STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525548	A. Building B. Wing	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peabody Manor	2600 S Heritage Woods Dr Appleton, WI 54915

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide the necessary respiratory care and services for 1 resident (R) (R1) of 2 sampled residents. The facility did not ensure R1's oxygen orders were consistently followed. R1's plan of care did not indicate R1 received oxygen therapy and did not include respiratory care, goals, or interventions related to respiratory disease. In addition, R1's primary diagnoses list did not include a chronic obstructive pulmonary disorder (COPD). Findings include: The facility's Long Term Care (LTC) Resident Plan of Care policy, revised 6/12/25, indicates: The resident plan of care policy outlines the standards and processes for resident care planning .and applies to all team members in long-term care facilities .LTC facilities must develop and implement a baseline and comprehensive plan of care (POC) for each resident which includes the instructions needed to provide effective person-centered care of the resident and meet professional standards of quality care .The Interdisciplinary Team (IDT) will continue to develop the baseline POC into a comprehensive POC for each resident .Documentation of all POCs will include the following: abilities and needs .goals or desired outcomes, individualized interventions. The IDT will update/document the POC following an incident or event that causes a change in the POC or the resident's condition. On 7/7/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including centrilobular emphysema, vascular dementia, and atrial fibrillation. R1's Minimum Data Set (MDS) assessment, dated 12/17/24, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R1 had moderately impaired cognition. R1 had an activated Power of Attorney for Healthcare (POAHC). A history and physical note, dated 10/2/24, indicated R1 had a past medical history diagnosis of COPD. A hospital Discharge summary, dated [DATE], indicated R1 had admitting diagnoses of shortness of breath and hypoxia. R1's hospital course included: 1. Acute hypoxic respiratory failure and rhinovirus COPD exacerbation. Surveyor noted R1's past medical records indicated R1 had a diagnosis of COPD (dated 9/15/17). (continued on next page)

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

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's plan of care, initiated 9/13/24, did not include the use of oxygen or respiratory interventions related to chronic respiratory disease. An Emergency Department (ED) provider note, dated 1/7/25, indicated R1 had a past medical history diagnosis of COPD. R1's chief complaint for the visit was shortness of breath. A physician order, dated 1/7/25, stated: May titrate oxygen up to 6 liters by nasal cannula with a goal of oxygen saturation 90% or greater. A progress note, dated 1/8/25 at 6:58 AM, indicated R1's oxygen saturation was 67% on 10 liters of oxygen. A Hospice Medical Director note, dated 1/8/25, indicated R1 was likely transitioning and the suspected etiology was advanced COPD complicated by R1's advanced age. ~R1's Treatment Administration Record (TAR) contained the following documentation: ~ On 1/9/25 at 2:00 PM: Oxygen saturation: 83%; Oxygen flow rate: 8 liters/minute~ On 1/9/25 at 1:00 PM: Oxygen saturation: 88%; Oxygen flow rate: 8 liters/minute ~ On 1/9/25 at 8:00 AM: Oxygen saturation: 88%; Oxygen flow rate: 8 liters/minute~ On 1/9/25 at 4:00 AM: Oxygen saturation: 88%; Oxygen flow rate: 8 liters/minute~ On 1/9/25 at 12:00 AM: Oxygen saturation: 83%; Oxygen flow rate: 8 liters/minute On 7/7/25 at 2:10 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. DON-B confirmed R1's oxygen concentrator should be set at the level ordered by the physician and confirmed R1's order was not followed on 1/8/25 and 1/9/25 when R1's oxygen was documented at 8-10 liters/minute. DON-B also confirmed oxygen therapy and respiratory care were not included in R1's plan of care and verified COPD was not included in R1's active diagnoses list. DON-B verified documentation of R1's hospital visits on 1/7/25 and 9/30/25 indicated R1 had an exacerbation of COPD. DON-B indicated diagnoses should automatically transfer over in the system from the hospital to the facility. DON-B verified COPD should be on R1's active diagnoses list. On 7/7/25 at 4:55 PM, Surveyor interviewed DON-B who indicated the facility does not have policies related to the administration of oxygen or physician orders.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect all 47 residents residing in the facility.The facility did not monitor and document refrigerator and freezer temperatures in units that held food for resident consumption. Findings include:On 7/7/25, Nursing Home Administrator (NHA)-A indicated the facility follows the Wisconsin Food Code.The 2022 Wisconsin Food Code documents at 3-202.11 Temperature: Perishable food items must be stored at appropriate temperatures to prevent spoilage and reduce the risk of foodborne illnesses. Refrigerators should be set below 41° Fahrenheit (F) (5° Celsius (C)) and freezers at or below 0° F (-18° C).The facility's Dining Services Temperature Monitoring Policy, revised 3/8/23, indicates: The purpose of this policy is to outline the standards and processes for required temperatures in refrigerators, freezers, and dishwashers to maintain safety and prevent foodborne illness in long term care (LTC) facilities .Each LTC facility will monitor the temperatures of dishwashers, refrigerators, and freezers on each shift to maintain safety and prevent future foodborne illnesses .Dining Services team members will follow the procedures in the Patient/Resident Food Refrigerator and Freezer Temperature Monitoring Policy .The facility's LTC Food and Beverage Brought in from Outside Resources Policy, revised 10//8/24, indicates: Refrigerators, including those in resident rooms, must be in good repair and keep foods at or below 41° F. Freezers must keep frozen foods frozen solid. Team members will use the following methods to determine the proper working order of the refrigerators and freezers: a. Document the temperature of the external and internal refrigerator gauges. Refrigerators must be 41° or less. Freezers must be 10° or less for reach-in, or 0° or less for walk-in. b. If temperatures are out of range, notify maintenance and supervisor, follow facility policy for food disposal. c. Check for situations where potential for cross-contamination is high (e.g., raw meat stored over ready-to-eat items) .On 7/7/25 at 9:31 AM, Surveyor entered the kitchen for an initial tour with Food Service Specialist (FSS)-C. Surveyor observed a walk-in cooler that contained food. Beyond the walk-in cooler was a walk-in freezer. Surveyor also observed a set of reach-in coolers in the preparation/cooking area. Surveyor also observed two semi-trucks in the parking lot that stored food for resident consumption. One truck contained refrigerated food and the other truck contained frozen food. Surveyor noted there was not a visible thermometer inside the freezer truck.During the initial tour on 7/7/25 at 9:31 AM, Surveyor interviewed FSS-C who indicated a few of the main coolers and freezers were removed approximately six weeks ago and the refrigerator and freezer trucks were implemented. FSS-C indicated staff obtain and document cooler and freezer temperatures daily, including temperatures in the refrigerator and freezer trucks. FSS-C indicated a few weeks ago one of the trucks stopped working and the food was spoiled and discarded. FSS-C did not know if there was a thermometer inside the freezer truck but indicated there should be one. Surveyor reviewed the facility's central kitchen cooler/freezer temperature log that indicated cooler and freezer temperatures should to be taken twice daily. The log contained a spot for one cooler/refrigerator temperature and one freezer temperature, however, the facility had more than one cooler/refrigerator and more than one freezer. In addition, there were no temperatures documented after 6/4/25.On 7/7/25 at 9:47 AM, Surveyor interviewed [NAME] (CK)-D who indicated CK-D did not obtain temperatures inside the semi-truck because CK-D had to climb inside the box to get them which was difficult. CK-D indicated all cooler, refrigerator, and freezer temperatures should be obtained and recorded twice daily. When asked why truck temperatures were not obtained, CK-D indicated staff were not told to obtain truck temperatures. When asked why indoor refrigerator and freezer temperatures were not documented since 6/4/25, CK-D stated, I guess we didn't do them since the other ones were taken out.On 7/7/25 at 9:49 AM, Surveyor interviewed FSS-C who indicated all cooler, refrigerator, and freezer temperatures should be obtained and documented twice daily. FSS-C was not sure why that was not being done.On 7/7/25 at 3:19 PM, Surveyor interviewed NHA-A who indicated staff should monitor, test, and record the temperatures of all coolers, refrigerators, and freezers daily. NHA-A also indicated kitchen staff should be aware of and follow the policy.