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	03/24/2025

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794 Based on staff interview and record review, the facility did not ensure a grievance was documented, thoroughly investigated, or resolved for 1 resident (R) (R4) of 9 sampled residents. R4's legal representative expressed concerns following R4's respite stay at the facility. The facility did not appropriately document, investigate, or thoroughly resolve the grievance. Findings include: The facility's Company Concerns Policy, dated October 2020, states it is the policy of the facility to provide a system whereby residents, and/or their significant others or representatives, can voice concerns about the quality of services received at the facility. The facility will designate a Concern Officer who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion .The facility will maintain evidence demonstrating the results of all concerns for a period of no less than 3 years from the issuance of the grievance decision .6. All concerns receive immediate priority and must be investigated with efforts made toward resolution within 7 days .7. The resident will be provided with verbal follow up to their grievance .the resident may obtain a written decision upon request. On 3/24/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] for a respite stay. R4 had diagnoses including dementia and type 2 diabetes without complication. R4's Minimum Data Set (MDS) assessment, dated 12/20/24, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R4 had severe cognitive impairment. R4 had an activated Power of Attorney for Healthcare ((POAHC)-D) who was responsible for assisting R4 with healthcare decisions. R4 discharged from the facility on 12/30/24. On 3/24/25 at 9:24 AM, Surveyor interviewed POAHC-D who confirmed R4 had a respite stay at the facility from 12/14/24 to 12/30/24. POAHC-D stated POAHC-D expressed several concerns to Social Worker (SW)-C after R4 was discharged . POAHC-D stated the concerns included issues with hygiene, showers, blood sugar monitoring, and financial bills. POAHC-D stated SW-C told POAHC-D that the facility was still training new staff. POAHC-D stated POAHC-D did not receive follow-up for the concerns and the financial concerns were unresolved. On 3/24/25, Surveyor reviewed the facility's grievance log which did not contain a grievance from R4 or POAHC-D. (continued on next page)

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

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	03/24/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/24/25 at 12:07 PM, Surveyor interviewed SW-C who confirmed POAHC-D came to the facility approximately one week after R4 discharged and expressed concerns about R4 receiving showers and hygiene. POAHC-D also expressed concerns about financial statements. SW-C stated the financial concerns were resolved and SW-C relayed the care concerns to Director of Nursing (DON)-B. SW-C confirmed SW-C did not file a grievance or follow-up with POAHC-D. SW-C stated SW-C received a follow-up voicemail from POAHC-D which SW-C relayed to DON-B. SW-C stated DON-B would have followed-up. On 3/24/25 at 12:18 PM, Surveyor interviewed DON-B who stated DON-B thought POAHC-D was upset about some concerns but DON-B could not recall specifics. On 3/24/25 at 12:59 PM, Surveyor again interviewed DON-B who stated DON-B did not recall any concerns from POAHC-D. DON-B denied SW-C relayed any concerns regarding R4 to DON-B. DON-B indicated DON-B did not complete a grievance related to POAHC-D's concerns and did not follow-up with POAHC-D. On 3/24/25 at 1:27 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A believed POAHC-D expressed concerns to SW-C which SW-C relayed to DON-B. NHA-A indicated the concerns were related to hygiene and the shower schedule. NHA-A confirmed there was not a grievance initiated for the concerns. NHA-A acknowledged a grievance should have been filed.