STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019328	A. BUILDING: _____ B. WING _____	C 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE MEADOWS 2	4932 ALDERSON ST SCHOFIELD, WI 54476

(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 09/12/2025, Surveyor conducted a complaint investigation at Pine Meadows 2. The complaint was substantiated. Two deficiencies were identified. Census: 13	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a comprehensive individualized service plan (ISP) for 1 of 3 residents reviewed. Resident 2's ISP did not include his/her history of pressure injury. Findings include:	N 386		

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

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N 386	Continued From page 1 On 05/08/2025, the Department received a complaint with concerns related to skin breakdown. On 09/12/2025 at approximately 12:50 p.m., Surveyor interviewed Caregiver C. Caregiver C told Surveyor Resident 2's coccyx was very sore, and red. Surveyor asked if the skin was intact over the redness. Caregiver C said it was not. Caregiver C said Resident 2 complained of pain when they provided incontinence cares. Caregiver C said it was hard to relieve pressure from the area as Resident 2 was obese. S/he said even repositioning side to side, Resident 2's bottom was on the bed. S/he said the provider was going to get a larger bed for Resident 2. On 09/12/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 08/05/2025. S/he had multiple diagnoses including: type 2 diabetes mellitus, severe morbid obesity, congestive heart failure, edema, and pressure injury of left buttock. Resident 2's pre-admission assessment, not dated, did not have the skin section completed. Resident 2's ISP, with a print date of 09/12/2025, including his/her diagnoses. The ISP indicated Resident 2 had no short-term illnesses and no recurring illnesses. S/he was on a 2 hour toileting schedule to maintain healthy skin integrity. S/he required full assistance with toileting, bathing, mobility and used a mechanical (Hoyer) lift for transfers. On 09/12/2025 at approximately 1:00 p.m.,	N 386		

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N 386	Continued From page 2 Surveyor interviewed House Lead (HL) B. HL B said s/he was not aware Resident 2 had a sore on his/her coccyx. S/he asked Caregiver D if it was present on admission or if it was new. HL B told Surveyor that Caregiver D said the sore was new. Surveyor asked about Resident 2's pre-admission assessment and the skin section was blank. HL B said s/he completed the form and when s/he conducted the assessment Resident 2 did not have any wounds. Surveyor explained when a resident has a history of a pressure injury that placed them at risk for developing new pressure injuries and their ISP should reflect that risk. HL B confirmed understanding. Resident 2's ISP did not include Resident 2's risk for developing pressure injuries. His/her ISP was not updated when s/he developed a sore to his/her coccyx.	N 386		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure there was adequate staff to meet the needs of all residents on a 24-hour basis. Resident 1, Resident 2, and Resident 3 required the assistance of 2 staff. The provider did not have 2 staff members present on a 24-hour basis.	N 396		

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N 396	Continued From page 3 Findings include: This provider is licensed to care for up to 14 residents in the client groups of physically disabled, irreversible dementia/Alzheimer's disease, advanced age, and terminally ill. This facility is located between two other Community Based Residential Facilities (CBRF), which are owned by the same licensee. On 05/08/2025, the Department received a complaint related to adequate staff. On 09/12/2025 at approximately 9:40 a.m., Surveyor interviewed House Lead (HL) B. HL B told Surveyor Resident 1 and Resident 2 required assist of 2 staff for transfers. HL B told Surveyor they scheduled 2 staff on all shifts. On 09/12/2025, Surveyor reviewed Resident 1, Resident 2, and Resident 3's record. Resident 1 was admitted to the facility on 07/09/2024. Resident 1's individual service plan (SP), with a print date of 09/12/2025, indicated Resident 1 was bed bound, and s/he required full assistance from staff for toileting every 2 hours, repositioning every 2 hours, and maximum assist for transfers with a mechanical lift, called a Hoyer lift. On 05/02/2025 at 6:10 a.m., staff documented the 2 hour toilet check was not completed. Staff documented: "not enough staff." On 05/02/2025 at 10:15 p.m., staff documented, "Resident says [his/her] bottom hurts a lot. Pain is 9/10 [s/he] says. Staff offered prn (as needed) ibuprofen or acetaminophen for pain, [s/he] chose ibuprofen. [S/he] asked for a pillow to be placed	N 396		

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N 396	Continued From page 4	N 396		

under [his/her] bottom, but [s/he] already had a pillow partially under bottom already."

On 08/07/2025 at 6:41 a.m., staff documented the 2 hour toilet check was not completed: "partner wasnt [sic] here to change right away so i [sic] waiting till [s/he] got [his/her] [sic] and [s/he] changed [him/her] alone."

Hospice notes indicated Resident 1 had a pressure injury to his/her buttock on 05/01/2025 and on his/her coccyx on 07/10/2025. On 08/18/2025, hospice noted Resident 1's pressure injury was closed and fragile.

Resident 2 was admitted to the facility on 08/05/2025. Resident 2's diagnoses included morbid obesity and pressure ulcer of left buttock.

On 08/05/2025, Administrator E, who was also the Registered Nurse (RN) manager documented, in part: "Needs total assist with transfers, mobility and cares ... Bedpan for toileting at HS (hour of sleep)... 2 hour toilet - at least offer ... 2 hour toilet DURING NOCS (overnights shift) ..."

Resident 2's ISP, with a print date of 09/12/2025, indicated s/he required assistance with a mechanical Hoyer lift for transfers.

On 09/12/2025 at approximately 12:38 p.m., Surveyor interviewed Caregiver C. Caregiver C told Surveyor Resident 2 did not use the bedpan. S/he said Resident 2 was incontinent in his/her brief. Caregiver C said Resident 2 was approximately 400 pounds and it took 2 staff to provide incontinence cares. S/he said there was "no way to do on your own." At 12:52 p.m., Caregiver C told Surveyor Resident 2 had a sore

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N 396	Continued From page 5 on his/her coccyx. S/he described it as red, sore and the outer layer of skin was off. Resident 3 was admitted to the facility on 03/07/2022. S/he discharged to a skilled nursing facility on 06/05/2025. S/he had multiple diagnoses including: diabetes and hemiparesis (paralysis on one side of the body) to the left side, and malignant neoplasm of the brain. Resident 3's ISP, with a print date of 09/12/2025, indicated s/he required full assistance with bathing, dressing, toileting. S/he required assistance with 2 staff for transfers with a mechanical (Hoyer) lift. Resident 2 was on 15 minute safety checks. On 05/20/2025, staff documented: "[Resident 3] was [sic] [his/her] open sore [sic] very open and bleeding resident was complaining in pain plus [his/her] arm too." On 05/21/2025, Administrator A documented, in part: "Staff notified writer this am (morning) that resident is c/o (complaining of) increased left arm pain. Staff note sore to elbow area. Possible DTI (deep tissue injury). Stage 2 pressure area, [genital area] wound [sic] area dark red and inflamed ..." On 05/27/2025, staff documented, in part: "Staff went to began [sic] to change [Resident 3] this morning around 9 when they noticed the wound on [his/her] buttock was open ..." On 05/31/2025, staff documented: "resident needs butt patches for [his/her] bed sore it is raw skin and bleeds from time to time. Not getting any better."	N 396		

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On 06/04/2025, staff documented: "resident have [sic] big open sore was bleeding and was in pain."

On 06/05/2025, Resident 3 moved to a skilled nursing facility.

On 09/12/2025, Surveyor reviewed the employee schedule form 05/01/2025 - 09/12/2025. In May 2025 there were 12 dates that there was 1 staff identified working in the facility, on the overnight shift, with another staff helping from an adjacent facility. In June there were 2 dates on the overnight shift with a float staff assisting on the overnight shift. On 06/03/2025, Caregiver D was listed on the schedule as working alone from 7:00 a.m. - 3:00 p.m. In July 2025, there were 2 overnight shifts identified with 1 staff working with a float staff. On 07/14/2025, Caregiver C was identified as working alone in the facility from 3:00 p.m. - 11:00 p.m. On 07/22/2025, Caregiver D was identified as working alone in the facility from 7:00 a.m. - 3:00 p.m. In August 2025, there were 2 dates that identified staff working with a float staff.
On 09/12/2025 at approximately 11:25 a.m., Surveyor interviewed Caregiver C and asked about 07/14/2025 when the schedule identified s/he worked alone. Caregiver C said s/he worked with Caregiver F, who was also the cook. S/he said Caregiver F was able to assist him/her with residents that required 2 staff to assist. S/he said Caregiver F would have to leave the facility to transport meals to the other 2 CBRFs. Caregiver C said they were able to get cares done, but they were "rushed".

On 09/12/2025 at 11:36 a.m., Surveyor interviewed Caregiver D and asked about the dates s/he was identified on the schedule as working alone. Caregiver D said s/he was never

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N 396	Continued From page 7 alone. S/he said HL B would come and help him/her or s/he could call the other houses (CBRFs) for help when needed. On 09/12/2025 at approximately 1:20 p.m., Surveyor interviewed HL B and House Manager (HM) A. HM A told Surveyor s/he always scheduled 2 staff per shift, but staff would call in and they would update the schedule to reflect the staff that were working. Surveyor explained regulation to ensure there was adequate staff working on a 24 hour basis. HM A said s/he would be reviewing the mandate policy with staff. HM A said they have terminated staff for poor performance and calling in for their scheduled work shifts and have recently hired 4 new staff and were in the process of hiring additional staff. The provider did not ensure there was adequate staff to meet the needs of all residents on a 24-hour basis.	N 396		