STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525704	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eden Rehab Suites and Green House Homes	3151 Eden CT Oshkosh, WI 54904

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 - Immediate jeopardy to resident health or safety 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** 38793 Based on staff interview and record review, the facility did not ensure wound care was completed as ordered and in accordance with the resident's care plan for 2 residents (R) (R1 and R4) of 4 sampled residents. R1 was admitted to the facility on [DATE] for rehab following surgery for Charcot's foot (a foot/ankle structural and nerve damage due to diabetes) and had an order for a daily dressing change. R1's daily dressing change was not completed from 5/22/24 until 5/27/24. During a dressing change on 5/27/24 at approximately 1:00 AM, Registered Nurse (RN)-C observed maggots in R1's pin site surgical wound. RN-C also noted areas of redness, warmth, tenderness, and swelling. R1 was transferred to the hospital on 5/27/24 where the wound was debrided (mechanical removal of dead tissue) and flushed twice with sterile saline. R1 received intravenous (IV) antibiotics and was discharged to another skilled nursing facility on 5/30/24. The facility's failure to complete surgical wound treatment for a resident created a finding of immediate jeopardy that began on 5/27/24. Surveyor notified Nursing Home Administrator (NHA)-A of the immediate jeopardy on 6/18/24 at 9:46 AM. The immediate jeopardy was removed on 6/18/24, however, the deficient practice continues at a severity/scope level D (no actual harm with potential for more than minimal harm) as evidenced by the following example. R4's dressing change was not completed as ordered on 6/14/24. Findings include: The facility's Healthy Skin policy, revised May 2024, states the facility strives to ensure residents receive care consistent with professional standards of practice .If a resident is admitted with .skin concerns, the following may be implemented: .2. Assess skin concerns for signs of wound infection .9. Consider prevention measures and interventions for skin concerns as appropriate .13. Update the resident care plan as necessary. 1. On 6/17/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] following surgery for Charcot's foot and had diagnoses including type 2 diabetes, kidney disease, lymphedema, and hypothyroidism. R1's most recent Minimum Data Set (MDS) assessment, dated 5/12/24, 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. (continued on next page)

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

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's care plan, dated 5/6/24, contained an intervention to complete dressing changes as ordered and monitor the surgical wound for signs or symptoms of infection. A physician order, dated 5/16/24, stated to cleanse the around the pin sites with chlorhexidine, apply Xeroform (a fine mesh gauze occlusive dressing) at the top of the pin site, and wrap with Kerlix daily on the PM shift. A wound assessment for R1's left lower extremity, dated 5/21/24, indicated R1's superior pin site measured 0. 9 cm (centimeters) (length) x 1 cm (width) x .3 cm (depth) with minimal serous (clear) drainage. R1's May 2024 Treatment Administration Record (TAR) indicated the following: ~ On 5/22/24, the wound treatment was held by Registered Nurse (RN)-D with no documented rationale. ~ On 5/23/24, the wound treatment was not completed and had no documented rationale. ~ On 5/24/24, the wound treatment was signed out as completed by RN-D. ~ On 5/25/24, the wound treatment was not completed and had no documented rationale. A progress note, dated 5/27/24 at 3:05 AM and written by RN-C, indicated when RN-C completed R1's left lower extremity dressing change, RN-C observed maggots in R1's wound. RN-C immediately notified Director of Nursing (DON)-B who instructed RN-C to notify the on-call provider. The on-call provider told RN-C to cleanse the wound as best as possible and have the AM shift follow up. RN-C administered R1's as needed (PRN) Vicodin after R1 complained of pain. RN-C continued with the dressing change and observed more maggots as well as areas of redness, tenderness, warmth, and swelling around the superior pin site. After RN-C completed the dressing change, RN-C notified the on-call provider of infection concerns and R1 was sent to the hospital. On 6/18/24, Surveyor interviewed RN-C who verified the information in the 5/27/24 progress note. RN-C stated RN-C began R1's dressing change at approximately 1:00 AM because RN-C had to deal with an emergent situation with another resident at the beginning of the shift (10:00 PM). On 6/18/24, Surveyor reviewed R1's hospital notes, dated 5/27/24 to 5/30/24. The notes indicated R1 was administered two IV antibiotics and narcotic pain medication while in the emergency room (ER) and was admitted to the hospital for additional wound management. On 5/27/24, R1's wound measured 2 cm x 1 cm x 4 cm with notable maggots, white necrotic tissue, and serosanguinous (blood tinged) drainage. R1's wound was mechanically debrided and flushed with sterile saline twice. R1 discharged to another skilled nursing facility on 5/30/24. On 5/27/24, the facility initiated an investigation for R1's wound. A facility-wide sweep was done for all residents with wounds. Resident interviews were completed with no concerns. RN-F, RN-D, and Licensed Practical Nurse (LPN)-E were suspended pending the investigation due to suspicion of not completing dressing changes. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility's interview with RN-F on 5/27/24 verified RN-F did not complete R1's dressing change on 5/25/24 because RN-F was too busy. The facility attempted to interview RN-D several times with no success. Surveyor attempted to interview RN-D on 6/17/24 with no success. Surveyor left a voicemail for RN-D and has not received a return call as of this writing. Based on the date of the last dressing change (5/21/24), NHA-A concluded RN-D did not complete R1's dressing changes on 5/22/24 and 5/24/24. The facility's interview with LPN-E on 5/27/24 verified LPN-E did not complete R1's dressing change on 5/23/24 because LPN-E did not see the order in R1's TAR. On 5/30/24, NHA-A substantiated neglect for three staff members, RN-D, LPN-E, and RN-F. The failure to complete ordered treatment for a surgical wound led to serious harm for R1 which created a finding of immediate jeopardy. The facility removed the jeopardy on 6/17/24 when it completed the following: 1. Initiated staff-wide education regarding wound care, neglect, TAR/Medication Administration Record (MAR) sign-outs, and resources. 2. Initiated ongoing review with staff during weekly huddles. 3. Reviewed all current residents with wounds to ensure dressings were changed as ordered. 4. Initiated a plan to complete daily dressing change audits to ensure all dressings are changed as ordered. The deficient practice continues at a severity/scope level D based on the following example: 2. On 6/17/24, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including non-pressure chronic ulcer of the right heel and midfoot with fat layer exposed, peripheral vascular disease (PVD), type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene and with other circulatory complications, infection of amputation stump-left lower extremity, and encounter for surgical aftercare following surgery on the skin and subcutaneous tissue. R4's MDS assessment, dated 5/30/24, had a BIMS score of 13 out of 15 which indicated R4 had intact cognition. R4 had a treatment order, dated 5/22/24, for the right lower extremity that indicated: Clean with soap and water, apply silver gel to wound bed, cover with foam border dressing, and apply blue top lotion to right lower extremity three times per week on Monday, Wednesday, and Friday PM. Update the wound clinic Nurse Practitioner and wound care clinic if the area worsens or show signs or symptoms of infection. R4's June 2024 TAR contained a right lower extremity treatment on 6/14/24 that was not signed out by LPN-H. R4's medical record did not contain documentation to indicate the treatment was performed as ordered. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 6/17/24 at 12:44 PM, NHA-A provided a copy of R4's June 2024 TAR and plan of care. NHA-A confirmed there were treatments that were not signed out but stated there should be documentation in the nurses' charting to coincide with the missed treatments on the TAR. Surveyor was unable to locate any documentation related to the missed dressing change in R4's medical record. On 6/17/24 at 2:37 PM, DON-B confirmed R4's treatment was not completed on 6/14/24. DON-B provided Surveyor with a Medication Error Form that stated Dressing change was not changed as ordered on 6/14/24 and not signed out. DON-B stated DON-B had been printing daily dressing change audits Monday through Friday while at the facility and reviewed the audits for Saturday and Sunday on the following Monday. DON-B stated DON-B had not yet reviewed the audits for R4's treatments from 6/14/24 through 6/16/24 as of 2:37 PM on 6/17/24 because DON-B was busy with other tasks. DON-B verified there were no staff assigned to review the audits over the weekend. On 6/17/24 at 3:01 PM, RN-G completed wound care on R4's lower extremity as ordered. RN-G verified the soiled dressing that RN-G removed was dated 6/12/24 which indicated R4's 6/14/24 dressing change was not completed.