Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013097	A. BUILDING: ______ B. WING ______	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS OF FALL RIVER (THE)	**101 HOMETOWN AVE FALL RIVER, WI 53932**

(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
U 000	INITIAL COMMENTS On 10/23/2025, Surveyors conducted a standard survey at Meadows of Fall River, a RCAC in Fall River. One deficiency was identified. Census: 35	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure nursing services, including medication administration and medication management, were provided as ordered by the physician/practitioner for 1 of 3 tenants reviewed.	U 118		

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

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U 118	Continued From page 1 The facility did not ensure Tenant 1 received Ciprofloxacin/Dexamethasone 0.3-0.1% ear suspension as ordered by his/her physician. Findings include: On 10/23/2025 at 11:20 AM, Surveyor reviewed Tenant 1's record and medication administration record (MAR) for October 2025. Tenant 1's MAR included the following order: Ciprofloxacin/Dexamethasone 0.3-0.1% ear suspension (Start date: 10/05/2025 / End date: 10/12/2025) - 4 drops in both ears twice daily for 7 days. Tenant 1's MAR indicated s/he did not receive the Ciprofloxacin/Dexamethasone ear solution on any day from 10/05/2025-10/11/2025 due to the medication not being available. On 10/23/2025 at 11:25 AM, Surveyor reviewed Tenant 1's observation record report, dated 09/01/2025 to 10/23/2025. Tenant 1's observation record report included the following entries: -10/06/25 at 9:30 AM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available - notify supervisor. No supply in med cart, pharmacy is currently out of stock. -10/07/25 at 7:20 AM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Other problems. Out of stock at pharmacy. -10/07/25 at 7:54 PM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available - notify supervisor. Waiting on pharmacy stock. -10/08/25 at 8:58 AM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available -	U 118		

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U 118	Continued From page 2 notify supervisor. Pharmacy out of supply. -10/09/25 at 7:29 PM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available - notify supervisor. Out of stock at pharmacy. -10/10/25 at 7:45 AM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available - notify supervisor. Not in med cart. -10/10/25 at 8:10 PM: Ciprofloxacin/Dexamethasone 0.3-0.1% Ear Suspension - No pass: Medication not available - notify supervisor. Waiting on dr. authorization. On 10/23/2025 at approximately 11:45 AM, Surveyor interviewed Facility Nurse B regarding Tenant 1's Ciprofloxacin/Dexamethasone ear suspension. Facility Nurse B indicated s/he was unsure why Tenant 1 did not receive the ear suspension. Facility Nurse B called Tenant 1's pharmacy. The pharmacy said they would check on a billing issue. Surveyor expressed concerns to Administrator A and Facility Nurse B regarding Tenant 1 not receiving this medication in a timely manner. Facility Nurse B indicated s/he would send Surveyor Tenant 1's After Visit Summary, physician order, and documentation of contact with the physician's office. On 10/23/2025 at 3:15 PM, Surveyor reviewed additional documentation provided by Facility Nurse B for Tenant 1: -After Visit Summary, dated 10/02/2025, indicated Tenant 1 was seen for bilateral cerumen (earwax) impaction. Tenant 1 was instructed to use the Ciprofloxacin-Dexamethasone ear drops twice daily for a week before returning for a follow-up earwax removal visit.	U 118		

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U 118	Continued From page 3	U 118		

- Physician Order, dated 10/02/2025, included: Ciprofloxacin-Dexamethasone 0.3-0.1% otic suspension ... ordered today to remove impacted ear wax ... instill 4 drops in both ears 2 times daily for 7 days ... May substitute Cipro HC with same dosing and dispensing instructions.
- Fax from Tenant 1's pharmacy to Tenant 1's physician, dated 10/02/2025, included: insurance coverage issue ... urgent ... non-formulary ... preferred alternative: Neomycin- Polymyxin-HC, Ofloxacin ... Please consider changing to a preferred alternative or complete the cover-my-meds patient form.

On 10/23/2025 at 2:35 PM, Facility Nurse B forwarded Surveyor an email from Tenant 1's pharmacy. The pharmacy indicated the Ciprofloxacin-Dexamethasone ear drops were not covered by Tenant 1's insurance, so a fax was sent to Tenant 1's physician's office with an insurance-preferred alternative listed. No action was taken by the prescriber, so the request was terminated on 10/18/2025. Facility Nurse B indicated s/he followed up with Tenant 1's clinic on 10/23/2025 and confirmed that ofloxacin drops (preferred alternative) would be prescribed and delivered to the provider's facility for Tenant 1 that night.

Tenant 1 was prescribed Ciprofloxacin/Dexamethasone 0.3-0.1% ear suspension for bilateral cerumen on 10/02/2025. The provider did not follow up with Tenant 1's physician until 10/23/2025, 21 days later, to work through insurance issues to obtain the medication.