STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525511	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheboygan Progressive Health Services	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, staff and resident interview, and record review, the facility did not provide the necessary care and services to maintain the highest practicable physical well-being related to wound management for 1 resident (R) (R6) of 2 sampled residents.The facility did not monitor and assess R6's left lower extremity venous stasis wound in accordance with R6's physician order and plan of care. In addition, the facility's wound nurse was not aware that the wound had re-opened.Findings include:The facility's Pressure Injuries and Non-Pressure Injuries policy, revised 7/20/22, indicates: .For those residents admitted with or who subsequently develop a pressure injury or impaired skin integrity, they will receive care, treatment, and services that seek to promote integrity. The following protocols should guide prevention and treatment efforts, unless otherwise specified by a physician .2. Weekly: a. Complete a head-to-toe skin check and document findings on the skin review .If new areas are present: Notify Medical Doctor (MD) and resident's responsible party; Initiate treatment per order .Update plan of care; Discuss during shift-to-shift report process; Review with Interdisciplinary Team (IDT). Assess current wounds at least every seven days or more frequently as needed (e.g., decline in wound, presence of infection, wound healed). If a wound fails to show some evidence of progress toward healing within 2-4 weeks, the area and the resident's overall clinical condition should be re-assessed. Re-evaluation of the treatment plan includes determining whether to continue or modify the current interventions. Results may vary depending on the resident's overall condition and interventions/treatments used. The complexity of the resident's condition may limit responsiveness to treatment or tolerance for certain treatment modalities. The clinicians, if deciding to retain the current regimen, should document the rationale for continuing the present treatment to explain why some, or all, of the planned interventions remain relevant despite little or no apparent healing .On 8/11/25, Surveyor reviewed R6's medical record. R6 had diagnoses including type 2 diabetes with neuropathy, venous stasis wound to lower left extremity (chronic and open), and chronic pain syndrome. R6's Minimum Data Set (MDS) assessment, dated 6/12/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R6 had intact cognition.A care plan, dated 6/12/25, indicated R6 had an alteration in skin integrity related to impaired mobility, left lower extremity venous ulcers, and an open area on the left posterior lower leg. The care plan indicated R6's skin would remain intact, free from erythema, breakdown, excoriation, or bruising until the next review.R6 had an order to wash the left posterior lower leg with normal saline or wound cleanser, apply Xeroform to the wound bed, cover with an ABD pad, and secure with Kerlix daily and as needed (PRN) every morning for wound care.A non-pressure weekly tracker, dated 2/22/25, indicated R6 had a new skin concern (venous stasis wound) on the left lower leg acquired in-house that measured 2 centimeters (cm) x 2 cm with superficial depth.A non-pressure weekly tracker, dated 2/26/25, indicated the wound was healing nicely.A non-pressure weekly tracker, dated 3/5/25, indicated the wound was healed and closed.No further non-pressure weekly trackers were completed after 3/5/25 for R6's left lower extremity wound.A weekly skin assessment, dated 3/17/25, indicated R6 had an open area on the left lower extremity. Weekly skin reviews from 3/17/25 to 4/7/25 indicated R6 had an open area on the left lower extremity.Weekly skin assessments, dated 4/14/25 and 4/21/25, indicated R6 had a skin tear. The assessments did not contain the location or measurements of the (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	skin tear.A skin assessment, dated 4/21/25, indicated R6 had an open area on the left lower extremity.Weekly skin assessments from 4/21/25 to 8/5/25 indicated R6 had an open area on the left lower extremity but did not contain measurements, physician notification, treatment changes, or documentation of healing or signs/symptoms of infection.On 8/11/25 at 10:06 AM, Surveyor interviewed R6 who indicated R6 had open wounds on the left leg that staff cleaned and dressed daily. Surveyor noted enhanced barrier precautions (EBP) were not in place for R6. R6 indicated staff attempted to do R6's dressing change that morning, however, R6 requested staff complete the dressing change later in the day because when staff repositioned R6 for the dressing change, it caused pain in R6's hip.On 8/12/25 at 10:49 AM, Surveyor interviewed R6 who indicated staff had not completed R6's wound care yet but would be there shortly.On 8/12/25 at 11:26 AM, Surveyor interviewed Resident Care Management Director (RCMD)-D who was also the facility's wound nurse and completed wound rounds with the physician on Wednesdays for open wounds. RCMD-D indicated R6's left lower extremity venous stasis wound was healed and stated floor staff completed weekly wound care for R6 for a closed wound that required care.On 8/12/25 at 2:37 PM, RCMD-D approached Surveyor and indicated RCMD-D reviewed R6's medical record which contained unclear documentation as to whether R6's wound was open. RCMD-D stated RCMD-D removed R6's left lower extremity bandages and confirmed R6's left lower extremity venous stasis wound was open. RCMD-D and Surveyor went to R6's room where RCMD-D completed wound care and noted the wound measured 5.8 cm x 5.2 cm and contained 30% skin and 70% granulation. RCMD-D indicated R6 was placed on precautions for the open wound. RCMD-D confirmed RCMD-D was not aware the wound had reopened after it healed in March and was not aware EBP should have been initiated prior to 8/12/25. RCMD-D indicated RCMD-D would follow R6's wound care, complete weekly non-pressure wound trackers, and complete weekly wound rounds with the physician. At that time, R6 indicated staff had informed R6 that the wound had reopened, however, R6 was unable to remember the date.On 8/13/25 at 8:01 AM, Surveyor interviewed Infection Preventionist (IP)-E who confirmed the facility's policy indicates EBP should be initiated when a resident develops a chronic open wound. IP-E verified an open or re-opened venous stasis wound is considered a chronic wound and EBP should be initiated at the time the wound is discovered or re-opened. On 8/13/25 at 8:57 AM, Surveyor interviewed RCMD-D who confirmed R6 had a left lower extremity venous stasis wound that started on 2/22/25 and was monitored by RCMD-D and the wound physician. RCMD-D indicated prior to 8/12/25, RCMD-D was not informed that the wound had reopened. RCMD-D indicated nursing staff had a meeting approximately a month ago that included training on a new process to ensure RCMD-D was informed of new open areas or wounds that had re-opened. RCMD-D indicated the mailbox outside RCMD-D's office labeled Skin is where nursing staff put weekly skin assessments or information regarding new or re-opened wounds. RCMD-D indicated RCMD-D spoke to nursing staff while completing R6's MDS assesment who indicated R6's wound was healed. RCMD-D confirmed R6's medical record and skin assessments did not indicate when R6's wound re-opened. RCMD-D confirmed better communication regarding skin concerns was the reason for the staff meeting and training on the new process to better monitor and ensure appropriate wound care is provided.On 8/13/25 at 10:36 AM, Nursing Home Administrator (NHA)-A provided Surveyor with training materials for the new process to ensure efficient communication regarding skin concerns. The training materials included a calendar that indicated when weekly skin trackers should be completed for residents who required them. NHA-A indicated all nursing staff were trained and confirmed the training took place on 6/23/25 as indicated on the employee sign-in sheet. NHA-A verified staff did not follow the procedures put in place to ensure appropriate and timely treatment for R6.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure care and treatment was provided to prevent pressure injuries from developing and/or promote healing for 1 resident (R) (R7) of 3 sampled residents.R7 had multiple healed wounds, including a stage 1 pressure injury on the coccyx, and had an unhealed abrasion on the left scapula. During observations on 8/12/25 and 8/13/25, R7's air mattress was not set to the appropriate setting. Findings Include: The facility's Pressure Injuries and Non-Pressure Injuries policy, dated 7/20/22, indicates: This center will complete a comprehensive assessment to identify risk factors for the development of pressure injuries and put in place measures intended to achieve the goal of prevention of pressure injuries in our residents. For those residents admitted with, or who subsequently develop a pressure injury or impaired skin integrity, they will receive treatment, care, and services that seek to promote healing, prevent infection, and prevent further development of pressure injuries/impaired skin integrity. The following protocols should guide prevention and treatment efforts, unless specified by a physician otherwise .2. Develop interventions based on individual risk factors including, but not limited to, weight, presence of edema, overall health status/comorbidities, use of medical devices, presence of acute infection, end of life/Hospice, resident choice/preference, or medications that may impact healing. From 8/11/25 to 8/13/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including moderate protein calorie malnutrition, congestive heart failure, spondylosis, and polyneuropathy. R7 had an activated Power of Attorney (POA) and received Hospice services. R7's Minimum Data Set (MDS) assessment, dated 7/21/25, indicated R7 was dependent on staff for transfers, eating, hygiene, and toileting and had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R7 had severely impaired cognition. R7's medical record indicated R7 acquired a stage 1 pressure injury to the coccyx on 6/22/25 (currently healed), an abrasion to the right scapula on 6/16/25 (currently healed), a skin tear to the right elbow (currently healed), and an abrasion to the left scapula on 8/10/25. A care plan, dated 6/26/25, indicated R7's air mattress should be set at 75-100 pounds. A physician order, dated 6/26/25, stated to check function and settings of the air mattress every shift and indicated the air mattress should be set at 75-100 pounds every shift for pressure reduction. On 8/12/25 at 10:57 AM and 11:50 AM, Surveyor observed R7 in bed and noted R7's air mattress was set at 300 pounds. On 8/13/25 at 7:53 AM, Surveyor observed R7 in bed and noted R7's air mattress was set at 300 pounds. On 8/13/25 at 10:41 AM and 3:14 PM, Surveyor interviewed Resident Care Management Director (RCMD)-D who verified R7's air mattress was set at 300 pounds but should be set at 75-100 pounds. RCMD-D indicated a Hospice Certified Nursing Assistant (CNA) increases the setting when they get R7 out of bed and forgets to put it back to the correct setting. RCMD-D indicated R7's air mattress was initiated on 5/12/23. RCMD-D was unsure of the setting when the air mattress was initiated and stated the setting may have changed when Hospice became involved on 1/25/25. RCMD-D verified R7's physician order indicated the air mattress should be set at 75-100 pounds.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, staff and resident interview, and record review, the facility did not provide the necessary respiratory care and services for 1 resident (R) (R22) of 2 sampled residents.R22 had an order for continuous positive airway pressure (CPAP) for obstructive sleep apnea. The facility did not clean R22's CPAP machine per manufacturer's instructions.Findings include:The facility's undated Oxygen Administration policy indicates: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences .7. Cleaning and care of equipment shall be in accordance with facility policies for such equipment .d. CPAP mask - The mask is part of a system that allows a resident to receive continuous positive airway pressure, with or without an artificial airway. The system is comprised of a mask, tubing, and a machine that generates a constant flow of air pressure .10. Equipment includes a selection from the following: .d. Humidity bottle and tubing .The facility's CPAP Therapy policy, dated 6/24/22, indicates Continuous positive airway pressure is used to treat obstructive sleep apnea. The goals of this therapy include: improve ventilation, improve quality of sleep, decrease hospitalization, improve cognitive function, improve oxygen saturation during sleep, decrease work of breathing and improve lung compliance .Follow these steps for cleaning your CPAP patient circuit: .3) With a soft cloth, gently wash mask or pillows with a solution of warm water and a mild clear liquid detergent; 4) Rinse thoroughly ; 5) Allow the mask or pillows to air dry; .8) Clean the CPAP unit as necessary; 13) Filter maintenance .; 15) Disposable filter should be replaced per manufacturer's recommendations .The Air Fit ResMed Mask User Guide indicates: Cleaning your mask: Mask and headgear should only be handwashed by gently rubbing in warm (approximately 86 Fahrenheit (F)/30 Celsius (C)) water using mild soap. All components should be rinsed well with drinking quality water and allowed to air dry out of direct sunlight .Daily/After each use: Disassemble the mask components according to the disassembly instructions. Handwash the separated mask components (excluding headgear and soft sleeves). To optimize the mask seal, facial oils should be removed from the cushion after use. Use a soft bristle brush to clean the vent. Inspect each component and, if required, repeat washing until visually clean. Rinse all components well with drinking quality water and allow to air dry out of direct sunlight. When all components are dry, reassemble according to the reassembly instructions. Disposable filter to be replaced monthly.Harvard Health Publishing of Harvard Medical school, dated 10/8/19, indicates: A CPAP machine is one of the best treatments for people with obstructive sleep apnea, a condition that causes you to stop breathing periodically during sleep. The pauses in sleep occur when muscles in the throat relax so much that they block the airway. CPAP keeps your airway open. The CPAP system consists of a small bedside pump that pushes a forceful stream of air through a tube and into a mask you wear while you sleep. Bacteria and mold can accumulate in different parts of the device .Given that the mask, tubing, and other components are breathed into and deliver air throughout the night, their cleanliness can be a serious health concern. Daily cleaning removes dangerous microbes, mold, dust, and debris .CPAP machines are humid and often warm, making them the perfect home for mold, bacteria, viruses, and other harmful microbes. Cleaning your CPAP components regularly washes these microbes away and prevents them from reaching dangerous levels, but neglecting your CPAP machine's hygiene can lead to both acute and chronic respiratory conditions.On 8/11/25, Surveyor reviewed R22's medical record. R22 had diagnoses including obstructive sleep apnea, diffuse traumatic brain injury with loss of consciousness of unspecified duration, acute and chronic respiratory failure with hypoxia, and acute and chronic respiratory failure with hypercapnia. In April of 2025, R22 was diagnosed with pneumonia. R22's Minimum Data Set (MDS) assessment, dated 5/13/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R22 had intact cognition. A care plan, dated 5/13/25, indicated R22 used a CPAP machine per MD order and had/was at risk for respiratory impairment related to history of aspiration and sleep apnea. R22 had (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the following orders: ~ Change oxygen tubing and humidifier bottles weekly. Date tubing one time a day every Sunday for infection control and as needed for visibly soiled or known contamination (start date 6/15/25).~ CPAP filters change one time a day every month starting on the 10th for 1 day (start date 12/10/23).~ Daily Cleaning .Wipe the portion of the mask that comes in contact with your skin with a damp cloth or alcohol free wipe. This removes most skin oil from the mask. Empty any remaining water from the humidifier chamber. Fill the chamber with soapy warm water and shake vigorously. Rinse the chamber with clean water. Air dry. Everyday shift. (Start date 5/22/23). On 8/11/25 at 9:28 AM, Surveyor interviewed R22 who indicated R22 used a CPAP machine with oxygen nightly. R22 was unsure when the CPAP mask and filter were last cleaned or changed and indicated the mask was dirty. Surveyor noted R22 used a ResMed 10 air sense machine. The mask appeared oily and contained white matter. The mask was next to the machine on R22's bedside table and the humidifier was connected to the machine. Surveyor also noted the CPAP filter was black and the filter's housing unit contained a ring of black particles. The machine was connected to an oxygen concentrator that contained tubing dated 8/4. Surveyor reviewed R22's August 2025 Treatment Administration (TAR) and noted the following: ~ On 8/3/25 and 8/11/25, change and date oxygen tubing was documented as completed.~ On 8/10/25, change CPAP filter was not documented as completed. There was no documentation that indicated the filter was changed in August of 2025.Surveyor reviewed R22's July 2025 TAR and noted the following: ~ On 7/10/25, change CPAP filter was documented as completed. On 8/11/25 at 2:55 PM, Surveyor observed R22's CPAP machine in the same position and in the same condition with tubing still dated 8/4.On 8/12/25 at 8:28 AM, Surveyor observed R22's CPAP in the same condition and noted the CPAP humidifier was empty, contained visible humidity in the chamber, and was connected to the machine. On 8/12/25 at 1:10 PM, Surveyor interviewed Registered Nurse (RN)-C who confirmed R22's oxygen tubing was dated 8/4 and had not been changed per R22's orders. RN-C indicated night (NOC) shift staff or whoever completes the AM medication pass usually cleans the CPAP machine and mask and removes the humidifier and allows the parts to air dry. RN-C confirmed R22' CPAP machine was not cleaned and the filter and tubing were not changed as ordered and was unsure when the filter was last changed or if R22 had supplies. RN-C indicated RN-C would locate supplies and ensure the daily cleaning and filter change were completed. On 8/12/25 at 1:20 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B would check when the last time supplies were ordered and would provide Surveyor with orders for monthly filter changes and daily cleaning in accordance with the facility's policy.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure pureed food was prepared in a method that conserved the nutritive value for 3 residents (R) (R22, R35, and R40) of 3 sampled residents who had orders for pureed diets.Staff did not follow recipes while pureeing food to ensure the nutritive value was conserved. In addition, staff did not offer residents on a pureed diet one of the items as listed on the menu and the residents' meal tickets.Findings include: The facility's contracted food service company's Food: Quality and Palatability policy, revised 9/2017, indicates: Food will be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet residents' needs. 1. Menu items are prepared according to the menu, production guidelines, and standardized recipes .3. Food and liquids/beverages are prepared in a manner, form, and texture that meets residents' needs. 4. The cook(s) prepare food in accordance with the recipes .The facility's contracted food service company's Menus Policy Statement, dated October 2022, indicates: Menus will be planned in advance to meet nutritional needs of the residents in accordance with established national guidelines .3. Menus will include standardized recipes.According to the publication All About Recipes, Part II from the College of Agriculture, Biotechnology and Natural Resources [NAME], A., and [NAME], S. 2021, It is important to follow a recipe to ensure accurate nutrition content, which is important for schools, hospitals, and nursing homes. Modifying a recipe by adding water lowers the nutritional quality of the food.The facility's lunch menu on 8/12/25 included scalloped potatoes with ham, herbed green beans, a wheat dinner roll, and sliced peaches.From 8/11/25 to 8/13/25, Surveyor reviewed R22's medical record. R22 was admitted to the facility on [DATE] and had diagnoses including dysphagia and chronic respiratory failure with hypoxia. R22's diet orders indicated R22 was at nutrition risk related to dysphagia (difficulty swallowing), history of percutaneous endoscopic gastrostomy (PEG) tube feedings, need for mechanically altered diet and thickened liquids, obesity, limited activity level, history of weight gain, and need for meal assistance. R22 had swallowing difficulty related to oropharyngeal dysphagia as evidenced by the need for a mechanically altered diet with thickened liquids.From 8/11/25 to 8/13/25, Surveyor reviewed R35's medical record. R35 was admitted to the facility on [DATE] and had diagnoses including dysphagia oropharyngeal phase, spastic hemiplegic cerebral palsy, and functional quadriplegia. R35 had an order for a dysphasia pureed level 1 diet with large portions. From 8/11/25 to 8/13/25, Surveyor reviewed R40's medical record. R40 was admitted to the facility on [DATE] and had diagnoses including history of transient ischemic attack and cerebral infarction. R40 had an order for a pureed diet with thin liquids.Surveyor observed lunch service on 8/12/25 beginning at 11:31 AM. At 11:57 AM, Surveyor observed [NAME] (CK)-O serve a meal that included pureed food. When Surveyor asked about the process for pureeing food, CK-O initially indicated CK-O followed recipes. CK-O then indicated CK-O did not follow a recipe and usually used hot water as a thinning agent but also used milk, gravy, juice, and broth. CK-O indicated CK-O does not measure the amount of liquid used to puree food and free pours an undetermined amount. CK-O indicated if the food is too thick, CK-O adds more water or another thinning liquid. If the food is too thin, CK-O adds a few tablespoons of a thickening agent or powder. CK-O confirmed CK-O should use recipes to conserve the nutritional value of the pureed food, but stated CK-O had pureed food for a long time. CK-O was unable to find recipes for the food that CK-O had pureed that day. CK-O initially indicated CK-O used dinner rolls and hot water for the pureed dinner roll on the menu but then indicated CK-O used unmeasured amounts of packaged breadcrumbs and hot water for the dinner roll. CK-O indicated using breadcrumbs was easier than pureeing actual dinner rolls and indicated it was easier to use hot water as a thinning agent. CK-O indicated CK-O used milk as a thinning agent to puree French toast for breakfast that morning and chose milk as a thinning agent because it had more nutrients. CK-O again (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated that CK-O guessed on the amount of food and liquid agents used and used CK-O's judgment to choose a thinning agent. CK-O, District Manager (DM)-J, and Account Manager (AM)-L looked through binders in the kitchen but were unable to find pureed food recipes for the meals prepared that day. AM-L and DM-J later provided Surveyor with a pureed dinner roll recipe. Surveyor continued to observe and interview CK-O who indicated CK-O added approximately 3 cups of food in the blender prior to pureeing scalloped potatoes and ham. CK-O verified CK-O used an unmeasured amount of water, seasoning, and butter to blend the potatoes and ham. CK-O indicated CK-O added too much liquid and the mixture was too thin so CK-O added 2 tablespoons of mashed potato flakes. CK-O then clarified the 2 tablespoons were not measured and CK-O had free poured an unmeasured amount of potato flakes into the potatoes and ham to thicken them. On 8/12/25 at 12:56 PM, Surveyor interviewed AM-L and DM-J who verified staff should follow a recipe to prepare pureed food to maintain the appropriate consistency and nutritive value. AM-L and DM-J indicated the facility follows the National Dysphagia Diet (NDD) standards for pureed food, but are in talks to switch to the International Dysphagia Diet Standardization Initiative (IDDSI).On 8/12/25 at 1:01 PM, Surveyor interviewed Registered Dietitian (RD)-K who indicated if cooks don't use a specified liquid, the value of the pureed food cannot be determined.On 8/12/25 at approximately 2:15 PM, Surveyor interviewed Speech Therapist (ST)-M who indicated ST-M used the IDDSI diet, however, the facility used the NDD which was easily translatable. ST-M indicated cooks should use the IDDSI fork test to check the consistency of food. ST-M indicated ST-M could see how the recipe for pureed dinner rolls that did not specify which liquid and how much should be used to puree the item could be misconstrued and may alter the value of the food. Surveyor requested pureed recipes for all meals served during the survey from 8/11/25 through 8/13/25.On 8/12/25 at 4:07 PM, Surveyor interviewed AM-L and DM-J who indicated the facility switched menu companies a few weeks prior and did not have all the recipes for pureed items on the menu from 8/11/25 through 8/13/25. AM-L and DM-J were unsure why the facility did not have specific recipes for pureed food. AM-L indicated the recipes were vague and should specify what type of liquid should be used to thin during the puree process. AM-L indicated staff should not use water as a thinning agent. AM-L and DM-J verified changing the liquid used during the puree process can alter the nutritional value and consistency of the food.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident 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 for 2 residents (R) (R27 and R28) of 8 sampled residentsR27 had an open chronic wound. Enhanced barrier precautions (EBP) were not implemented for R27.R28 had an indwelling urinary catheter. EBP was not initially implemented for R28. After EBP was implemented on 8/12/25, Surveyor observed staff provide care without donning the appropriate personal protective equipment (PPE). Findings include: The facility's Enhanced Barrier Precautions policy, revised 8/8/24, indicates: It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDROs) .2. Initiation of EBP: .B. An order for EBP will be initiated for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, peripherally inserted central catheters (PICCs), hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes even if the resident is not known to be infected or colonized with an MDRO .Personal protective equipment (PPE) (i.e., gowns and gloves) for EBP is only necessary when performing high-contact care activities .4. High-contact resident care activities include: a. Dressing, b. Bathing, c. Transferring, d. Providing hygiene, e. Changing linens, f. Changing briefs or assisting with toileting, g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, h. Wound care: any chronic skin opening requiring a dressing .1. From 8/11/25 to 8/13/25, Surveyor reviewed R27's medical record. R27 was admitted to the facility on [DATE] and had diagnoses including pressure ulcer of right heel stage 3, pressure ulcer of sacral region stage 2, and type 2 diabetes. R27's Minimum Data Set (MDS) assessment, dated 7/31/25, had a Brief Interview for Mental Status (BIMS) score of 15 of 15 which indicated R27 had intact cognition.On 8/11/25 at 10:33 AM, Surveyor noted R27's room did not contain an EBP sign or a PPE cart near the entrance.On 8/11/25 at 10:33 AM, Surveyor interviewed R27 who indicated R27 had an open wound on the foot and staff provided daily wound care. Surveyor noted there was not an EBP sign or PPE cart near the entrance to R27's room. On 8/12/25, Surveyor reviewed R27's plan of care and Kardex (an abbreviated care plan used by nursing staff) which did not indicate R27 was on EBP.On 8/12/25 at 7:28 AM, Surveyor interviewed R27 who indicated R27 received a shower and wound care that morning. Surveyor noted there was not an EBP sign or PPE cart near the entrance to R27's room.R27's medical record contained an order that indicated: Iodosorb External Gel 0.9 % (Cadexomer Iodine) apply to right heel topically once daily. Cleanse with sodium chloride (NaCl), apply ointment to wound bed, methylene blue foam to cover, ABD then Kerlix, tubigrip (start date 8/7/25 at 7:00 AM). (Surveyor noted R27 did not have an order for EBP.)On 8/12/25 at 9:40 AM, Surveyor interviewed Infection Preventionist (IP)-E who indicated a resident with an open chronic wound should be on EBP.On 8/12/25 at 11:23 AM, Surveyor reviewed R27's orders and noted a new order for EBP that read: Enhanced barrier precautions (due to) heel wound (start date 8/12/25 at 2:00 PM). On 8/13/25 at 6:59 AM, Surveyor noted an EBP sign on the wall near the entrance to R27's room and a PPE cart outside the room. On 8/13/25 at 8:01 AM, Surveyor interviewed IP-E who indicated R27 was put on EBP. IP-E verified R27 had a wound and should have been put on EBP prior to 8/12/25. IP-E indicated IP-E was unaware of R27's wound prior to 8/12/25 and indicated any nurse, including the wound nurse, could have and should have put R27 on EBP for the open wound. IP-E indicated R27's wound care could have been completed without the use of EBP because EBP wasn't implemented when the wound was first observed. On 8/13/25 at 11:38 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated a resident with an open chronic wound should be on EBP.On 8/13/25 at 1:47 PM, Surveyor interviewed Resident Care Management Director (RCMD)-D who was also the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525511	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheboygan Progressive Health Services	1902 Mead Ave Sheboygan, WI 53081

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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 - Few	facility's wound nurse. RCMD-D indicated R27 should have been on EBP for the wound. RCMD-D indicated RCMD-D used standard precautions during R27's wound care, however, EBP should have been in place.2. From 8/11/25 to 8/13/25, Surveyor reviewed R28's medical record. R28 was admitted to the facility on [DATE] and was readmitted on [DATE] with an indwelling urinary catheter after a hospital stay. R28 had diagnoses including hydronephrosis, chronic kidney disease, urinary retention, and urinary device. R28's MDS assessment, dated 6/20/25, had a BIMS score of 4 out of 15 which indicated R28 was severely cognitively impaired.A progress note, dated 8/11/25 at 9:17 PM, indicated R28 returned to the facility with a Foley catheter and was on an antibiotic for a possible urinary tract infection.On 8/12/25 at 7:34 AM, Surveyor interviewed Unit Manager (UM)-G who indicated R28 returned from the hospital the previous evening, had a catheter, and should be on EBP. On 8/12/25 at 7:35 AM, Surveyor noted there was not an EBP sign or PPE cart near the entrance to R28's room.On 8/12/25 at 7:39 AM, Surveyor observed R28 in the main dining room and noted R28's uncovered catheter bag was hung from the lower part of R28's wheelchair.On 8/12/25 at 8:39 AM, Surveyor observed R28 in the dining room eating breakfast and noted R28's catheter bag was not covered with a dignity bag.On 8/12/25 at 9:19 AM, Surveyor observed an EBP sign and PPE cart near the entrance to R28's room.On 8/12/25 at 9:35 AM, Surveyor interviewed UM-G who was unsure when EBP was implemented for R28. On 8/12/25 at 9:40 AM, Surveyor interviewed IP-E who implemented EBP for R28 at 8:15 AM that morning. IP-E indicated EBP should have been implemented as soon as R28 returned from the hospital on 8/11/25. IP-E indicated staff would have completed catheter care, personal care, and a transfer before putting R28 to bed on8/11/25 and would have emptied R28's catheter bag and got R28 up and dressed at a minimum on 8/12/25 since R28 was readmitted . IP-E indicated it was difficult to know if staff used EBP during cares but indicated it was unlikely since there was not an EBP sign or PPE cart near R28's room. IP-E indicated nurses can and should implement EBP right away for a resident with a catheter. IP-E also indicated catheter bags should be covered for infection control and privacy.On 8/12/25 at 9:51 AM, Surveyor observed R28 in R28's room with an uncovered catheter bag under R28's wheelchair.On 8/12/25 at 9:55 AM, Surveyor observed R28 self-propel down the hallway with an uncovered catheter bag under R28's wheelchair.On 8/12/25 at 9:57 AM, Surveyor interviewed Registered Nurse (RN)-H who confirmed R28's catheter bag should contain a privacy cover.On 8/12/25 at 10:01 AM, Surveyor observed R28 in the dining room with an uncovered catheter bag under R28's wheelchair.On 8/12/25 at 11:33 AM, Surveyor observed Physical Therapy Assistant (PTA)-I in R28's room. R28 was in bed and PTA-I indicated PTA-I was going to get R28 up. Surveyor observed PTA-I remove R28's catheter bag from the side of the bed and hang the bag from R28's walker with a bare hand. Surveyor observed PTA-I help R28 move R28's feet toward the side of the bed. Another staff walked by at that time and verbally reminded PTA-I that PTA-I should use PPE because R28 was on EBP. Surveyor observed PTA-I exit the room and view the EBP sign and PPE cart near the entrance to R28's room. On 8/12/25 at 11:35 AM, Surveyor interviewed PTA-I who was not aware that R28 was on EBP prior to the observation and didn't see the EBP sign or PPE cart. PTA-I verified PTA-I should have donned PPE before touching R28's catheter bag or starting to transfer R28. On 8/12/25 at 11:38 AM, Surveyor interviewed DON-B who indicated a resident with a catheter should be on EBP. DON-B indicated if EBP was not implemented, it was an oversight. DON-B indicated staff should not handle a catheter bag and complete high-contact cares without wearing the appropriate PPE.