

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Sheboygan Progressive Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 Mead Ave Sheboygan, WI 53081	
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 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>38793</p> <p>Based on staff interview and record review, the facility did not implement their written policy and procedure to prevent abuse, neglect, injuries of unknown origin, and misappropriation of resident property for 1 (Certified Nursing Assistant (CNA)-C) of 8 staff reviewed for caregiver background checks.</p> <p>CNA-C's background check information indicated CNA-C was convicted of disorderly conduct in 2022 and 2025. The facility did not request a copy of CNA-C's criminal complaint, judgement of conviction, or relevant court and police documents as instructed by the Background Information Disclosure (BID) form and Department of Health Services (DHS) memo P-00274 Wisconsin Caregiver Program: Offenses Affecting Caregiver Eligibility.</p> <p>Findings include:</p> <p>DHS memo P-00274 Wisconsin Caregiver Program: Offenses Affecting Caregiver Eligibility for Chapter 50 Programs, dated 4/2020, contains the following information: This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the Caregiver Law, Wis. Stat. S 50.065, has determined require rehabilitation review approval before a person may receive regulatory approval, work as a caregiver, reside as a non-client resident at, or contract with an entity .Additional information must be obtained when: The BID or Department of Justice (DOJ) response indicates a conviction of any of the following, where the conviction occurred five years or less from the date on which the information was obtained .6. Disorderly conduct .These convictions do not prohibit employment, but do require the entity to obtain the criminal complaint and judgment of conviction from the Clerk of Courts office in the county where the person was convicted.</p> <p>The facility's Caregiver Background Checks policy, revised August 2017, contains the following information: A reported history of criminal activity will be reviewed by the Human Resources Department for further consideration of hiring decisions.</p> <p>On 2/27/25, Surveyor reviewed background check information for 8 sampled staff, including CNA-C who began employment at the facility on 7/25/23 and completed a BID form on 1/6/25. CNA-C's Department of Justice (DOJ) letter indicated CNA-C was convicted of disorderly conduct on 3/17/22 and 1/6/25. Surveyor noted CNA-C's background check information did not include a judgement of conviction or information related to the criminal complaints.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 525511	If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Sheboygan Progressive Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 Mead Ave Sheboygan, WI 53081	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/27/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility did not request additional information related to CNA-C's disorderly conduct convictions in 2022 and 2025. NHA-A verified all staff require a full background check prior to employment at the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Sheboygan Progressive Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 Mead Ave Sheboygan, WI 53081	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff and resident interview, and record review, the facility did not provide pharmaceutical services to ensure the accurate administration of medication for 1 resident (R) (R4) of 18 sampled residents.</p> <p>On 2/27/25, R4 was observed self-administering medication. During the observation, R4 dropped pills in R4's bed and was unable to find them. R4 did not have a physician's order to self-administer medication or a self-administration of medication assessment that indicated R4 could self-administer medication.</p> <p>Findings include:</p> <p>The facility's Medication Administration Self-Administration by Resident policy, dated January 2023, indicates: Residents who desire to self-administer medication are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration. Procedures: 1. If the resident desires to self-administer medication, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility during the care planning process .</p> <p>On 2/27/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including diabetes, weakness, chronic pain, and hypertension. R4's Minimum Data Set (MDS) assessment, dated 12/15/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R4 was not cognitively impaired. R4's medical record indicated R4 was responsible for R4's healthcare decisions.</p> <p>R4's medical record indicated R4 had a change in condition on 2/26/25 and was prescribed normal saline . 9% 1 liter intravenously every shift for dehydration and was placed on 2 liters of oxygen via nasal cannula to maintain an oxygen saturation level above 90%.</p> <p>On 2/27/25 at 9:23 AM, Surveyor observed R4 attempt to self-administer medication from a cup placed on R4's table. Surveyor noted R4 had difficulty retrieving pills from the medication cup. R4 spilled three pills into R4's bed linens and was unable to find them. R4 indicated R4 always self-administers medication.</p> <p>R4's medical record did not contain a physician's order to self-administer medication or a self-administration of medication assessment that indicated R4 could safely and accurately self-administer medication.</p> <p>On 2/27/25 at 12:51 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated a resident should have a physician's order and a self-administration of medication assessment completed prior to self-administering medication. DON-B verified R4 did not have an order to self-administer medication or a self-administration of medication assessment that indicated R4 could safely and accurately self-administer medication.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Sheboygan Progressive Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 Mead Ave Sheboygan, WI 53081	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/27/25 at 12:56 PM, Surveyor interviewed Registered Nurse (RN)-D who verified RN-D left a cup of medication on the table for R4 to self-administer. RN-D indicated R4 can usually self-administer medication without difficulty.</p> <p>On 2/27/25 at 2:51 PM, Surveyor interviewed RN-D who indicated RN-D should not have left medication with R4 due to R4's change in condition. RN-D verified R4 did not have a physician's order to self-administer medication or a self-administration of medication assessment.</p>		