

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Eden Rehab Suites and Green House Homes		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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>47248</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure the resident environment for 1 Resident (R) (R8) of 2 residents was as free of accident hazards as possible.</p> <p>The facility did not implement fall interventions contained in R8's person-centered comprehensive care plan and medical record.</p> <p>Findings include:</p> <p>The facility's Fall Risk Assessment and Management policy, last updated in March 2018, indicates: It is the policy of this facility to provide as safe an environment for our residents as possible .Following the falls risk assessment, a team approach to initiate fall prevention interventions is recommended. If the resident is at risk for falls, this guide suggests interdisciplinary interventions that include medical, nursing and rehabilitation management .If any of the following medical factors are present, implement standard fall prevention interventions impaired mobility .frequent toileting history of falls .loss of balance, weakness musculoskeletal/give way .Standard Falls Prevention Interventions include: .use safety and positioning devices as listed on plan of care .High Risk Fall Prevention Interventions are interventions designed to be implemented for residents with multiple fall risk factors and those who have fallen. These interventions are designed to reduce severity of injuries due to falls as well as prevents falls from reoccurring, supplementing stand fall prevention interventions .All Staff: Look in room when walking by to monitor for unsafe situations . Equipment: Consider use of technology for fall prevention and to decrease the chance of injury with falls: non-skid floor mat .low beds for residents at risk for falls .</p> <p>On 3/18/24 at 11:29 AM, Surveyor observed R8 in a wheelchair with R8's arm in a sling. Surveyor interviewed R8 who indicated R8 fell in the bathroom when R8 reached for an item. R8 indicated R8's arm and leg were hurt in the fall. R8 spent time in the hospital and returned to the facility.</p> <p>On 3/18/24, Surveyor reviewed R8's medical record. R8 had diagnoses including chronic diastolic heart failure, type 2 diabetes, stress incontinence, and non-displaced fracture of left shoulder and femur. R8 was enrolled in Hospice services. R8's Minimum Data Set (MDS) assessment, dated 3/3/24, indicated R8 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R8 had severe cognitive impairment. The MDS indicated R8 self-propelled R8's wheelchair, was non-weight bearing, required a Hoyer lift for transfers, and required assistance of one staff for bed mobility.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's care plan indicated R8 had falls with injury. R8's falls care plan, last revised on 2/28/24, contained the following interventions: Nursing staff to observe behaviors; Keep bed low to the ground and keep wheels locked; Place mat on the floor beneath bed in case R8 rolls out; Frequent checks; Observe during toileting; Non-skid footwear; Encourage to ask for assistance; Report pain; Dycem to wheelchair and recliner; Call light within reach; Report behaviors that would cause harm; Assist with all transfers; Encourage to eat meals in dining room with supervision.</p> <p>R8's medical record indicated:</p> <p>~On 12/30/23, R8 slid out of R8's wheelchair.</p> <p>~On 2/4/24, R8 slid out of R8's recliner and sustained a hematoma to the left eye.</p> <p>~On 2/12/24, R8 fell when R8 reached for an item in the bathroom and fractured R8's left arm and femur.</p> <p>~On 2/27/24, R8 fell from R8's bed without injury.</p> <p>~On 3/16/24, R8 crawled on the floor to find R8's recliner after R8 fell off the edge of the bed without injury.</p> <p>On 3/19/24 at 8:00 AM, Surveyor observed R8 in bed. R8's bed was not in the lowest position and the floor mat was resting against a chair across the room.</p> <p>On 3/19/24, Surveyor reviewed R8's care plan and fall investigations. R8's current interventions for falls included: Bed in lowest position with fall mat placed next to bed in case R8 rolls out of bed (initiated 2/26/24). R8 fell from bed on 2/27/24 and 3/16/24.</p> <p>On 3/19/24 at 11:09 AM, Surveyor observed R8 in bed with the bed in a high position and the floor mat resting against a chair across the room.</p> <p>On 3/19/24 at 12:16 PM, Surveyor interviewed Director of Nursing (DON)-B who verified the intervention for bed in lowest position with fall mat placed next to bed in case R8 rolls out of bed was initiated on 2/26/24 after R8 returned from the hospital following a fall on 2/12/24 that resulted in a fractured femur and left shoulder. DON-B stated due to R8's change in condition from the fall on 2/12/24, the intervention was put in place to prevent further injuries from falls. DON-B verified R8 was assessed as a high fall risk and verified R8 fell from bed on 2/27/24. DON-B confirmed the low bed and fall mat were required when R8 was in bed. When Surveyor indicated Surveyor observed R8 in bed without a low bed and fall mat, DON-B indicated DON-B expected staff to implement the interventions to prevent further injuries. DON-B stated DON-B would ensure the interventions were followed and provide education to staff.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</b></p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect all 24 residents residing in the facility.</p> <p>Staff did not ensure proper methods were used to rapidly cool time/temperature control for safety food. In addition, staff did not document cooling temperatures for time/temperature control for safety food not held hot or not for consumption within 4 hours.</p> <p>Staff did not clean the kitchenettes daily which resulted in unclean and unsanitary conditions.</p> <p>Findings include:</p> <p>Food Cooling:</p> <p>During an initial kitchen tour on 3/8/24 that began at 8:18 AM, Dietary Manager (DM)-C indicated the facility followed the Wisconsin Food Code.</p> <p>The Wisconsin Food Code 2022 documents at section 3-501.14 Cooling. (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57 Celsius (C) (135 Fahrenheit) (F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5 C (41 F) or less.</p> <p>The Wisconsin Food Code 2022 documents at section 3-501.15 Cooling Methods. (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</p> <p>During the initial kitchen tour Surveyor noted the kitchen cooler contained the following items:</p> <p>~One container labeled Beef tips dated 3/6</p> <p>~One container labeled Cream of [NAME] soup dated 3/16</p> <p>~One container labeled Turkey soup dated 2/1</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>Surveyor reviewed the facility's Cooling and Heating Chart Time/Temperature Log for potentially hazardous foods which indicated: Critical control points: food is cooled quickly and safely from 140 degrees Fahrenheit (F) to 70 degrees F or below within an additional 4 hours (total cooling time 6 hours) . The form contained the following information: 2/1 nothing left 2/2 Salmon with starting time 12:15 .starting temp 108 F .temp after two hours .52 F .2/3 BBQ Ribs .starting time 12:25 .starting temp 110 . Surveyor noted the items in the cooler were not listed on the cooling log. Surveyor interviewed DM-C who confirmed the facility's process is to document food cooling temperatures on the cooling log to ensure food is cooled safely with an approved cooling method. DM-C confirmed the leftover items in the cooler were stored for future without following the facility's cooling policy.</p> <p>Cleanliness:</p> <p>On 3/18/24 at 11:45 AM, Surveyor toured the [NAME] Garden Home kitchenette and noted the following:</p> <ul style="list-style-type: none"> <li>~The toaster contained crumbs on top and around the bottom that accumulated on the countertop around the toaster.</li> <li>~The outside of the refrigerator contained multiple brown and white smudged food particles on the outside doors and door handles.</li> <li>~The inside door of the vegetable crisper contained brown food particles, dried brown and green lettuce leaves, and onion skins. The drawer contained onions skins.</li> <li>~The bottom of the refrigerator contained multiple brown and red stains and drops of an unknown substance.</li> <li>~The bottom drawer of the freezer contained multiple discarded twist ties and brown food particles.</li> </ul> <p>On 3/19/24 at 11:58 AM, Surveyor again toured the [NAME] Garden Home kitchenette and noted the same conditions listed above.</p> <p>On 3/19/24 at 2:00 PM, Surveyor interviewed DM-C who indicated the kitchenettes should be cleaned daily and as needed by staff.</p>		