STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019328	A. BUILDING: _____ B. WING _____	R-C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE MEADOWS 2	4932 ALDERSON ST SCHOFIELD, WI 54476

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 10/22/2025, the Department conducted a standard licensure, complaint, and verification survey at Pine Meadows 2. The complaint was unsubstantiated. Five deficiencies were identified. The deficiencies from Statement of Deficiency (SOD) 1TFT11, dated 12/19/2024, were corrected. Census: 13 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure staff adhered to an infection control program, based on current standards of practice, to prevent the transmission of infectious diseases for 3 of 3 residents that shared a blood glucose monitor. Findings include: "The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about	N 439		

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

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the risks for transmitting hepatitis B virus (HBV) and other infectious diseases during assisted blood glucose (blood sugar) monitoring and insulin administration. CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements:
Finger stick devices should never be used for more than one person.
Whenever possible, blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and disinfected, then it should not be shared... An underappreciated risk of blood glucose testing is the opportunity for exposure to blood borne viruses (HBV, hepatitis C virus, and HIV) through contaminated equipment and supplies if devices used for testing and/or insulin administration (e.g., blood glucose meters, finger stick devices, insulin pens) are shared. Outbreaks of hepatitis B virus (HBV) infection associated with blood glucose monitoring have been identified with increasing regularity, particularly in long-term care settings, such as nursing homes and assisted living facilities, where residents often require assistance with monitoring of blood glucose levels and/or insulin administration." (Source: Centers for Disease Control and Prevention Website, Infection Prevention during Blood Glucose Monitoring and Insulin Administration, 03/02/2011, https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html, retrieval date - 07/19/2021.)

On 10/22/2025 at 12:06 PM, Surveyor observed Caregiver C check Resident 2's blood sugar using a blood glucose meter. Surveyor observed Caregiver C did not clean or disinfect the blood

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glucose meter after checking Resident 2's blood sugar.

On 10/22/2025 at 12:10 PM, Surveyor observed Caregiver C check Resident 1's blood sugar using the same blood glucose meter. Surveyor observed Caregiver C did not clean or disinfect the blood glucose meter after checking Resident 1's blood sugar.

On 10/22/2025 at 12:18 PM, Surveyor observed Caregiver C check Resident 3's blood sugar using the same blood glucose meter. Surveyor observed Caregiver C did not clean or disinfect the blood glucose meter after checking Resident 3's blood sugar.

On 10/22/2025 at 12:22, Surveyor interviewed Caregiver C. Caregiver C reported he/she received training to clean and disinfect blood glucose meters between each resident. Caregiver C confirmed he/she did not clean the blood glucose monitor after each use. Caregiver C stated Resident 3 has his/her own blood glucose meter and Resident 2 was out of glucometer test strips.

On 10/22/2025 at approximately 2:00 PM, Surveyor interviewed House Lead B. House Lead B reported it is the facility's procedure each resident have their own blood glucose meter and that meters are not be shared with other residents. House Lead B and Surveyor observed the blood glucose meters in the medication cart. Surveyor observed Resident 2's blood glucose meter was the device used between all three residents. Surveyor observed Resident 1 had a blood glucose meter in the medication cart, and House Lead B confirmed Resident 1 did not have glucometer test strips. Surveyor observed

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N 439	Continued From page 3 Resident 3 did have a blood glucose meter in the medication cart. Caregiver C was present during these observations and confirmed she used the same blood glucose meter when checking all three residents blood sugar. On 10/22/2025 at approximately 2:30 PM, Surveyor informed House Manager A of the concerns of sharing a blood glucose meter. House Manager A stated staff should be using individual blood glucose meters for each resident, and staff would be provided with re-education on this topic.	N 439		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by:	N 452		

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N 452	Continued From page 4 Based on observation and interview, the provider did not ensure food was stored under sanitary conditions. Findings include: On 10/22/2025 at approximately 11:05 a.m., Surveyor observed the kitchen. The refrigerator labeled "Refrigerator 1" had food debris on the bottom shelf inside the refrigerator. Surveyor did not locate a thermometer in Refrigerator 1. House Manager (HM) A entered the kitchen. Surveyor showed HM A the food debris in Refrigerator 1 and told HM A Surveyor could not locate the thermometer. HM A looked in the second refrigerator and located 2 thermometers which were in the back of the refrigerator. HM A told Surveyor it was the cook's responsibility to monitor the temperatures of the refrigerators. HM A said the overnight staff were to be cleaning the refrigerators.	N 452		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior wall and ceiling remained in good repair. Findings include: On 10/22/2025 at approximately 11:00 a.m., Surveyor toured the facility. Surveyor observed a large hole that was dented into the drywall in Resident 1's room beside his/her bed. Surveyor	N 491		

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N 491	Continued From page 5 observed the dining area. There was a crack in the beam that ran the length of the beam, drywall and screws were visible. There were cracks in the ceiling in the dining room where the wall and the ceiling meet. On 10/22/2025 at approximately 2:45 p.m., Surveyor interviewed House Manager (HM) A and explained environmental concerns including the walls and ceilings that were in disrepair. HM A said s/he was not aware of the hole in the drywall in Resident 1's room. S/he said s/he will put a maintenance slip in for the hole in Resident 1's room and the cracks in the dining room walls and ceiling.	N 491		
N 501	83.45(5) Garbage & refuse. Garbage and refuse. The CBRF shall dispose of garbage and refuse. Garbage and refuse in inside areas shall be kept in leak-proof, non-absorbent closed containers. Garbage and refuse in outside areas shall be in closed containers. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all garbage and refuse areas inside the facility were kept in closed containers. Findings include: On 10/22/2025 at approximately 11:05 a.m., Surveyor observed the kitchen. The garbage can and recycling bin, located in the kitchen, did not have lids on them. On 10/22/2025 at approximately 2:45 p.m., Surveyor interviewed House Manager (HM) A and	N 501		

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N 501	Continued From page 6 explained environmental concerns including the garbage in the kitchen was not in a closed container. HM A told Surveyor s/he would put a maintenance ticket in to have the garbage bins replaced.	N 501		
N 669	83.60(2) Insect-proof screens on openable windows Screens. All required openable windows shall have insect-proof screens. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all required openable windows had insect proof screens. Findings include: On 10/22/2025 at approximately 11:00 a.m., Surveyor observed the window in the sunroom. The screen had a hole approximately 2 inches in height that spread across the bottom width of the screen, approximately 3 feet. On 10/22/2025 at approximately 2:45 p.m., Surveyor interviewed House Manager (HM) A and explained environmental concerns including the hole in the screen in the sunroom. HM A said s/he would put in a maintenance ticket to have it fixed.	N 669		