STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017668	A. BUILDING: _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA MEADOWS	1480 N 7TH ST MANITOWOC, WI 54220

(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 04/10/2024, with information gathered through 04/16/2024, Surveyors reviewed three (3) self-reports and conducted a standard survey. As a result of the self-report review, no new deficiencies were identified. As a result of the standard survey, one new deficiency was identified. Census 20	N 000		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure all rooms were clean and free from odor. Findings include: On 04/10/2024 at approximately 10:30 AM, Surveyors entered the facility and noticed a permeating and pervasive urine-like odor. The odor could be smelled in the common areas, dining areas, administrator's office and throughout the halls of the building. On 04/10/2024, at approximately 11:45 AM, Surveyors toured the building and interviewed Administrator A. Surveyor inquired about the odor noted upon entry. Administrator A identified the urine-like odor was coming from Resident 1's room. Administrator A explained they have been trying to figure out where in the room the odor was originating. S/he stated the facility got a new	N 489		

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

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N 489	Continued From page 1 mattress for Resident 1, but this did not rid the room of odor. Administrator A reported they used a carpet cleaner owned by the facility to clean the carpet, but it did not remove the odor. Administrator A advised s/he spoke to the licensee about replacing the carpet, but they wanted to try cleaning it first. Administrator A confirmed Resident 1 actively used incontinent products, but it was unknown how urine was getting on the floor. On 04/10/2024, at approximately 12:00 PM, Surveyors entered Resident 1's room and noted the odor was stronger. Surveyor observed the carpet was rippled and heavily stained alongside of Resident 1's bed. On 04/16/2024, at approximately 12:30 PM, Surveyors interviewed Executive Regional Director B regarding the flooring and odor issue. Executive Regional Director B explained Administrator B immediately notified him/her of the concern upon Surveyor's departure. Executive Director B stated s/he had a discussion with the licensee. The licensee approved to have the carpet replaced.	N 489		