STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525598	A. Building B. Wing	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheboygan Senior Community Inc	3505 County Road Y Sheboygan, WI 53083

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 - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not ensure care was provided in accordance with a physician order for 1 resident (R) (R9) of 16 sampled residents.R9 had a diabetic heel ulcer. An Apligraf (a bioengineered, bi-layered skin substitute that contains living human keratinocytes, fibroblasts, and bovine collagen commonly used to treat diabetic foot ulcers) was applied at a podiatry appointment on 11/3/25 with an order not to remove the graft. Staff removed the graft on 11/4/25 and did not inform the podiatry clinic. During a podiatry appointment on 11/11/25, it was noted that the Apligraf was missing and R9's ulcer had worsened. R9 was hospitalized for nine days and diagnosed with osteomyelitis (a bone infection). R9 required surgical debridement and both intravenous (IV) and oral antibiotics. The facility's lack of order entry process along with not following current orders/not clarifying orders with the physician resulted in the Apligraf being removed between 11/3/25 and 11/11/25. This resulted in R9 being admitted to the hospital for surgical debridement, IV antibiotics, insertion of a peripherally inserted central catheter (PICC) line (a thin tube inserted into a peripheral vein in the upper arm and threaded to a large vein near the heart for long-term intravenous access), and hospitalized for nine days. There was no sign of infection at the time the Apligraf was applied on 11/3/25.Findings include: The facility's Medication Orders policy, dated February 2025, indicates: The purpose of this procedure is to establish uniform guidelines in receiving and recording medication orders .Recording Orders: .6. Treatment Orders: When recording treatment orders, specify the treatment, frequency, and duration of the treatment .From 1/12/26 to 1/20/26, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including diabetes with polyneuropathy, peripheral artery disease, status post right below-the-knee amputation (BKA) (7/16/25), and chronic left posterior ankle diabetic ulcer with visible tendon. R9's Minimum Data Set (MDS) assessment, dated 1/7/26, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R9 had intact cognition. R9 made R9's own healthcare decisions.R9 had a diabetic ulcer on the left foot. Surveyor reviewed wound care notes and physician visit notes. (Of note: The location was referred to as heel and posterior ankle interchangeably.) A wound care note, dated 9/25/25, indicated R9's right BKA surgical stump wound was healed and the left heel wound included visible tendon.A note from a podiatry visit with Doctor of Podiatric Medicine (DPM)-P on 10/16/25 indicated: Cleanse wound with saline and gauze. Apply gentian (antiseptic dye that helps promote healing) to peri-wound and Adaptic (non-adherent wound dressing that protects regenerating tissue) to wound bed. Cover with ABD (gauze dressing that absorbs fluid from draining wounds). Secure with Kerlix (gauze bandage). Change three times weekly and as needed. R9 was being treated under an advanced wound care plan and with a plan to apply a graft.On 10/20/25, podiatry applied an Apligraf to R9's left heel. A wound care note, dated 10/27/25, indicated: Apligraf applied last week. Okay to remove Apligraf today. DPM-P plans to apply every other week with a one week break between applications. Will (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 - Actual harm Residents Affected - Few	alternate wound care and podiatry appointments with wound care to remove graft and podiatry to apply. Will apply Hydrofera blue (antibacterial foam wound dressing) today. Left posterior ankle: Cleanse wound with saline and gauze. Apply saline-moistened Hydrofera blue to wound bed. Cover with ABD. Secure with Kerlix. Change 3 times weekly and as needed (PRN). On 11/3/25, podiatry applied Apligraf #2 to R9's left heel ulcer. A progress note by DPM-P indicated: The total wound surface area has continued to improve and is 11 centimeters squared (cm2). Apligraf application was discussed to help promote healing. Verbal consent was obtained. Home health will change the dressing once this week. They are not to disturb the Steri-Strips or Adaptic so as not to disturb the graft. R9 should follow-up with DPM-P next week. Apligraf 11 cm2 graft application #2 was applied to the wound. Adaptic was applied over the graft followed by Steri-Strips, a 4 x 4 (gauze), and an ABD. Kerlix and Coban (self-adherent plastic wrap used in wound care) were applied over the Steri-Strips and Adaptic. The graft should not be disturbed until R9 follows-up with wound care the following week. A new graft should be applied in 2 weeks. A progress note, dated 11/3/25 at 2:05 PM and written by Licensed Practical Nurse (LPN)-F, indicated R9 had a podiatry appointment with treatment: Wound graft #2 placed on left foot. DO NOT REMOVE. (Of note: The order (written on 11/3/25) was not entered into R9's Treatment Administration Record (TAR) until 11/4/25. A wound care note, dated 11/11/25, indicated when R9's heel dressing was removed, the Apligraf was gone. The left heel contained a significant amount of boggy, non-viable, hypergranulation tissue (excessive growth of friable, bright red or dark tissue that extends above the wound margin, often signaling stalled healing, infection, or chronic irritation). The wound edges were cauterized (a medical technique using heat chemicals (electrocautery), or cold (cryocautery) to seal blood vessels, stop bleeding, and remove abnormal tissue). R9 was admitted to the hospital for surgical debridement (a medical procedure that uses sterile instruments like scalpels or scissors to remove necrotic (dead), damaged, or infected tissue and foreign debris from a wound, facilitating faster healing) and IV antibiotics. (Of note: R9 reported to the wound care provider during the visit that a nurse removed the Apligraf a day after it was applied and later applied Adaptic and gauze. R9 did not inform anyone until the wound clinic visit on 11/11/25.) On 11/13/25, R9 was diagnosed with calcaneus (heel bone) osteomyelitis status post partial calcanectomy (removal of heel bone) and debridement and had a bone biopsy. R9 was diagnosed with Achilles tendon and calcaneus with abscess, calcaneal avulsion fracture (a rare heel bone injury where the Achilles tendon pulls a piece of the heel bone away) and a partial thickness tear of the Achilles tendon.On 11/20/25, R9 returned to the facility on IV antibiotics (vancomycin and ceftriaxone) and had orders for wound care.A vascular surgery note, dated 11/24/25, indicated R9 had adequate perfusion to the left heel wound and required surgical intervention for carotid stenosis (narrowing of the carotid arteries in the neck, usually from plaque buildup, which restricts blood flow and oxygen to the brain, significantly increasing stroke risk) to decrease the risk of stroke when there were no further signs of infection. R9 was cleared to wear a prosthetic and follow-up with a carotid duplex in 2 months.An Infectious Disease note, dated 12/2/25, indicated R9's surgical culture was positive for Proteus and diptheroids. The wound was closed with no signs of infection. R9 was to continue IV vancomycin until 12/25/25, complete a vancomycin trough (a lab to measure vancomycin levels) and weekly labs, and start Cefdinir (an antibiotic) 300 milligrams (mg) by mouth twice daily for 2 months starting 12/26/25.A podiatry note, dated 12/4/25, indicated R9's heel wound sutures were removed with no signs of infection. R9's foot was dressed with a dry sterile dressing. The note indicated to keep the dressing clean, dry, and intact and continue elevating. R9 could weight bear as tolerated with the prosthetic and progress with physical therapy.A wound care note, dated 12/30/25, indicated the wound was healed. It was (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	recommended to cover the wound for protection for 2 weeks. R9 could weight bear and wear proper footwear. The note contained the following wound care order: Left posterior ankle: Cleanse with saline; pat dry; cover newly healed area with ABD and Kerlix padding the heel well. Change 3 times weekly and as needed. Continue pressure relief to the left heel and prevent friction to the area to prevent reopening.Surveyor reviewed R9's medical record and TAR for wound care orders for the left posterior ankle/heel and noted the following:~ Dressing change for left lower extremity (LLE): Per podiatry: Change outer bandage cautiously with gauze, ABD, Kerlix, and tape twice weekly. Once daily on Tuesday and Saturday. Special Instructions: ***DO NOT REMOVE ADAPTIC AND STERI-STRIPS*** SKIN GRAFT TO REMAIN IN PLACE. (Start date: 10/20/25; End date: 10/28/25). (The order was documented as completed on 10/21/25 and 10/25/25.) ~ Cleanse wound with saline and gauze. Apply saline-moistened Hydrofera blue to wound bed. Cover with ABD. Secure with Kerlix. Once daily on Tuesday, Thursday, and Saturday (Start date: 10/28/25; End date: 11/4/25).~ Left posterior ankle: Cleanse wound with saline and gauze. Apply saline-moistened Hydrofera blue to wound bed. Cover with ABD. Secure with Kerlix. Once a day on Tuesday, Thursday, and Saturday. DO NOT REMOVE SKIN GRAFT (under special instructions) (ordered by Medical Doctor (MD)-Q and created by LPN-F). (Start date: 11/4/25; End date: 11/6/25). (The order was documented as completed by LPN-F on 11/4/25 and LPN-G on 11/6/25).~ DO NOT REMOVE DRESSING AT LEFT ANKLE UNTIL SEEN AT WOUND CLINIC. NEW GRAFT PLACED 11/3/25. Frequency every shift. (Start date: 11/6/25; End date: 11/20/25). (The order was documented as completed on the 11/6/25 AM shift through the 11/11/25 AM shift.) ~ DO NOT REMOVE DRESSING AT LEFT ANKLE UNTIL SEEN AT WOUND CLINIC. NEW GRAFT PLACED 11/5/25. Frequency every shift. (Start date: 11/6/25; End date: 11/6/25). (The order was documented as not completed on 11/6/25 at 3:14 PM by LPN-G with a reason of other.) On 1/15/26 at 10:58 AM, Surveyor interviewed R9 regarding the left heel skin grafts. R9 stated the day after the second graft was applied, a nurse (who R9 described) looked at R9's left heel and stated, Eww. What's that? The nurse left the room, returned with supplies, wet the wound, and pulled pieces of the skin graft off. R9 did not have feeling in the left foot. R9 did not say anything but wondered why the nurse did that. R9 stated the same nurse came back later that day with another nurse. They unwrapped R9's left foot and re-did the dressing. R9 informed the provider at a wound clinic appointment on 11/11/25. R9 stated the provider verified the skin graft was gone. On 1/20/26 at 10:45 AM, Surveyor interviewed Wound Care Registered Nurse (WCRN)-J via telephone who worked with Wound Care Nurse Practitioner (WCNP)-K at the wound clinic. RN-J verified R9's 11/11/25 appointment was pre-scheduled and stated the wound clinic did not have any documented calls from the facility except notification that R9 had an X-ray on 11/11/25. WCRN-J stated WCRN-J was available for further information via fax request. On 1/20/26 at 10:55 AM, Surveyor interviewed Podiatry Registered Nurse (PRN)-O from the office where R9 received the heel skin grafts. PRN-O verified R9's medical record did not contain telephone encounters or questions from the facility.On 1/20/26 at 11:29 AM, WCRN-J called Surveyor and stated WCRN-J spoke with the nurse and provider who worked with R9 on 11/11/25. WCRN-J stated the facility did not contact the wound clinic prior to R9's visit on 11/11/25. WCRN-J stated R9 told DPM-P that staff removed the Apligraf, applied Hydrofera blue, and then came back and removed the Hydrofera blue. WCRN-J stated wound clinic staff removed an Adaptic dressing from R9's left heel on 11/11/25 which was the only dressing on the heel. WCRN-J stated the Apligraf was not on long enough to adhere and indicated it takes 48 hours to adhere to the wound and begin working. R9 reported that staff removed the graft (on 11/4/25) the day after it was applied (on 11/3/25). WCRN-J stated R9's left heel wound became infected and required surgical debridement. R9 was admitted to the hospital on [DATE] for surgical intervention and IV antibiotics. WCRN-J stated the skin graft looked like a non-transparent (continued on next page)

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