STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525264	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Appleton	1335 S Oneida St Appleton, WI 54915

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff interview and record review, the facility did not ensure neurological checks were completed per the facility's policy after a fall for 1 resident (R) (R1) of 1 sampled resident. Staff did not consistently complete neurological checks after R1 fell on [DATE] and 9/8/24. Findings include: The facility's Fall Management policy, revised July 2020, indicates: In the event a resident has a fall and it has been determined they hit their head, or it cannot be determined if they hit their head (i.e., the fall was unwitnessed or the patient cannot verbalize if they hit their head), the nurse initiates the following actions: .2. Neurological checks are completed and documented per instructions. Neurochecks should be completed per the facility's Neuro Check Assessment Form which indicates: Initial, every 15 minutes for 1 hour (4), every 30 minutes for 1 hour (2), every 1 hour for 4 hours (4), every 4 hours for 24 hours (6) and every shift until 72 hours (5). On 10/24/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including sepsis, diabetes type 2, and hypertension. R1's Minimum Data Set (MDS) assessment, 8/13/24, had a Brief Interview for Mental Status score 11 out of 15 which indicated R1 had moderate cognitive impairment. R1's medical record contained a risk for falls care plan (initiated on 8/8/24) and an actual fall with no injury care plan (initiated on 8/12/24). R1's medical record indicated R1 had unwitnessed falls on 8/12/24 and 9/8/24. Surveyor reviewed R1's neurological checks for the fall on 8/12/24 and noted staff missed 12 out of 22 neurochecks. Surveyor reviewed R1's neurological checks for the fall on 9/8/24 noted staff missed 2 out of 22 neurochecks. On 10/24/24 at 10:37 AM, Surveyor interviewed Director of Nursing (DON)-B who verified neurological checks were incomplete for R1's falls on 8/12/24 and 9/8/24. DON-B indicated DON-B expects staff to complete neurological checks per the facility's policy.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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