

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook Sheboygan		STREET ADDRESS, CITY, STATE, ZIP CODE 3014 Erie 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 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** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R47) of 2 sampled residents with a Guardian had protective placement in the facility.</p> <p>R47 had a legal Guardian at the time of admission on [DATE]. The facility did not have evidence of court-ordered protective placement (required when nursing home residency exceeds 90 days).</p> <p>Findings include:</p> <p>State Statute Chapter 55.03(4) indicates court-ordered protective placement is required for any resident admitted to a nursing home who has a legal Guardian and whose nursing home stay exceeds 90 days. Protective placement is reviewed annually (State Statute Chapter 55.18) to determine if placement continues to be the least restrictive and in the best interest of the resident.</p> <p>On 4/28/25, Surveyor reviewed R47's medical record. R47 was admitted to the facility on [DATE] and had diagnoses including traumatic brain injury, restlessness and agitation, anxiety, and mood disorder. R47's Minimum Data Set (MDS) assessment, dated 3/12/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R47 had intact cognition. R47 had court-ordered Michigan Guardian paperwork, dated 6/14/24, for healthcare decisions. R47's medical record did not contain protective placement documentation.</p> <p>On 4/29/25 at 8:28 AM, Surveyor interviewed Social Services Director (SSD)-D who indicated SSD-D notified Aging and Disability Resource Center Staff (ADRCS)-E on 11/18/24 of R47's admission to the facility on [DATE] and the need for protective placement. SSD-D provided Surveyor a copy of the communication. A response from ADRCS-E, dated 11/18/24, indicated ADRCS-E contacted R47's son twice and needed copies of R47's Michigan Guardianship papers (petitions, doctors report, orders, letters of Guardianship) before ADRCS-E could move forward.</p> <p>On 4/29/25 at 8:37 AM, Surveyor interviewed ADRCS-E who indicated an email was sent to the facility on [DATE] requesting assistance in obtaining petitions for Guardianship, an order for Guardianship, a physician's report, and a letter of Guardianship to move forward. The email indicated if the facility did not have the documents the should contact the Register in Probate in Michigan. ADRCS-E indicated ADRCS-E had not received any of the requested documents. ADRCS-E indicated ADRCS-E identified last week that R47 was at a facility in another city in WI prior to admission which would require the protective placement paperwork to be filed in that county. ADRCS-E notified R47's Guardian of the update.</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 4/30/25 at 9:50 AM, Surveyor interviewed SSD-D who indicated SSD-D left a message on 4/30/25 with the county in which R47 previously resided to forward R47's protective placement paperwork. SSD-D also left a message for ADRCS-E regarding SSD-D's request. SSD-D indicated R47's Guardian frequently visited the facility and had developed a good rapport with SSD-D.</p> <p>On 4/30/25 at 1:42 PM, Surveyor interviewed Regional Director of Clinical Services (RDCS)-F who indicated an effort was made to obtain protective placement, however, the facility could have pursued it further.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not notify the State Long-Term Care Ombudsman when 2 residents (R) (R17 and R46) of 6 sampled residents were transferred to the hospital.</p> <p>R17 was transferred to the hospital on [DATE]. The facility did not notify the Ombudsman of R17's hospital transfer.</p> <p>R46 was transferred to the Emergency Department (ED) on 3/19/25 and 3/28/25. The facility did not notify the Ombudsman of R46's ED transfers.</p> <p>Findings include</p> <p>The facility's Admission, Readmission, Bed Hold and Transfer/Discharge Policy, dated 10/12/21, indicates a copy of the transfer/discharge notice must be sent to a representative of the Office of the State Long-Term Care Ombudsman .The facility must update the Office of the State Long-Term Care Ombudsman of any unplanned or emergency transfers or discharges.</p> <p>1. From 4/28/25 to 4/30/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE]. On 12/24/24, R17 had a change in condition and was transferred to the hospital. R17 returned from the hospital on [DATE].</p> <p>Surveyor reviewed the facility's list of December 2024 transfers and discharges which was sent to the Ombudsman on 1/16/25 via email. Surveyor noted R17's 12/24/24 hospital transfer was not included on the list.</p> <p>On 4/30/25 at 12:11 PM, Surveyor interviewed Medical Records (MR)-I who confirmed MR-I was responsible for sending monthly reports to the Ombudsman. MR-I confirmed R17's 12/24/24 hospital transfer was not included on the list that MR-I sent to the Ombudsman. MR-I verified R17's 12/24/24 transfer should have been on the list.</p> <p>2. From 4/28/25 to 4/30/25, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE]. On 3/19/25 and 3/28/25, R46 had a change in condition and was transferred to the ED. R46 returned to the facility on the same days R46 was transferred.</p> <p>Surveyor reviewed the facility's list of March 2025 transfers and discharges which was sent to the Ombudsman on 4/1/25 via email. Surveyor noted R46's 3/19/25 and 3/28/25 transfers were not included on the list.</p> <p>On 4/30/25 at 12:11 PM, Surveyor interviewed MR-I who confirmed R46's 3/19/25 and 3/28/25 ED transfers were not included on the list MR-I sent to the Ombudsman. MR-I indicated MR-I was not aware the Ombudsman needed to be notified of ED transfers.</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** 2. On 4/28/25, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including dementia, anxiety, depression, and psychotic disorder. R13's MDS assessment, dated 2/27/25, had a Brief Interview for Mental Status (BIMS) score of 4 out of 15 which indicated R13 had severely impaired cognition.</p> <p>R13's PASRR Level I Screen was completed on 11/19/24 by the facility. The Level I Screen indicated R13 did not have a major mental disorder and did not receive psychotropic medication to treat symptoms or behaviors of a major mental disorder. As a result of the Level I Screen, a Level II Screen was not completed.</p> <p>R13's physician orders indicated R13 was prescribed the following medications with contributing diagnoses:</p> <ul style="list-style-type: none"> ~ Lorazepam (an antianxiety medication) 1 mg as needed every two hours for anxiety (beginning 3/14/25) ~ Seroquel (an antipsychotic medication) 25 mg for delusional disorder (from 1/23/25 to 4/4/25) ~ Sertraline (an antidepressant medication) 75 mg daily for depression (beginning 4/17/25) <p>R13's medical record did not contain an updated PASRR Level I or Level II Screen for the initiation of new psychotropic medication or changes in R13's diagnoses.</p> <p>On 4/28/25 at 12:30 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R13 should have had an updated PASRR Level I Screen and a Level II Screen due to the changes in R13's medication and diagnoses.</p> <p>Based on staff interview and record review, the facility did not ensure a Pre-admission Screening and Resident Review (PASRR) Level I Screen was updated to initiate a PASRR Level II Screen when a newly evident mental disorder and/or change in medication was identified for 2 residents (R) (R46 and R13) of 8 sampled residents.</p> <p>R46 and R13 received new diagnoses and orders for psychotropic medication, including an antipsychotic medication. The facility did not update R46 and R13's PASRR Level I Screen and submit for PASRR Level II reevaluation.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. From 4/28/25 to 4/30/25, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE] and had diagnoses including frontotemporal neurocognitive disorder, vascular dementia, delirium, Parkinson's disease, anxiety disorder, and major depressive disorder. R46's Minimum Data Set (MDS) assessment, dated 3/26/25, indicated R46 was rarely to never understood and had severely impaired cognition. <p>(continued on next page)</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>R46's PASRR Level I Screen was completed on 1/16/25 by R46's previous skilled nursing facility. The Level I Screen indicated R46 had a diagnosis of a major mental disorder and received Celexa (an antidepressant medication) and Wellbutrin (an antidepressant medication). The Level I Screen also indicated R46 did not have cognitive deficits due to dementia. Based on the information provided on the Level I Screen, R46's previous facility submitted for a PASRR Level II Screen which was completed on 1/17/25.</p> <p>R46's physician orders indicated R46 was prescribed the following medications with contributing diagnoses which were not included on R46's PASRR Level I or Level II Screens:</p> <ul style="list-style-type: none"> ~ Buspirone (an anti-anxiety medication) 7.5 milligrams (mg) three times daily for anxiety disorder ~ Divalproex sodium extended release (ER) (an anticonvulsant medication) 250 mg in the AM for mood stabilization ~ Divalproex sodium ER 500 mg at bedtime for mood stabilization ~ Mirtazapine (an antidepressant medication) 7.5 mg at bedtime for appetite stimulant. (The original order date of 3/18/25 had a corresponding diagnosis of mood.) ~ Olanzapine (an antipsychotic medication) 7.5 mg for behaviors <p>R46's medical record did not contain an updated PASRR Level I or Level II Screen for the initiation of new psychotropic medication and changes in R46's diagnoses.</p> <p>On 4/30/25 at 12:18 PM, Surveyor interviewed Social Service Director (SSD)-D who confirmed SSD-D was responsible for completing the PASRR process. SSD-D verified R46 had several medication changes and additions since R46 was admitted to the facility. SSD-D acknowledged R46's PASRR Level I Screen should have been updated and resubmitted for another Level II evaluation.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**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 adequate supervision and assistance devices were provided for 1 resident (R) (R33) of 3 sampled residents.</p> <p>R33 had 7 falls in the past 6 months. R33's plan of care indicated R33 required assistance with ambulation and transfers to the bathroom and bed, however, staff allowed R33 to ambulate and transfer independently in R33's room.</p> <p>Findings include:</p> <p>The facility's Care Plan - Baseline and Comprehensive policy, revised 6/20/23, indicates: To ensure each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative .Procedures: .10. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan .13. The Interdisciplinary Team must review and update the care plan: a. When there has been a significant change in the resident's condition; b. When the desired outcome is not met .</p> <p>On 4/28/25, Surveyor reviewed R33's medical record. R33 was admitted to the facility on [DATE] and had diagnoses including dementia, psychotic disturbance, anxiety, frontal lobe and executive function deficit, Parkinson's disease, and spondylosis. R33's Minimum Data Set (MDS) assessment, dated 4/6/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R33 was not cognitively impaired. R33 had a corporate Guardianship for healthcare decisions.</p> <p>R33's plan of care indicated R33 had a self-care performance deficit and altered mobility related to dementia, weakness, chronic pain, and Parkinson's disease. The care plan contained the following interventions: Bed mobility: Limited assist 1 (revised 9/23/24); Toilet use: Supervision with toilet hygiene - caregiver assist of 1 and 4 wheeled walker in/out of bathroom. Stay in room or close by when on commode/toilet (revised 10/8/24); Transfer: Limited assist 1 with wheeled walker and gait belt (revised 2/19/25); and Keep bed in low position (revised 10/8/24).</p> <p>R33's [NAME] (an abbreviated care plan used by nursing staff) contained the same assistance levels as R33's care plan.</p> <p>Surveyor reviewed R33's fall history and noted R33 had 7 unwitnessed falls in the past 6 months. R33 had 3 separate falls on 11/1/24 and also fell on 1/29/25, 2/5/25, 3/13/25, and 4/17/25.</p> <p>On 4/28/25 at 1:02 PM, Surveyor observed R33 ambulate from the bathroom to a chair to a wheelchair in R33's room. Surveyor noted R33's bed was not in a low position. Surveyor interviewed R33 who indicated R33 was independent with transfers, ambulation, and toileting.</p> <p>On 4/29/25 at 10:27 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-G who indicated R33 transfers from bed to wheelchair and from wheelchair to wheeled walker to the bathroom, and self-propels a wheelchair to the dining room. LPN-G indicated R33's bed is set at a normal height and R33 calls for assistance when needed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/25 at 9:13 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who indicated R33 is independent with toileting and transfers in R33's room, however, staff like to assist R33 because R33 does not clean R33's self properly after toileting. CNA-H indicated R33 should call for assistance but does not.</p> <p>On 4/30/25 at 9:17 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B expects staff to follow residents' plans of care.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was prepared and served in a safe and sanitary manner. This practice had the potential to affect 58 of 59 residents residing in the facility. One resident received nutrition via tube feeding.</p> <p>The facility's dishwasher did not reach the minimum wash temperature to prevent the spread of foodborne illness.</p> <p>Staff did not complete appropriate hand hygiene during two meal service observations.</p> <p>Findings include:</p> <p>On 4/28/25 at 8:58 AM, Surveyor interviewed Dietary Manager (DM)-J who stated the facility follows the Wisconsin Food Code.</p> <p>Dishwasher Temperatures:</p> <p>The Wisconsin Food Code documents at 4-204.113 Warewashing Machine, Data Plate Operating Specifications: A warewashing machine shall be provided with an easily accessible and readable data plate affixed to the machine by the manufacturer that indicates the machine(s) design and operating specifications including the: (A) Temperatures required for washing, rinsing, and sanitizing.</p> <p>The Wisconsin Food Code documents at 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature: (A) The temperature of the wash solution in spray type warewashers that use hot water to sanitize may not be less than: (1) For a stationary rack, single temperature machine, 74 degrees C (165 degrees F); (2) For a stationary rack, dual temperature machine, 66 degrees C (150 degrees F); (3) For a single tank, conveyor, dual temperature machine, 71 degrees C (160 degrees F); or (4) For a multi-tank, conveyor, multi-temperature machine, 66 degrees C (150 degrees F).</p> <p>The facility's undated Dishwashing Procedure states the policy is to ensure consistency in dishwashing methods as well as compliance with temperatures and concentrations of all chemicals used for mechanical warewashing equipment, including hot water sanitizing and chemical sanitizing machines.</p> <p>On 4/29/25 at 1:30 PM, Surveyor observed the dishwashing process with DM-J. Surveyor noted the facility has an American Dish Service model ADC-44 multi-tank conveyor dish machine. Surveyor noted a data plate on the front of the machine listed the following operational requirements for hot water sanitizing temperatures:</p> <p>~ Final sanitizing rinse minimum temperature: 180 degrees F</p> <p>~ Pump rinse tank minimum temperature: 160 degrees F</p> <p>~ Wash tank minimum temperature: 159 degrees F</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During the observation, Surveyor noted the wash temperatures did not meet the minimum posted temperature. During Surveyor's first observation, the dish machine displayed a temperature of 156 degrees F. During Surveyor's second observation, the dish machine displayed a temperature of 158 degrees F. The temperatures were confirmed by DM-J who sent another rack through the conveyor and included an internal thermometer. The thermometer indicated the internal temperature of the machine reached 156.5 degrees F for that cycle. Surveyor did not observe staff rewash the dishes to ensure the wash temperature reached the minimum requirement.</p> <p>On 4/29/25, Surveyor reviewed the facility's dishwashing temperature log for March 2025 and noted the following wash temperatures:</p> <p>~ 3/21/25: 154 degrees F</p> <p>~ 3/24/25: 157 degrees F</p> <p>~ 3/25/25: The original temperature was crossed out and 150 degrees F was written on the side.</p> <p>~ 3/26/25: 157 degrees F</p> <p>~ 3/27/25: 156 degrees F</p> <p>On 4/29/25 at 1:30 PM, Surveyor interviewed DM-J who stated the company that does maintenance on the dish machine indicated if the wash temperature is above 150 degrees F, it is good. DM-J indicated the wash temperature should be at least 160 degrees F.</p> <p>On 4/29/25 at 1:58 PM, Surveyor interviewed Corporate Dietitian (CD)-O who confirmed the data plate on the dish machine indicates a minimum wash temperature of 159 degrees F.</p> <p>Hand Hygiene:</p> <p>The Wisconsin Food Code documents at 3-304.15 Gloves, Use Limitation: If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>The Wisconsin Food Code documents at Chapter 2 Personal Cleanliness 2-301.14 When to Wash: Food employees shall clean their hands and exposed portions of their arms as specified under 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before putting on gloves to initiate a task that involves working with food; and (I) After engaging in other activities that contaminate the hands.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Sanitation and Cleaning Schedule policy, dated 8/15/23, indicates: .2. All food service employees must use one of two acceptable sanitary procedures when handling foods: a) Hands are washed using appropriate procedure and food is handled with tongs, deli paper, or other utensils. b) Disposable gloves are used and changed when soiled, torn, or switching tasks. 3. Barehand contact with ready-to-eat food is not permitted by dietary staff preparing or serving food.</p> <p>On 4/28/25 at 11:54 AM, Surveyor observed Dietary Aide (DA)-M don a pair of gloves prior to lunch service. DA-M did not wash hands prior to donning gloves. DA-M plated food with gloved hands and touched scoop handles, drawer handles, and cabinet door handles with gloved hands. Without changing gloves or cleansing hands, DA-M scooped mash potatoes onto a plate and touched the potatoes with a gloved hand. DA-M used the opposite gloved hand to wipe off the potatoes. DA-M then continued serving with visibly soiled gloves. Surveyor also observed DA-M touch ready-to-eat food in bowls with gloved hands and put the food on plates. DA-M continued to touch scoop handles, drawers handles, and cabinet door handles. Surveyor did not observe DA-M change gloves or cleanse hands throughout lunch service.</p> <p>On 4/29/25 at 11:56 AM, Surveyor observed DA-N use hand sanitizer and don gloves prior to lunch service. DA-N completed food holding temperatures and touched the thermometer, sanitizing wipes, and cabinet door handles with gloved hands. During a temperature check, DA-N touched a piece of chicken baked in tomato sauce with a gloved hand when removing the thermometer. Without changing gloves or cleansing hands, DA-N touched cabinet door handles, residents' meal slips, and scratched DA-N's head with visibly soiled gloves. DA-N then removed a chopped grilled cheese sandwich from a bowl and put it on a resident's plate. DA-N did not change gloves or cleanse hands throughout lunch service.</p> <p>On 4/29/25 at 1:46 PM, Surveyor interviewed DM-J who stated staff complete annual hand hygiene training. DM-J confirmed DA-M and DA-N should have changed gloves and completed hand hygiene after touching contaminated surfaces and when their gloves were visibly soiled. DM-J confirmed the facility's policy indicates staff should not touch ready-to-eat food unless using a utensil.</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** 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 for 2 residents (R) (R43 and R107) of 7 sampled residents.</p> <p>R43 was on droplet precautions. On 4/29/25, Maintenance/Transport Employee (MTE)-L was observed programming a remote control in R43's room without a mask, gloves, or eye protection.</p> <p>R107 was on enhanced barrier precautions (EBP) (an infection control strategy that uses gloves and gowns during high-contact resident cares to reduce the spread of multidrug-resistant organisms). On 4/28/25, Assistant Director of Nursing (ADON)-C administered R107's intravenous medication without wearing a gown.</p> <p>Findings include:</p> <p>The facility's Isolation Precautions policy, dated 5/8/24, indicates: Purpose: To establish transmission-based precautions for residents who are suspected or confirmed to have a communicable disease/infection that can be transmitted to others. Procedure: 1. Transmission-based precautions will be used when transmission cannot be reasonably prevented by standard precautions alone. 2. Post clear signage on the door or wall outside the resident's room indicating the type of precautions and required personal protective equipment (PPE) (e.g., gown and gloves). 3. For enhanced barrier precautions (EBP), signage should also clearly indicate the high-contact resident care activities that require the use of gowns and gloves. Droplet Precautions: 1. Implement droplet precautions for residents 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 .b. While providing direct resident care, remove gloves and wash hands after coming in contact with infectious material. c. Remove gown and gloves and perform hand-hygiene before leaving room (do not use alcohol-based hand gels for isolation due to suspected or confirmed Clostridium difficile).</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy and procedure, dated 3/26/25, indicates: EBP is used in conjunction with standard precautions and expands to donning of a gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organisms (MDROS) to staffs' hands and clothes.</p> <p>1. On 4/29/25, Surveyor reviewed R43's medical record. R43 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, hemiplegia, diabetes, and chronic kidney disease. R43's Minimum Data Set (MDS) assessment, dated 3/28/25, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R43 was severely cognitively impaired. The MDS assessment also indicated R43 was dependent on staff for toileting and required substantial maximal assistance with dressing and hygiene.</p> <p>R43 was placed on droplet precautions due to upper respiratory symptoms of congestion and cough as well as malaise and general aches. On 4/22/25, R43 tested positive for rhinovirus. A chest X-ray noted nothing acute. R43 was prescribed Levaquin (an antibiotic medication) 750 milligrams (mg) daily for pneumonia prophylactic.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook Sheboygan		STREET ADDRESS, CITY, STATE, ZIP CODE 3014 Erie 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/29/25 at 10:09 AM, Surveyor knocked on R43's door to speak with R43 from the doorway. Surveyor noted Maintenance/Transport Employee (MTE)-L sitting in a chair next to R43. MTE-L was not wearing a mask, gloves, or eye protection and indicated MTE-L was programming R43's remote control. Surveyor proceeded down the hallway and spoke with Registered Nurse (RN)-K who indicated R43 was on droplet precautions and staff should don a mask, gloves, and eye protection before entering R43's room. When Surveyor indicated MTE-L was in R43's room without a mask, gloves, or eye protection, RN-K indicated RN-K would speak with MTE-L right away.</p> <p>On 4/29/25 at 1:50 PM Surveyor interviewed RN-K who verified MTE-L was in R43's room without a mask, gloves, or eye protection. RN-K reminded MTE-L that MTE-L needs to wear a mask, gloves and eye protection if a resident is on droplet precautions. RN-K verified the sign outside R43's room indicated R43 was on droplet precautions and stated what PPE was required before entering R43's room.</p> <p>2. From 4/28/25 to 4/30/25, Surveyor reviewed R107's medical record. R107 was admitted to the facility on [DATE] and had diagnoses including acute osteomyelitis and sepsis. R107's MDS assessment, dated 4/25/25, had a BIMS score of 15 out of 15 which indicated R107 was not cognitively impaired.</p> <p>R107 had an order to infuse 1 mg of cefepime (an antibiotic medication) intravenously (IV) over 30 minutes via peripherally inserted central catheter (PICC) line (a thin flexible tube that is inserted into a vein in the arm and threaded up into a larger vein in the chest near the heart).</p> <p>On 4/28/25 at 9:18 AM, Surveyor observed an EBP sign outside R107's room and observed ADON-C administer R107's IV antibiotic. Surveyor observed ADON-C wash hands and apply gloves prior to administering the antibiotic. ADON-C did not don a gown in accordance with the facility's EBP policy for high-contact-resident care.</p> <p>On 4/28/25 at 9:35 AM, Surveyor interviewed ADON-C who acknowledged ADON-C should have worn a gown when administering R107's IV antibiotic. ADON-C verified R107 was on EBP and had an EBP sign posted outside R107's room.</p> <p>On 4/30/25 at 1:26 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should wear gowns during high-contact cares for a resident on EBP. DON-B confirmed administering IV medication is considered high-contact resident care.</p>		