions include:</p> <ul style="list-style-type: none"> - Dressing - Bathing/showering - Transferring - Providing hygiene - Changing linens - Changing briefs or assisting with toileting - Device care or use of a device; central line, urinary catheter, feeding tube, tracheostomy - Wound care: any skin opening requiring a dressing <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>1. On 6/10/24 at 11:22 AM, Surveyor noted R28's call light was activated and observed a droplet precautions sign on R28's door. The sign contained 2 stop signs on the top, and indicated: Droplet Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit.</p> <p>On 6/10/24 at 11:24 AM, Surveyor observed Hospitality Aide (HA)-D enter R28's room. Prior to entering the room, HA-D did not perform hand hygiene and did not don a gown, gloves, or a face mask. Surveyor interviewed HA-D who stated HA-D was taking the Certified Nursing Assistant (CNA) class and did not need to gown or glove if HA-D did not touch R28. HA-D stated HA-D entered the room to see what R28 needed because R28's call light was on. Surveyor then observed HA-D speak to another staff and observed both staff don gloves, enter R28's room, and shut the door. HA-D and the other staff did not perform hand hygiene or don a gown and a face mask prior to entering the room. Surveyor then observed both staff exit R28's room while R28's call light was still on.</p> <p>On 6/10/24 at 11:29 PM, Surveyor observed CNA-G enter R28's room. CNA-G did not perform hand hygiene or don a gown, gloves, or a face mask prior to entering the room. Surveyor also observed another staff follow CNA-G into the room without performing hand hygiene or donning a gown, gloves, or a face mask.</p> <p>On 6/10/24 at 11:31 AM, Surveyor interviewed CNA-G who stated R28 told CNA-G that R28 needed to be changed. When asked about the droplet precautions sign on R28's door, CNA-G stated CNA-G thought CNA-G only needed to wear PPE if CNA-G touched R28 and was unsure why the droplet precautions sign was on R28's door.</p> <p>On 6/10/24 at 12:03 PM, Surveyor observed CNA-H enter R19's room with a lunch tray. Surveyor noted R19's room had droplet precaution and EBP signs. CNA-H did not perform hand hygiene or don a gown, gloves, or a face mask prior to entering the room. Surveyor interviewed CNA-H after CNA-H exited the room. CNA-H stated CNA-H delivered a lunch tray and only needed to don PPE if CNA-H performed cares.</p> <p>On 6/11/24 at 10:37 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R28 and R19 were on droplet precautions due to respiratory symptoms. DON-B was aware that staff did not don the appropriate PPE prior to entering R28 and R19's rooms. Surveyor noted additional signage was placed on R28 and R19's doors with education regarding PPE. DON-B confirmed staff should have donned and doffed PPE prior to entering and exiting R28 and R19's rooms.</p> <p>49010</p> <p>2. Between 6/10/24 and 6/11/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including congestive heart failure, chronic kidney disease, and type 2 diabetes. While at the facility, R5 acquired a stage 3 pressure injury on the sacrum.</p> <p>On 6/10/24 at 3:28 PM, Surveyor interviewed R5 who confirmed R5 had an open sore on R5's sacrum.</p> <p>A wound care summary, dated 6/4/24, included follow-up notes from the physician regarding care and treatment of R5's pressure injury.</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>R5's plan of care contained a revision, dated 5/22/24, that indicated R5 was at risk due to a stage 3 pressure injury on the right buttock. R5's plan of care also indicated: Infection: R5 has an open wound on the sacrum requiring enhanced barrier precautions. Enhanced barrier precautions (Date initiated: 6/11/24).</p> <p>R5's medical record contained the following wound treatment orders:</p> <p>~ Right buttock: Clean with wound cleaner, apply Hydrofera Blue to wound bed, cover with bordered foam to be changed daily and as needed (PRN). Every evening shift for open area. (Dated: 5/28/24; Discontinued: 6/3/24).</p> <p>~ Sacrum buttock: Clean with wound cleaner, apply Hydrofera Blue to wound bed, cover with bordered foam to be changed daily and PRN. Every evening shift for open area. (Dated: 6/3/24; Discontinued: 6/4/24).</p> <p>~ Sacrum buttock: Clean with wound cleaner, apply Medihoney to wound bed followed by bordered gauze to be changed daily and PRN. Every evening shift for open area. (Dated: 6/4/24; Discontinued: 6/11/24).</p> <p>~ Sacrum: Cleanse wound with wound cleanser, pat dry, apply Medihoney. Apply a 4 x 4 bordered foam/gauze island to be changed daily and PRN every evening shift. (Dated: 6/11/24).</p> <p>~ Check integrity to sacral wound every shift. (Dated: 6/3/24).</p> <p>Surveyor observed R5 on several occasions throughout the survey and did not observe an EBP sign on R5's door or a PPE cart near R5's door. Surveyor also noted there was not a garbage can near the exit of R5's room to dispose of used PPE upon exit of R5's room.</p> <p>Surveyor observed the following:</p> <p>~ 6/10/24 at 10:26 AM and 3:26 PM: No EBP sign, cart, and no garbage can.</p> <p>~ 6/11/24 11:50 AM and 3:43 PM: No EBP sign, no cart, and no garbage can.</p> <p>~ 6/12/24 1:40 PM and 2:15 PM: No EBP sign, no cart, and no garbage can.</p> <p>On 6/10/24 at 12:16 PM, Surveyor observed Assistant Director of Nursing (ADON)-I, who was also the facility's Infection Preventionist (IP), post EBP signs on multiple residents' doors.</p> <p>On 6/10/24 at 12:22 PM, Surveyor interviewed ADON-I who stated ADON-I did not initiate new EBP for residents, but put up new/additional information to supplement existing EBP signs already posted on doors of residents previously designated to be on EBP.</p> <p>On 6/11/24 at 3:58 PM, Surveyor interviewed CNA-J who stated CNA-J can tell if a resident is on EBP because there is an EBP sign on the resident's door. CNA-J stated a resident on EBP should also have a garbage can in their room for PPE disposal and a cart with PPE in the hallway.</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 6/11/24 at 4:06 PM, Surveyor interviewed CNA-K who stated CNA-K can tell if a resident is on EBP because there is an EBP sign on the resident's door. CNA-J stated a resident on EBP should also have a garbage can in their room for PPE disposal and a cart with PPE in the hallway.</p> <p>On 6/11/24 at 4:14 PM, Surveyor interviewed Registered Nurse (RN)-L who stated a resident on EBP should have an EBP sign on their door. RN-L also stated a resident on EBP should also have a garbage can in their room for PPE disposal and a cart with PPE nearby in the hallway.</p> <p>On 6/11/24 at 4:24 PM, Surveyor interviewed ADON-I who stated staff know if a resident is on EBP because there is a sign on the resident's door. When asked how else staff know if a resident is on EBP, ADON-I stated EBP would also be specified in the resident's plan of care. ADON-I stated a resident on EBP should have a garbage can for PPE located inside the room near the exit and a PPE cart should be in the hallway nearby.</p> <p>On 6/11/24 at 4:36 PM, Surveyor interviewed DON-B who stated a resident on EBP should have a sign on the door and EBP should be listed in the resident's care plan. DON-B also stated a resident on EBP should have a garbage can inside the room before the exit and a PPE cart nearby. DON-B stated ADON-I was responsible for making sure residents on EBP have a sign on the door, a garbage can, and a PPE cart. DON-B stated Unit Registered Nurse (RN) managers also have a list of residents who are on EBP and can put EBP precautions in place.</p> <p>On 6/12/24 at 1:53 PM, Surveyor interviewed ADON-I who confirmed a resident with a stage 3 pressure injury should be on EBP.</p> <p>On 6/12/24 at 2:05 PM, Surveyor interviewed DON-B who confirmed a resident with a stage 3 pressure injury should be on EBP. DON-B stated DON-B thought R5 was actively on EBP and had a sign on R5's door.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on staff interview and record review, the facility did not ensure vaccinations were reviewed, offered, or administered for two residents (R) (R14 and R40) of 5 sampled residents.</p> <p>R14's Power of Attorney (POA) signed consent forms on 9/15/23 and 2/22/24 for R14 to receive the PCV20 (Prenar 20(R)) vaccine. The facility did not administer the vaccine.</p> <p>The facility did not offer R40 the PCV20 vaccine.</p> <p>Findings include:</p> <p>Abbreviations (www.cdc.gov):</p> <p>PCV13: 13-valent pneumococcal conjugate vaccine (Prenar13(R))</p> <p>PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance(R))</p> <p>PCV20: 20-valent pneumococcal conjugate vaccine (Prenar 20(R))</p> <p>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))</p> <p>The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV15 or PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.</p> <p>The facility's Pneumococcal Vaccination Policy and Procedure, with a revision date of 6/28/23, indicates: All residents will be assessed for appropriateness of receiving the pneumococcal vaccine. Residents who have been deemed appropriate for receiving the pneumococcal vaccine and who consent to receiving the vaccine will be given the vaccine following the CDC guidelines for the administration of PPSV23, PCV13, PCV15, and PCV20 per the recommendations on the CDC website .</p> <p>1. R14 was admitted to the facility on [DATE] and had diagnoses including congestive heart failure, chronic kidney disease, dementia, and type 2 diabetes. R14 had an activated POA for medical decisions. R14 received a PPSV23 vaccine on 10/29/15 and a PCV13 vaccine on 3/15/16. R14 was due to be offered the PCV20 vaccine on 10/29/20 (five years after the last vaccine). The facility received a signed consent from R14's POA to administer the PCV20 vaccine on 9/15/23 and again on 2/22/24. R14's medical record did not indicate R14 was administered the PCV20 vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. R40 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease and type 2 diabetes. R40 had a legal guardian. R40 received a PPSV23 vaccine on 7/18/17 and a PCV13 vaccine on 3/23/15. R40 was due to be offered the PCV20 vaccine on 7/18/22 (five years after the last vaccine). R40's medical record contained appropriate signed consents/refusals for pneumococcal vaccines prior to 7/18/22. R40's medical record also contained a signed consent, dated 6/5/24, for the PCV20 vaccine when R40 was readmitted to the facility on [DATE] following a hospital stay. The consent indicated R40 already had the PCV20 vaccine. The consent form did not indicate when R40 received the vaccine. R40's medical record did not indicate R40 was offered or administered the PCV20 vaccine after R40 became eligible on 7/18/22 and did not contain a date that indicated R40 received the vaccine elsewhere.</p> <p>On 6/11/24 at 10:33 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-I who was also the facility's Infection Preventionist (IP). ADON-I stated the facility follows their vaccination policy and checks the Wisconsin Immunization Record (WIR) for residents' vaccination records. ADON-I stated WIR information is usually uploaded into residents' electronic health records. ADON-I stated if a resident says they received a vaccine but there is no record of the vaccination, staff talk to the resident or guardian and see if they can verify when and where the resident received the vaccine, including looking up information to verify if the vaccine was administered in another state and not documented on the WIR.</p> <p>On 6/11/24 at 12:41 PM, Surveyor interviewed Director of Nursing (DON)-B who stated if the facility has consent for a vaccine the facility offers, staff should administer the vaccine barring any contraindications.</p> <p>On 6/11/24 at 2:07 PM, Surveyor interviewed DON-B who stated the facility follows their vaccination policies. DON-B indicated residents should be offered vaccines per CDC recommendations and residents' preferences. DON-B indicated staff should check the WIR and enter vaccination information in residents' electronic health records. DON-B stated if a resident's vaccinations cannot be verified, the facility does research, including calling previous long-term care residences if applicable. DON-B stated if staff cannot verify if a vaccine was given, staff should offer the resident the vaccine, allow the resident to receive or refuse the vaccine, and include the updated vaccination information in the resident's medical record. DON-B indicated DON-B expects staff to check a resident's vaccination status and offer the appropriate vaccines within a week's timeframe.</p>		