

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK AT BLOOMER		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PRIDDY ST BLOOMER, WI 54724		
(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 03/10/2026, Surveyor completed a licensure survey at Meadowbrook At Bloomer. Data collected through 03/19/2026. One deficiency was identified. Census:0	N 000		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that a heating contractor or local utility company completed proper maintenance and made the facility documentation of the maintenance performed available to the surveyor. Findings include: On 03/12/2026 at approximately 10:52 AM, Surveyor requested furnace inspection report from Administrator A. Administrator A stated that	N 504		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK AT BLOOMER		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PRIDDY ST BLOOMER, WI 54724		
(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 504	Continued From page 1 s/he would have to talk maintenance to get the report. At approximately 2:44 PM, Administrator A called Surveyor and left a voicemail that stated after talking to his/her maintenance wo/man the furnace and boiler system they have was not something that was inspected, because the heating system was fed from a hot water heater. Administrator A described it as a "small scale approach." On 03/13/2026 at 7:30 AM, Surveyor requested Administrator A clarify the heating system and to send any inspection for the heating system that the facility had. On 03/17/2026 at 10:13 AM, Surveyor was not provided with any documentation. Surveyor requested documentation from Administrator A to be sent by 2 PM. At 10:37 AM, Administrator A replied stating that the "The water comes from two large model water heaters. As far as I can tell, there is no inspection that can be done on them." At 4:32 PM, Surveyor received an e-mail from Administrator A that had an attached form labeled, "Gas Furnace Tune and Clean Checklist" dated 01/2019. On 03/18/2026 at 8:47 AM, Surveyor sent a follow up e-mail that requested clarification regarding the gas furnace and the last inspection date. Surveyor requested documentation to be sent by 4 PM. At 2:47 PM, Surveyor received an e-mail from Regional Director of Operations (RDOO) B that	N 504		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK AT BLOOMER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PRIDDY ST BLOOMER, WI 54724		
(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 504	Continued From page 2 stated, Administrator A was no longer with the facility as of today. At 3:02 PM, RDOO B stated that [Heating Company] was scheduled on 3/20 for furnace inspection. Surveyor asked for any additional evidence of a furnace inspection between the one provided in 2019 and the one scheduled coming up. On 3/19/2026 at 4 PM, Surveyor had not received an answer or supporting documentation that showed a completed furnace inspection after 01/2019.	N 504			