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
	0017941	A. BUILDING: _____ B. WING _____	R-C 08/14/2024

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 08/14/2024, Surveyors conducted a verification visit and 4 complaint investigations at Meadowbrook Senior Living at Black River Falls. The complaints were unsubstantiated. One deficiency was identified. One deficiency was a repeat violation. See Statement of Deficiency (SOD) PBMY11, dated 11/10/2023 and SOD XP5111, dated 01/29/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{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 the south hallway of the facility. This is a repeat deficiency. See Statement of Deficiency (SOD) PBMY11, dated 11/10/2023 and SOD XP5111, dated 01/29/2024. Findings include: On 08/14/2024, at approximately 10:35 AM, Surveyors toured the facility. OBSERVATIONS:	N 489		

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
	0017941	A. BUILDING: _____ B. WING _____	R-C 08/14/2024

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 489	Continued From page 1 There was a strong smell of urine and body odor outside Resident 1's room, located in the middle hall which faced south. The smell was very noticeable and penetrated the air past several resident rooms located around the identified room. There was a reddish-brown stain on the flooring near the room entrance. The stain ran outside of the room and was approximately two and a half feet long. The stain was approximately one and a half inches wide. Surveyors could not identify the substance of the stain. Surveyors observed the cleaning cart within 20 feet of the room but the stain and smell were not cleaned. Surveyor observed Caregiver C enter the room at approximately 12:15 PM to deliver a lunch tray to Resident 1. Resident 1 had his/her pants down to his/her knees. Caregiver C did not clean the stain, address the smell of the room, or fix Resident 1's clothing. Caregiver C returned to the dining room to continue serving lunch for other residents. At approximately 12:25 PM, Surveyor observed Caregiver D enter Resident 1's room. Caregiver D asked Resident 1 if s/he was bleeding, based on the stain Caregiver D saw on the floor. Resident 1 replied, "No." Surveyor asked Caregiver D what s/he knew about the stain. Caregiver D replied that it may have been Jell-O that was served for supper on 08/13/2024. Caregiver D retrieved a mop and cleaned the stain inside and outside of the room. Surveyor informed Caregiver D the stain had been there for approximately two hours and asked if Resident 1's room was on a schedule for cleaning on the day of the survey. Caregiver D said it was not scheduled for cleaning and again said s/he thought it was a Jell-O stain because it mopped up easily.	N 489		

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 _____	R-C 08/14/2024

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 489	Continued From page 2 On 08/14/2024, at approximately 2:40 PM, Surveyors discussed the above concerns with Wellness Director (WD) A and Administrator B. WD A stated Resident 1 was a difficult resident and Resident 1 urinates all over his/her room. Surveyor stated s/he observed Caregiver C enter the room to deliver a lunch tray but Caregiver C did not address the smell or the mess in the room, and did not report the condition of the room to anyone after exiting the room. WD A acknowledged the concern. Surveyor asked WD A why the room was not inspected per policy and procedure, as identified in the policy titled "Resident Assistant Duties." WD A asked what the policy stated. Surveyor produced the policy obtained earlier in the survey process which stated the following: "Make rounds every 2 hours (or more often as needed) to assure resident safety and building security. All residents' rooms should be checked during these rounds. Personal care for residents as needed (dressing, grooming, oral care, etc.)." WD A again acknowledged the concern.	N 489		