

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF FOND DU LAC		STREET ADDRESS, CITY, STATE, ZIP 265 S NATIONAL AVE FOND DU LAC, WI 54935	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review and staff interview, the facility did not make a prompt effort to resolve a grievance for 1 Resident (R) (R5) of 1 residents. AC (Anonymous Complainant)-E voiced concerns to facility staff on multiple occasions regarding the use of face masks in the facility. SSD (Social Services Director)-D verified R5's family expressed the concern during a meeting on 7/08/20. SSD-D did not initiate a grievance; therefore, staff did not receive education and the grievance was not resolved. Findings include: The facility's Grievance/Concerns Policy and Procedure, dated 12/13/28, states: All residents have the right to voice grievances to the facility or other agency or entity that hears grievances. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns of their stay at the facility. Procedure: Facility will make prompt efforts to resolve all grievances. Residents and/or their representatives are encouraged to direct their concerns to the Administrator, Social Service Director, Director of Nursing or designee, or any appropriate manager. The facility Administrator or designee is the Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading the necessary investigations by the facility; . Facility will use the information gathered in a grievance investigation to prevent further potential violations of any resident rights. Facility will take appropriate corrective action in accordance with state and federal regulations . Facility will maintain the grievance for three years from the date of the issuance of the grievance decision. On 7/10/20, the Surveyor reviewed a complaint filed with the State Survey and Certification Agency. The complaint stated staff were observed in the building as well as walking in and out of the building not wearing face masks. On 7/10/20 at 8:30 AM, the Surveyor entered the facility. The Surveyor noted RCP (Receptionist)-C, who conducted the screening process for the Surveyor, was not wearing a mask. At 9:05 AM, the Surveyor observed RCP-C exit the front office without a mask and hand a buzzer to R2. RCP-C then walked back to the reception office, donned a mask and wheeled R2 outside. On 7/14/20 at 10:09 AM, the Surveyor interviewed AC-E who indicated AC-E observed staff in the building talking with residents and taking residents outside while either not wearing or not properly wearing face masks. AC-E stated the observations were made on two occasions during window visits with R5. AC-E stated during a visit on the weekend of 6/27/20, AC-E observed an unnamed staff member wheel R5 outside. AC-E stated the male staff member wore a face mask that was pulled down below his nose. AC-E stated the staff member adjusted his mask after he was asked to wear his mask properly. AC-E stated a family member spoke with an unnamed nurse regarding the concern. AC-E stated during an appointment with SSD-D on 7/08/20, AC-E again reiterated the concern regarding staffs' use of masks. The Surveyor reviewed the facility's grievance file. The file did not contain a grievance regarding AC-E's concern. On 7/14/20 at 10:50 AM, the Surveyor interviewed SSD-D who verified the concern was expressed during a meeting with R5's family on 7/08/20. SSD-D stated a family member who visited with R5 through the glass window in front of the facility observed staff either not wearing a mask or with their mask pulled down. SSD-D stated, I assured (the family member) staff would be wearing masks and goggles. SSD-D verified a grievance form was not filled out following the concern. SSD-D stated a grievance should have been initiated. SSD-D verified staff education and follow-up with R5's family was not completed in a timely manner because the grievance was not filed.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review and staff interview, the facility did not establish and maintain an infection control program designed to help prevent the development and transmission of disease and infection for 3 Residents (Resident) (R2, R4 and R1) of 5 residents. The Surveyor observed R2 in a wheelchair in the front hallway waiting to go outside. The Surveyor observed RCP (Receptionist)-C exit RCP-C's office without a facemask or goggles and hand a buzzer to R2. The Surveyor observed R4 in a wheelchair in the doorway of BOC (Business Office Coordinator)-J's office. BOC-J's desk was next to the door. The Surveyor observed BOC-J and SSD (Social Services Director)-D in BOC-J's office without properly applied facemasks. The Surveyor observed R1 in a wheelchair across from the first floor nurses' station. R1's facemask was pulled down below R1's nose. The Surveyor noted staff, including CNA (Certified Nursing Assistant)-L, did not encourage R1 to ensure the facemask covered R1's nose. Findings include: The facility's Source Control Practice policy, dated 4/20/20, states: Purpose: When there is no suspected or confirmed COVID-19 cases in the facility, staff and residents in the facility will wear a facemask to prevent the potential spread. Scope: Eden Senior Care employees and residents will wear a facemask for source control and practice extended use when no respiratory symptoms are present. Procedure: Facemask will be worn when in resident care areas. Mask may be removed in offices. On 7/10/20, the Surveyor reviewed a complaint filed with the State Survey and Certification Agency. The complaint stated staff were observed working, entering and exiting the facility without wearing facemasks. On 7/14/20 at 8:30 AM, the Surveyor entered the facility. The Surveyor was directed to RCP-C's office for COVID-19 screening. The Surveyor noted RCP-C was not wearing a facemask. The Surveyor observed a blue surgical mask hanging on the cabinet on the side of RCP-C's desk. RCP-C asked the Surveyor screening questions and took the Surveyor's temperature without wearing a facemask. On 7/14/20 at 8:44, the Surveyor interviewed DOR (Director of Rehab)-F regarding PPE (personal protective equipment) usage in the facility. DOR-F indicated staff wore facemasks and goggles at all times. On 7/14/20 at 9:02 AM, the Surveyor interviewed RNM (Registered Nurse Manager)-G who stated staff were to wear facemasks and goggles at all times. On 7/14/20 at 9:02 AM, the Surveyor observed RCP-C exit the reception office without a facemask or goggles. RCP-C handed a buzzer to R2 who was in a wheelchair in the front lobby. RCP-C then returned to the office, donned a facemask and wheeled R2 out the front door. On 7/14/20 at 9:05 AM, the Surveyor observed MDSC (Minimum Data Set Coordinator)-M in MDSC-M's office without a facemask. The Surveyor noted MDSC-M's office was shared with IDON (Interim Director of Nursing)-B. On 7/14/20 at 9:10 AM, the Surveyor observed RCP-C conversing with CC (Corporate Consultant)-H in RCP-C's office. RCP-C was not wearing a facemask. The Surveyor also observed NHA (Nursing Home Administrator)-A and NHDON (Newly Hired Director of Nursing)-I in NHA-A's office without facemasks. On 7/14/20 at 9:20 AM, the Surveyor observed SSD (Social Services Director)-D and BOC-J in BOC-J's office without appropriately applied facemasks. The Surveyor observed R4 in the doorway of BOC-J's office. The Surveyor noted BOC-J's desk was inside the doorway On 7/14/20 at 9:25 AM, the Surveyor interviewed IDON-B regarding facemasks. IDON-B stated facemasks could be removed when staff were in their offices, but must be reapplied when staff left the office or were in contact with residents. IDON-B stated RCP-C should wear a facemask at all times as RCP-C was the point of contact for screening staff and essential visitors. On 7/14/20 at 9:27 AM, the Surveyor observed RCP-C in RCP-C's office with a facemask pulled down below RCP-C's nose. On 7/14/20 at 9:30 AM, the Surveyor observed R1 in a wheelchair across from the first floor nurses' station. R1's mask was pulled down below R1's nose. The Surveyor observed CNA-L walk past R1. CNA-L did not provide education or encouragement to		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF FOND DU LAC		STREET ADDRESS, CITY, STATE, ZIP 265 S NATIONAL AVE FOND DU LAC, WI 54935	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>ensure R1's mask covered R1's nose. On 7/14/20 at 9:33 AM, the Surveyor interviewed RCP-C regarding facemask usage. RCP-C stated RCP-C usually wore a facemask when someone entered RCP-C's office or when RCP-C had resident contact. RCP-C stated, I was multi-tasking and forgot. On 7/14/20 at 9:35 AM, the Surveyor interviewed SSD-D regarding facemasks. SSD-D stated it was okay for staff to leave their facemasks off or pulled down when in the same office as long as they were six feet apart. SSD-D stated if a resident was in the doorway, SSD-D would apply a facemask even if they were socially distanced. SSD-D stated SSD-D thought SSD-D was wearing a facemask when R 4 was in K-J's doorway. On 7/14/20 at 9:43 AM, the Surveyor again interviewed IDON-B regarding facemask usage in offices. IDON-B stated, (MDSC-M) doesn't wear (a facemask) in (our) office, but I do. At least one of us does. When asked if staff could leave their facemasks off when in the same office, IDON-B stated their facemasks could remain off if they were six feet apart. When asked if staff could leave their facemask off if they were in an office with a resident in their doorway, IDON-B stated staff could leave their facemask off if they were six feet away from the resident.</p>		