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 01/29/2024

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 01/25/2024, Surveyors conducted a five complaint investigation at Meadowbrook Senior Living At Black River Falls. Data for this survey was received and reviwed though 01/29/2024. Five of five complaints were substantiated. Seven deficiencies identified. Three of the seven deficiencies were repeat violations. See Statement of Deficiency (SOD) 8OLE11, dated 06/24/2021, SOD 8OLE12, dated 12/10/202, and SOD PBMY11, dated 11/10/2023. Census: 24	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 and Resident 3 received all prescribed medications. Findings include: The Department received a complaint about medication administration.	N 352		

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

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N 352	Continued From page 1 RESIDENT 2: On 01/25/2024 at approximately 1:00 PM, Surveyors conducted an interview with Administrator B and Registered Nurse (RN) C. Surveyors asked Administrator B if s/he had any recollection of Resident 2 not receiving all medications as prescribed. Administrator B stated s/he did recall the situation and produced the Medication Administration Record (MAR) for Resident 2. The MARs were dated October 2023 and November 2023. The MAR indicated one of Resident 2's medications, Venlafaxine, was listed on the MAR. This medication is used to treat depression. Resdient 2 was to be administered two 150 mg tablets one time per day. The MAR indicated Venflaxine was not administered to Resident 2 from 10/27/23 to 11/17/2023. Surveyor reviewed Resident 2's record on 01/25/2024 at approximately 12:00 PM. Resident 2 was admitted on 02/23/2022. Resident 2 is diagnosed with a major depressive disorder, recurrent moderate. On 01/25/2024 at approximately 1:30 PM, Surveyor interviewed Caregiver A. Surveyor asked Caregiver A if the Provider administered Resident 2's medication. Caregiver A said yes. Surveyor asked if s/he recalled medication not being administrated back in October and November for Resident 2. Caregiver A said yes, and the medication not administered was for Resident 2's depression. Caregiver A indicated Resident 2 contacted a social worker at the county and reported the medication had not been administered for several days. Caregiver A stated Resident 2 was now receiving all medications as prescribed.	N 352		

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N 352	Continued From page 2 RESIDENT 3 On 01/25/2024 at approximately 1:10 PM, Surveyors conducted an interview with Administrator B and RN C. Surveyors asked Administrator B if s/he had any recollection of Resident 3 not getting all medications as prescribed. Administrator B stated Resident 3 did not get a medication called Lactulose for several days in a row prior to hospitalization. Administrator B provided Surveyors with Resident 3's MAR. The MAR indicated Resident 3 was prescribed 10GM/15ML and was to receive 30ml by mouth three times per day for impaired brain function due to liver disease. The MAR indicated the Lactulose Solution was not provided to Resident 3 for four days, December 7, 2023 thru December 10, 2023, when Resident 3 was hospitalized. On 01/25/2024 at approximately 2:00PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 01/13/2023 with diagnoses including Ataxia, major depressive disorder, and unspecified dementia. Surveyor was not able to interview Resident 3 due to a continued stay at the hospital. On 01/25/2024 at approximately 1:40 PM, Surveyor interviewed Caregiver A. Surveyor asked Caregiver A if the provider administered Resident 3's medication. Caregiver A said yes. Surveyor asked if s/he recalled a medication not being administered back in November and/or December 2023. Caregiver A said yes, and the medication not administered was to stabilize Resident 3's ammonia level. Caregiver A indicated Resident 3 became lethargic and non-responsive on or around 12/10/2023. Caregiver A stated Resident 3 was hospitalized	N 352		

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N 352	Continued From page 3 due to displaying those symptoms. Caregiver A stated the medication was not in the facility to provide to Resident 3. On 01/25/2023, at approximately 2:30 PM, Surveyors discussed these concerns with Administrator B and RN C. Surveyors asked why Resident 2 and Resident 3's medication were not administered as prescribed. Administrator B stated Resident 2 and Resident 3's medications did not appear to have arrived from the pharmacy. Resident 2's medication was thought to be a misappropriation but an investigation did not find evidence of misappropriation or diversion. Administrator B indicated Resident 3's medication was not followed up on by the provider to make sure the medication was in the facility. Cross Reference 83.37(1)(e) Medication Regimen, Administration Review 83.37(2)(d) Documentation of Medication Administration 83.37(2)(e) Other Administration Given or Delegated by RN	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service	N 389		

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N 389	Continued From page 4	N 389		

providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.

This Rule is not met as evidenced by:
Based on observation, record review, and interview the provider did not ensure Resident 1's individual service plan (ISP) was updated annually or when there was a change with Resident 1. The ISP was not signed by Resident 1.

This is a repeat deficiency. See Statement of Deficiency (SOD) 8OLE12, dated 12/10/2021.

Findings include:

Record Review

On 01/25/2024 at approximately 11:47 AM, Surveyor reviewed Resident 1's file. Resident 1's file had a physician's order dated 12/20/2023, stating Resident 1 was to have legs covered because of wounds.

Resident 1's file included a physician's order for daily weights to monitor for fluid retention, dated 03/22/2023.

Resident 1's medication administration record (MAR) for November 2023, December 2023, and January 2024, included a location to record daily weights. Multiple spots on the MAR were not signed, including weights and medications, and did not indicate resident refused. The MAR also indicated Resident 1 had numerous refusals over

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the 3 month period.

Resident 1's ISP, dated 12/20/2023, indicated Resident 1 was to have daily weights to monitor for weight loss or weight gain. Resident 1's ISP did not indicate Resident 1 often refused to have his/her weight taken. Resident 1's ISP did not indicate Resident 1 was to have legs wrapped due to wounds. Resident 1's ISP did not have a plan in place for refusals.

Observations

On 01/25/2024 at approximately 10:15 AM, Surveyor observed Resident 1. Resident 1 did not have wraps on his/her legs to cover wounds.

Interviews

On 1/25/2024 at approximately 10:15 AM, Surveyor interviewed Resident 1. Resident 1 confirmed s/he refused cares. Resident 1 stated that sometimes s/he just does not want to do it. Resident 1 also stated s/he had zero concerns with caregivers helping him/her at the facility.

On 01/25/2024 at approximately 10:28 AM, Surveyors interviewed Caregiver A. Caregiver A stated Resident 1 refused cares a lot. Caregiver A stated refusals were supposed to be documented in the MAR. Caregiver A stated that on the MAR, it should be documented as an "R" with a circle around it. Caregiver A stated s/he always attempted to re-approach to attempt to have cares completed but wasn't sure what others do.

On 01/25/2024 at approximately 12:05 PM, Surveyor interviewed Registered Nurse (RN) C. RN C stated s/he was aware Resident 1 refused

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N 389	Continued From page 6 cares at times. Surveyor asked RN C about the ISP for Resident 1. RN C responded, "I am not even sure how often an [ISP] is required to be reviewed."	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not evaluated on his/her mental or physical capability to respond to a fire alarm at least annually. This is a repeat deficiency from Statement of Deficiency (SOD) 8OLE11, dated 06/24/2021. Findings include: On 01/25/2024 at approximately 11:47 AM, Surveyor reviewed Resident 1's file. Surveyor reviewed Resident 1's annual evacuation assessment. The evacuation assessment was dated 07/04/2022. On 01/25/2024 at approximately 12:05 PM, Surveyor shared findings with Registered Nurse (RN) C. RN C stated s/he would look for an updated evacuation assessment. Surveyor did not receive an updated evacuation assessment for Resident 1.	N 394		
N 404	83.37(1)(e) Medication regimen, administration review.	N 404		

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N 404	Continued From page 7 Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on interview and record review, the provider did not arrange on an annual basis for a physician, pharmacist, or registered nurse to conduct an onsite review of the provider's medication administration and medication storage systems in 2023. Findings include: On 11/17/2023 and 11/21/2023, the department received complaints regarding medication errors and medications not administered to residents. On 01/25/2024 at approximately 10:00 AM,	N 404		

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N 404	Continued From page 8 Surveyors conducted a complaint investigation. Surveyors shared the complainant's concerns regarding medications with Administrator A and Registered Nurse (RN) C. At approximately 10:45 AM, Surveyor reviewed the medication cart and observed resident charts on top of the two facility medication carts. On 01/25/2024 at approximately 2:00 PM, Surveyors requested the onsite review of the provider's medication administration and medication storage systems for 2023. Administrator A and RN C were confused about what the review was. Surveyors then left a list of records and other information needed to complete the survey. On the list was a request for documentation of the provider's review of medication administration and medication storage. The deadline to provide the requested information was set for 4:30 PM on 01/25/2024. No further information for the review was received by the department.	N 404		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.	N 415		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 1's medication administration record (MAR) indicated the person administering the medication.

Findings include:

Example 1

On 01/25/2024 at approximately 11:47 AM, Surveyor reviewed Resident 1's file. Surveyor reviewed Resident 1's MAR from November 2023 and December 2023. Resident 1's MAR for November 2023 indicated there were 30 instances of medications or weights not being signed off as completed. In December 2023, the MAR indicated there were 85 instances of medications and weights not being signed off as completed.

Example 2

On 01/25/2024 at approximately 2:00PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 01/13/2023 with diagnoses including Ataxia, major depressive disorder and unspecified dementia. Resident 3's MAR indicated Lactulose Solution was not provided by the provider to Resident 3 for four days, December 7, 2024, thru December 10, 2024 when Resident 3 was hospitalized. Resident 3's MAR was left blank. There were no initials and no way to follow up on what happened or why the medication was not administered.

Example 3

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N 415	Continued From page 10 On 01/25/2024 at approximately 11:30 AM, Surveyor reviewed Resident 4's file. Resident 4 is diagnosed with diabetes and was admitted to the facility on 12/08/2022. A review of Resident 4's MAR indicated there were eleven instances of Sertraline HCL 50 mg not accounted for on the MAR. The boxes to fill in on the MAR had no initials, no indication of refusal, and was left blank. Surveyor was unable to determine who did not provide the medication or if the medication was administered correctly. On 01/25/2024 at approximately 1:46 PM, Surveyors shared findings with Administrator B and Registered Nurse (RN) C. Administrator B stated it appeared staff needed to be retrained on medication administration. RN C stated s/he was going to have to work with staff on training. Cross Reference 83.37(1)(e) Medication Regimen, Administration Review	N 415		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by:	N 416		

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N 416	Continued From page 11 Based on observation and interview, the provider did not ensure Caregiver A and Caregiver D were delegated by a registered nurse or licensed practical nurse within the scope of their license, to administer injectables, nebulizers, and enteral medication prior to performing tasks. Findings include: This facility is licensed to serve up to 32 residents in the client group advanced aged and irreversible dementia/Alzheimer's. Wis. Admin. Code § N 6.03(3) states, "In the supervision and direction of delegated acts an RN shall do all of the following: (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised. (b) Provide direction and assistance to those supervised. (c) Observe and monitor the activities of those supervised. (d) Evaluate the effectiveness of acts performed under supervision." On 01/25/2024 at approximately 11:00 AM, Surveyor interviewed Caregiver A. Caregiver A stated s/he was delegated "a long time ago" for passing medications and administering insulin by using a pen and or needle. Caregiver A stated s/he cannot recall the last time s/he was supervised or monitored, and if s/he was, it had not happened recently or at least since the new nurse was hired. Caregiver A stated s/he had asked for retraining and supervision several times in the last year. Caregiver D was interviewed on 01/25/2024 at approximately 12:30 PM. Caregiver D could not	N 416		

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N 416	Continued From page 12 recall what nurse trained and delegated tasks to him/her for tasks such as injectables. Caregiver D stated s/he had not had supervision for injectables since the new nurse was hired. Caregiver D also stated the medication passers had been asking the provider for retraining and supervision. At approximately 2:00 PM on 01/25/2024, Surveyors interviewed Administrator B and Registered Nurse (RN) C. Surveyors asked about delegation and supervision and asked for a list of caregivers needing delegation and supervision. Caregiver A and Caregiver D were on the list provided to Surveyors. Surveyors stated to Administrator B and RN C that Caregiver A and Caregiver D stated they had been asking to be re-delegated, including being supervised, but that had not happened. On 01/25/2024 at approximately 2:45 PM, Surveyors provided a list of records and items needed to complete the survey process. The list included asking for RN delegation for all caregivers who passed medications and administered insulin. On 01/25/2024 at 4:24 PM, Surveyors received an email from Administrator B which read, in part, "RN delegations- Attached you will see the one that RN C completed. The others are before our time and unfortunately are not completed well." Cross Reference 83.37(1)(e) Medication Regimen, Administration Review	N 416		
N 489	83.44(2)(a) Rooms clean and free from odors.	N 489		

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N 489	Continued From page 13	N 489		

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 the south hallway of the facility.

This is a repeat deficiency. See Statement of Deficiency (SOD) PBMY11, dated 11/10/2023.

Findings include:

On 01/25/2024 at approximately 10:00 AM, Surveyors toured the facility.

OBSERVATIONS:

There was a strong smell of urine and body odor outside Resident 1's room, located in the middle of the hall facing south. The smell was very noticeable and penetrated the air past several resident rooms located around the identified room.

INTERVIEWS

On 01/25/2024 at approximately 10:28 AM, Surveyor interviewed Caregiver A. Caregiver A stated Resident 1 was incontinent and sometimes urine is soaked into the recliner in his/her room. Caregiver A stated the room is cleaned but it doesn't always get the smell out.

On 01/25/2024 at approximately 1:45 PM, Surveyor interviewed Administrator B. Administrator B acknowledged s/he could smell the urine odor and it was very strong.

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 01/29/2024

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