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
	0014268	A. BUILDING: _____ B. WING _____	R-C 02/26/2026

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 02/20/2026, Surveyor conducted a verification visit at Pleasant Meadows. One (1) deficiency was identified; this was a repeat deficiency from Statement of Deficiency (SOD) IZ0W12, dated 10/22/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 2 of 2 residents reviewed. The provider did not maintain accurate records of all medications administered by staff to Resident 3 and Resident 4. This is a repeat deficiency from statement of deficiency (SOD) IZ0W11, dated 07/06/2025, and	{M 466}		

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

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 02/26/2026

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 466}	Continued From page 1 SOD IZ0W12, dated 10/22/2025. Findings include: On 02/20/2026 at 8:27 a.m., Surveyor reviewed the provider's medications, medication storage and resident's medication administration records (MAR) for February 2026. Surveyor observed inconsistent documentation in the MARs: Example 1 - 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 February 2026 and noted the following: - Carbamazepine ER 100 mg at 8:00 a.m.: 20 of 20 entries were blank. - Carbamazepine ER 200 mg at 8:00 a.m.: 20 of 20 entries were blank. - Citalopram 20 mg daily at 8:00 a.m.: 20 of 20 entries were blank. - Fenofibrate 54 mg daily at 8:00 a.m.: 7 of 20 entries were blank. - Multivitamin tab daily at 8:00 a.m.: 7 of 20 entries were blank. - Quetiapine 50 mg daily at 8:00 a.m.: 7 of 20 entries were blank. - Divalproex tab 500 mg er daily at 8:00 a.m.: 13 of 20 entries were blank. - Olanzapine tab 7.5 mg daily at 8:00 a.m.: 18 of 20 entries were blank. Example 2 - Resident 4 Resident 4 was admitted to the provider on 11/27/2024 with diagnoses including diabetes. Surveyor reviewed Resident 4's physician orders	{M 466}		

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 02/26/2026

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 466}	Continued From page 2 and MARs for February 2026 and noted the following: - Aspirin tab 325 mg at 8:00 a.m.: 7 of 20 entries were blank. - Donepezil tab 5 mg at 8:00 a.m.: 8 of 20 entries were blank. - Fluoxetine cap 20 mg at 8:00 a.m.: 6 of 20 entries were blank. -Folic Acid tab 1 mg at 8:00 a.m.: 6 of 20 entries were blank. - Omeprazole cap 20 mg at 8:00 a.m.: 6 of 20 entries were blank. - Vitamin B-12 tab 100 mcg at 8:00 a.m.: 19 of 20 entries were blank. - Vitamin B-6 tab 50 mg at 8:00 a.m.: 19 of 20 entries were blank. - Metformin 1000 mg er daily at 8:00 a.m.: 7 of 20 entries were blank. - Arnuity Ellipta 100 mcg/act daily at 8:00 a.m.: 20 of 20 entries were blank. On 02/20/2026 at approximately 8:45 a.m., Licensee A stated that s/he was just talking to a caregiver about how s/he has to do better at medication administration documentation.	{M 466}		