STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER St Paul Elder Services, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 316 East 14th Street Kaukauna, WI 54130	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a provider was notified of a change in condition for 1 resident (R) (R1) of 3 sampled residents.The facility did not notify a provider and obtain an order when staff increased R1's oxygen (O2) to 4 liters per minute (LPM).Findings include:The facility's Condition or Status Change policy, revised 7/2023, indicates: 1. The nurse notifies the resident's physician or on-call physician when there has been: .c. A significant change in the resident's physical, emotional, or mental condition, including diagnostic testing results that are abnormal.Between 3/25/26 and 3/26/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including pneumonia and dependence on supplemental oxygen (both initiated 10/12/26). R1's Minimum Data Set (MDS) assessment, dated 9/13/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1 was R1's own decision maker. A progress note, dated 10/12/25 at 10:50 AM, indicated R1's oxygen saturation level was in the 80s at room air and increased to 90% with an incentive spirometer and cough and deep breathing. R1's oxygen saturation was 85% with oxygen at 1LPM via nasal cannula and 90-93% on 2 LPM via nasal cannula. R1 had shortness of breath with exertion and lying flat and relief with sitting up and at rest. R1 complained of intermittent dizziness. R1's provider was notified. A progress note, dated 10/12/25 at 11:50 AM, indicated a Nurse Practitioner (NP) gave orders for a blood draw, fecal occult stool test x 3, duonebs as needed for shortness of breath and wheezing, and to hold R1's evening Eliquis (an anticoagulant medication used to prevent blood clots). R1 also had orders for a stat (without delay) 2 view chest X-ray done in the facility related to abnormal lung sounds and decreased oxygen saturation. All of the above orders were processed.A progress note, dated 10/12/25 at 4:23 PM, indicated R1's vital signs on the PM shift revealed a decreased oxygen saturation level of 85% on 2 LPM of oxygen via nasal canula. When R1's oxygen was increased to 2.5 LPM, R1's oxygen saturation level increased to 88%. A nursing assessment revealed wheezing/rales throughout the upper and lower lung bases. Rales/rhonchi were unrelieved with coughing. When R1's oxygen was increased to 3 LPM, R1's oxygen saturation level increased to 90-91%. R1 was encouraged to continue the incentive spirometer and cough and deep breathing. R1's physician was notified. Orders were received to keep R1's oxygen level above 90% and keep R1 on 3 LPM of oxygen via nasal cannula. R1 was adamant R1 did not want to go to the hospital and did not want R1's family or children updated. A stat X-ray was ordered and completed. The facility was awaiting the results.On 10/12/25, an order was initiated for oxygen at 3 LPM to keep oxygen saturation level greater than 90%. An order was also received to document on the Treatment Administration Record (TAR) 3 times per day (AM, PM, and Night) the LPM used and R1's oxygen saturation level. Surveyor reviewed R1's TAR and noted on 10/12/25 and 10/13/25, R1 was on 3 LPM of oxygen each shift. On 10/14/25, staff documented R1 used 4 LPM of oxygen. On the 10/14/25 AM shift, R1 used 4 LPM and R1's oxygen saturation level was 92%. On the 10/14/25 PM shift, R1 used 4 LPM and R1's oxygen saturation level was 92%. On the 10/14/25 into 10/15/25 night shift, R1 used 4 LPM and R1's oxygen saturation level was 92%. On the 10/15/25 AM shift, R1 used 4 LPM and R1's (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525617	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Paul Elder Services, Inc	316 East 14th Street Kaukauna, WI 54130

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen saturation level was 94%. R1's medical record did not include physician notification, a progress note, or an order updating R1's oxygen use to 4 LPM.A progress note, dated 10/14/25 at 2:39 PM, indicated R1 remained on 4 LPM of oxygen via nasal cannula to keep R1's oxygen saturation level greater than 90%. On 3/26/26 at 10:00 AM, Surveyor interviewed Physician Assistant (PA)-C via phone who worked for the facility's contracted medical provider. PA-C indicated if a resident has pneumonia and is already using oxygen, PA-C would want to know if oxygen was increased and why. PA-C indicated PA-C would have instructed staff to continue to monitor as long as R1 remained alert and did not use accessory muscles to breathe. PA-C indicated PA-C would not have sent R1 to the hospital at that time.On 3/26/26 at 11:10 AM, Surveyor interviewed PA-D who was called when R1 was sent to the hospital on [DATE]. PA-D indicated PA-D would want to know if oxygen was increased and why. PA-D indicated unless R1 was using accessory muscles to breathe, PA-D would have instructed staff to continue to monitor and would not have sent R1 to the hospital at that time.On 3/26/26 at 9:00 AM, Surveyor interviewed Director of Nursing (DON-B) who verified staff should have contacted R1's provider and obtained an order when they increased R1's oxygen to 4 LPM.