STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014268	A. BUILDING: _____ B. WING _____	R-C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS	418 KLEINE ST DEERFIELD, WI 53531

(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
{M 000}	INITIAL COMMENTS On 10/22/2025, Surveyors conducted a verification visit at Pleasant Meadows. Three deficiencies were identified; all three were repeat deficiencies. See Statement of Deficiency (SOD) IZ0W11, dated 07/06/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 220}	88.04(2)(c) CHANGE IN TYPE OF INDIVIDUAL SERVED The licensee shall report in writing to the licensing agency any change in the type of individual served at least 30 days before the change. A 30 day written notice of any change in type of individual served shall also be provided to each resident and each resident's guardian, designated representative, service coordinator, placing agency and third party payee. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 4 residents met criteria of the client group described by the facility's license of advanced age. Resident 1 and Resident 2 were less than 55 years old. The licensee did not report this change in the type of individuals served to the licensing agency at least 30 days before the change. This is a repeat deficiency from statement of deficiency (SOD) IZ0W11, dated 07/06/2025.	{M 220}		

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

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{M 220}	Continued From page 1 Findings include: On 10/22/2025, Surveyors conducted a verification visit. The facility was licensed on 08/07/2012 as an adult family home able to serve up to 4 residents within the client group of advanced age. At approximately 9:50 a.m., Licensee A provided Surveyor with a list of residents which included Resident 1 and Resident 2. Resident 1 and Resident 2 were less than 55 years old. Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. A review of Resident 1's birth date indicates s/he is less than 55 years old. Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the facility on 10/23/2029 with diagnoses including anxiety and behavioral issues. A review of Resident 2's birth date indicates s/he is less then 55 years old. At 10:24 a.m., Surveyor asked Licensee A if s/he had updated his/her license and program statement to include additional client groups. Licensee A stated no, that s/he did not, but stated that s/he had issued Resident 2 a 30 day involuntary discharge notice. Licensee A stated s/he would work on updated the provider's program statement and notify the department to add developmental disability and potentially traumatic brain injury. "Person of advanced age. We consider that advanced age (age 55 or older)" (Source: Social Security, www.ssa.gov, October 2008)	{M 220}		

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{M 220}	Continued From page 2 On 10/22/2025, Surveyor reviewed the facility's electronic facility file. There was no documentation that the licensee reported a change in client group, to include more than advanced age, in the facility file.	{M 220}		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was evaluated to determine whether the resident was able to evacuate the home without any help within 2 minutes. This is a repeat deficiency from statement of deficiency (SOD) IZ0W11, dated 07/06/2025. Findings include: On 10/22/2025, Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. There was no documentation of an evacuation assessment for Resident 1.	{M 344}		

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{M 344}	Continued From page 3 At 10:36 a.m., Surveyor asked if Licensee A had completed the fire safety evacuation plan with Resident 1 and evaluated him/her to determine whether or not s/he could evacuate the home without help in 2 minutes. Licensee A stated, "It does not look like I have that."	{M 344}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff for 3 of 3 residents reviewed. The provider did not maintain accurate records of all medications administered by staff to Resident 2, Resident 3 and Resident 4. This is a repeat deficiency from statement of deficiency (SOD) IZ0W11, dated 07/06/2025. Findings include: On 10/22/2025 at 10:07 a.m., Surveyor reviewed the provider's medications, medication storage	{M 466}		

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{M 466}	Continued From page 4	{M 466}		

and resident's medication administration records (MAR). Surveyor observed inconsistent documentation in the MARs.

Example 1 - Resident 2:

Resident 2 was admitted to the provider on 10/23/2019 with diagnoses including anxiety and behavioral issues. Surveyor reviewed Resident 2's physician orders and MARs for October 2025 and noted the following:

- Doxazosin 2 mg at 7:30 p.m.: 4 of 21 entries were blank.
- Docusate 100mg at 5:00 p.m.: 3 of 21 entries were blank.
- Docusate 100mg at 8:00 a.m.: 4 of 22 entries were blank.
- Fluoxetine 40 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Lamotrigine 100 mg at 8:00 p.m.: 4 of 21 entries were blank.
- Lamotrigine 100 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Naltrexone 50 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Omeprazole 20 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Quetiapine 50 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Quetiapine 25 mg at 8:00 p.m.: 4 of 21 entries were blank.
- Risperidone 0.5 mg at 8:00 a.m.: 4 of 22 entries were blank.
- Senna 8.6 mg daily at 8:00 a.m.: 4 of 22 entries were blank.
- Topiramate 50 mg at 8:00 a.m.: 4 of 22 entries were blank.

At 10:10 a.m., Surveyor had reviewed Resident

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{M 466}	Continued From page 5 2's MAR and asked if s/he had been receiving all his/her prescription medications. Licensee A stated yes, that s/he had staff quit, so s/he is the primary caregiver on first shift and s/he has been slacking on medication documentation. Licensee A stated that although each of the resident's have missing documentation in their MARs, s/he knows they received their medications. Example 2 - Resident 3 Resident 3 was admitted to the provider on 01/03/2013 with diagnoses including abnormal behavior. Surveyor reviewed Resident 3's physician orders and MARs for October 2025 and noted the following: - Carbamazepine ER 100 mg at 8:00 a.m.: 18 of 22 entries were blank. - Carbamazepine ER 100 mg at 7:30 p.m.: 21 of 21 entries were blank. - Carbamazepine ER 200 mg at 8:00 a.m.: 19 of 22 entries were blank. - Carbamazepine ER 200 mg at 7:30 p.m.: 21 of 21 entries were blank. - Citalopram 20 mg daily at 8:00 a.m.: 19 of 22 entries were blank. - Fenobibrate 54 mg daily at 8:00 a.m.: 16 of 22 entries were blank. - Multivitamin tab daily at 8:00 a.m.: 16 of 22 entries were blank. - Quetiapine 50 mg daily at 8:00 a.m.: 13 of 22 entries were blank. - Quetiapine 50 mg daily at 7:30 p.m.: 9 of 21 entries were blank. - Senna-docusate 8.6-50 mg daily at 8:00 a.m.: 19 of 22 entries were blank. - Wixela inhub 250/50 mcg inhaler daily at 8:00 a.m.: 22 out of 22 entries were blank. - Nicotine 14 mg patch daily at 8:00 a.m.: 22 of 22	{M 466}		

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{M 466}	Continued From page 6 entries were blank. - Divalproex tab 500mg er daily at 8:00 p.m.: 10 of 21 entries were blank. - Divalproex tab 250mg er daily at 8:00 p.m.: 21 of 21 entries were blank. Example 3 - Resident 4 Resident 4 was admitted to the provider on 11/27/2024 with diagnoses including diabetes. Surveyor reviewed Resident 4's physician orders and MARs for October 2025 and noted the following: - Aspirin tab 325 mg at 8:00 a.m.: 4 of 22 entries were blank. - Donepezil tab 5 mg at 8:00 a.m.: 4 of 22 entries were blank. - Fluoxetine cap 20 mg at 8:00 a.m.: 4 of 22 entries were blank. - Omeprazole cap 20 mg at 8:00 a.m.: 4 of 22 entries were blank. - Vitamin B-12 tab 100 mcg at 8:00 a.m.: 5 of 22 entries were blank. - Vitamin B-6 tab 50 mg at 8:00 a.m.: 5 of 22 entries were blank. - Metformin 1000 mg er daily at 8:00 a.m.: 4 of 22 entries were blank. - Metformin 1000 mg er daily at 5:00 p.m.: 3 of 21 entries were blank. - Arnuity Ellipta 100 mcg/act daily at 8:00 a.m.: 6 of 22 entries were blank. At approximately 10:45 a.m., Licensee A stated that s/he has been working on food storage and staff files, but s/he will ensure resident medication administration documentation is next on his/her list.	{M 466}		