STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017941	A. BUILDING: _____ B. WING _____	C 11/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK SENIOR LIVING AT BLACK R	109 N 14TH ST BLACK RIVER FALLS, WI 54615

(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 11/08/2022, Surveyor conducted a complaint investigation and a standard licensure survey. The complaint was not substantiated. Two deficiencies identified. Census: 27	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 observation and interview, the provider did not ensure all rooms were free from odors. There was a strong smell of urine in one of the halls of the facility. Findings include: On 11/08/2023 at approximately 10:00 AM,, Surveyor toured the physical environment. OBSERVATIONS: There was a strong smell of urine and body odor outside a resident room located at the end of the hall facing south. The smell was very noticeable and penetrated the air for several resident rooms located around the identified room. INTERVIEWS On 11/08/2023 at approximately 10:30 AM, Surveyor toured this area again with Administrator A. Surveyor asked Administrator A if s/he could	N 489		

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

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N 489	Continued From page 1 identify the smell. Administrator A stated it was urine and body odor. Administrator A stated the resident in the room frequently refuses showers and or bathing and is incontinent of bowel and bladder. At approximately 11:30 AM, Surveyor interviewed Medication Passer B. Surveyor asked if s/he was aware of the odor in the south hallway. Medication Passer B stated the smell of urine had been strong in the hall for two weeks. Surveyor asked if s/he could identify the other smell in the hall. Medication Passer B stated the resident in the identified room frequently urinated and defecated on the floor of the room and often refused to shower or bathe.	N 489		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure emergency evacuations (other than fire) were conducted semi-annually in 2022. Findings include: The provider is licensed to care for 32 residents within the client groups of advanced aged and irreversible dementia/Alzheimer's disease. On 11/08/2023 at approximately 12:00 PM, Surveyor requested other emergency evacuations, such as tornado drills, for 2022 and 2023 from Maintenance Person C. Surveyor did	N 526		

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N 526	Continued From page 2 receive fire drills but did not receive other emergency evacuation drills. At approximately 1:00 PM, Surveyor interviewed Maintenance Person C and asked if there were other evacuation drills conducted in 2022 and 2023. Maintenance Person C said s/he did not conduct the drills and was not aware of the regulation regarding semi-annual "other" evacuation drills. On 11/10/2023, Surveyor requested additional documentation from Administrator A regarding other evacuation drills conducted. Administrator A stated only one other evacuation drill was conducted in 2022. As of 11/08/2023, no further evidence of conducted other emergency evacuation drills were received by the Department.	N 526		