

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure Informed Consent for Medication forms were signed or verbal consent was obtained prior to administering psychotropic medication for 1 resident (R) (R6) of 1 sampled resident.</p> <p>R6 was administered psychotropic medication without written or verbal consent from R6's Power of Attorney for Healthcare (POAHC).</p> <p>Findings include:</p> <p>The facility's Psychotropic Management policy, revised July 2020, indicates: .1. Upon receipt of new orders for psychotropic medication, the licensed nurse will implement the following: .B. Complete the appropriate psychotropic medication consent form; Consents for psychoactive medications must be obtained by the physician if state regulation requires it. C. Education of the resident and/or the resident representative is conducted to communicate the risks and benefits of the medication. Per the facility's Psychotropic Management System flow chart step 3 .Nurse/physician completes informed consent and education with the resident or representative.</p> <p>From 6/24/25 to 6/25/25, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, degeneration of nervous system due to alcohol, alcohol dependence with other alcohol-induced disorders, personal history of transient ischemic attack (TIA) and cerebral infarction (stroke), and anxiety disorder. R6's Minimum Data Set (MDS) assessment, dated 2/25/25, had a Brief Interview for Mental Status (BIMS) score of 4 out of 15 which indicated R6 had severely impaired cognition. R6 had an activated POAHC.</p> <p>R6's Medication Administration Record (MAR) indicated R6 was prescribed the following medications which require informed consent: Seroquel (started on 2/19/25); melatonin (started on 2/19/25); BuSpar (started on 2/19/25); citalopram (started on 3/1/25); and lorazepam (started on 2/28/25).</p> <p>Surveyor reviewed R6's Informed Consent for Medication forms and noted R6 had consents for Seroquel, melatonin, citalopram, and BuSpar which were signed on 2/21/25, however, the medications were started on 2/19/25. The consent forms did not indicate verbal consent was obtained prior to the start of the medications. R6's citalopram consent was signed on 3/7/25, however, the medication was started on 3/1/25. The consent form did not indicate verbal consent was obtained prior to the start of the medication. Surveyor verified R6 did not have an Informed Consent for Medication form for lorazepam when copies of R6's Informed Consent for Medication forms were provided to Surveyor.</p> <p>(continued on next page)</p>

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
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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/24/25 at 11:50 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed informed consent and Informed Consent for Medication forms should have been obtained prior to starting the medications.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on staff interview and record review, the facility did not ensure a allegation of misappropriation was thoroughly investigated for 1 resident (R) (R3) of 1 sampled resident.</p> <p>On 5/16/25, R3 reported to the facility that R3 was missing a blue jacket worth \$75. The facility did not provide staff education on misappropriation of resident property or documenting residents' personal property upon admission despite the fact education was listed as an immediate and ongoing intervention in the facility's investigation.</p> <p>Findings include:</p> <p>The facility's Missing Resident Belongings policy, dated 3/2021, indicates: Synergy Senior Care seeks to ensure residents' belongings are protected from loss/theft. Every effort to ensure that missing items are located will be made .1. Missing belongings will be reported to all departments by residents, families, and nursing staff. 2. Staff should promptly fill out a concern form to identify missing item(s). The form should include follow-up and conclusion to be communicated to the resident or responsible party. 3. Social Services will assist the resident/family in searching the resident's room for the item .Nursing and housekeeping staff need to watch out for glasses. Nursing staff should check every pocket before sending items to laundry. Nursing and dietary staff should check napkins on plates. Housekeeping staff should check room trash for items which may have fallen into the waste basket. Laundry staff should check clothing tags to make sure laundry gets back into the correct closet. 4. Social Services will search for the item(s) in an appropriate area if any. 5. Social Services will notify administration, housekeeping, nursing, and other departments as appropriate of any missing item(s). An ongoing list will be kept in the Social Services area.</p> <p>6. If there is an allegation or accusation of deliberate misappropriation (theft), the facility will immediately initiate an investigation in accordance with the facility abuse prevention policy (investigation, reporting, police report as required, etc.)</p> <p>On 6/25/25, Surveyor reviewed a facility-reported incident (FRI) that indicated R3 called the facility on 5/16/25 after R3 was discharged and indicated R3 was missing a blue jacket worth \$75. The facility initiated an investigation on 5/16/25, notified the police, and filed a report with the State Agency (SA) after a search for the missing jacket was unsuccessful. Staff and resident interviews were completed for the allegation of misappropriation with no concerns noted. Staff interviews indicated staff had not seen R3 wear a blue jacket. The investigation indicated the facility could not substantiate misappropriation but would reimburse R3 for the jacket if R3 provided proof of the cost. The investigation indicated a personal inventory form was not completed upon R3's admission, therefore, the facility could not determine if R3's blue jacket was present upon admission. The investigation indicated the facility would educate staff on ensuring an inventory form is completed upon admission to ensure accuracy of personal items brought to the facility.</p> <p>On 6/25/25 at 1:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified the facility did not have proof of staff education regarding the allegation of misappropriation.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure staff provided activities of daily living (ADLs) in accordance with preferences for 1 resident (R) (R13) of 19 sampled residents.</p> <p>R13 was dependent on staff for oral care, pericare, and personal hygiene and filed a grievance on 5/26/25 regarding the provision of timely care. The grievance indicated the issue was resolved, however, staff continued to not provide care in a timely manner or at R13's preferred time of day.</p> <p>Findings include:</p> <p>The facility's Routine Resident Care policy, revised May 2020, indicates: Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene .3. Daily personal hygiene minimally includes assisting or encouraging residents with washing their faces and hands, combing their hair each morning, and brushing their teeth and/or providing denture care .Incontinence care is provided timely according to each resident's needs .9. Residents' call lights are answered timely and residents' requests are addressed .</p> <p>From 6/24/25 to 6/25/25, Surveyor reviewed R13's medical record. R13 had diagnoses including pressure ulcer of right ankle unstageable, unspecified injury at T7-T10 level of thoracic spinal cord, paraplegia, pressure ulcer of right buttock stage 4, colostomy, and urostomy. R13's Minimum Data Set (MDS) assessment, dated 5/29/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R13 had intact cognition.</p> <p>A care plan, dated 5/19/25, indicated R13 had paraplegia related to a spinal cord injury and required assistance with ADLs and locomotion.</p> <p>On 6/24/25, Surveyor reviewed the facility's grievance file and noted a grievance filed by R13 on 5/26/25 regarding timely care. The grievance indicated R13 voiced concerns that R13 did not receive consistent morning cares. The grievance indicated the concern was resolved on 5/30/25, staff were educated, and R13 was updated and in agreement with staff follow-up. A summary of the investigation indicated Director of Nursing (DON)-B spoke with R13 and Certified Nursing Assistants (CNAs) scheduled on the days R13 reported concerns. The CNAs were educated on R13's daily care routine during a staff meeting. The summary of findings indicated there was miscommunication between the CNAs when one assumed another had completed cares. The grievance indicated R13 was aware staff were being educated and stated DON-B would follow-up with R13 on a regular basis.</p> <p>On 6/25/25 at 9:55 AM, Surveyor interviewed R13 who indicated R13 was washed up maybe fifty percent of the time and often did not receive assistance with cares until between 12:00 and 1:00 PM. R13 indicated most of the time PM shift staff provided ADLs for R13. R13 indicated R13 frequently asks for cares to be completed during the AM shift but staff say R13 has to wait and staff will come back, but never do. R13 indicated R13's grievance was not resolved because staff continue to not provide assistance with ADLs in the morning per R13's preference.</p> <p>R13's medical record to included documentation of oral cares and bathing/bed baths. Surveyor noted R13 received assistance with ADLs 26% of the time on the AM shift from 5/27/25 to 6/25/25 despite the fact R13 indicated R13 preferred to receive assistance with cares during the morning hours.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/25 at 12:02 PM, Surveyor interviewed DON-B who indicated DON-B followed-up with R13 and R13 indicated things were getting better. DON-B stated DON-B continues to follow-up with R13 who had not indicated that R13 still had concerns.</p> <p>On 6/25/25 at 12:10 PM, Surveyor interviewed R13 who indicated R13 had not seen DON-B since last week. R13 indicated the most recent times R13 spoke to DON-B were about wound care and not ADLs. R13 recalled that when the grievance was submitted, DON-B indicated staff education would occur. R13 indicated during the interview with Surveyor that R13 had not received oral care yet. R13 also indicated the only reason R13's Chux pad was changed that day was because R13 had wound care. R13 stated R13 had a colostomy and ostomy but still needed pericare, oral care, and a Chux pad change since R13 had wounds that seep and drain and had occasional drainage from the colostomy and ostomy. R13 stated R13 was made to just sit in that with a wet Chux. R13 indicated R13 was able to do oral care independently but needed assistance with set-up. R13 also stated R13 was not washed up in a timely manner and indicated R13 was paralyzed and unable to do certain things independently. R13 indicated R13 used the call light and repeatedly asked staff to provide cares which were not provided most of the time until the PM shift. R13 indicated R13 wakes up at 9:00 AM and informed staff and administrative staff several times that R13 prefers to be assisted with ADLs at approximately 10:00 AM which rarely happens.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure the appropriate care and treatment was provided for a peripherally inserted central catheter (PICC) line for 1 resident (R) (R4) of 5 sampled residents.</p> <p>R4 had a PICC line. Staff did not complete a PICC line dressing change as ordered and in accordance with the facility's policy.</p> <p>Findings include:</p> <p>The facility's PICC/Central Vascular Access Device Dressing Change policy, revised 5/1/25, indicates: .To provide consistent guidance to licensed nursing staff in regards to changing PICC/Central access device (CVAD) dressings weekly or if soiled or not intact. Guidelines in this policy are to ensure that appropriate standards of care are followed to decrease the potential for infection .Catheter insertion site is a high-risk for bacteria to enter and could cause a catheter-related infection if not cared for and monitored correctly .2. Dressing changes to be done: a. Upon admission unless current dressing is clean, dry, and intact and dated less than 7 days from current date .b. Weekly. c. As needed (PRN) if the dressing has become loose, soiled or wet.</p> <p>On 6/24/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including sepsis, osteomyelitis of the left ankle and foot, and type 2 diabetes. R4's Minimum Data Set (MDS) assessment, dated 5/6/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R4 had intact cognition.</p> <p>R4's medical record contained the following PICC line orders:</p> <p>~ Monitor dressing for intactness, moisture, and drainage every shift. Consider PRN dressing change (start date 4/30/25).</p> <p>~ Change PICC dressing weekly. Use aseptic technique and PICC dressing kit. Scrub site for 10-15 seconds and let dry. Apply transparent dressing and anti-infective disk (not in kit) one time a day every Tuesday for weekly dressing change and as needed. Change if loose or soiled (start date 4/30/25).</p> <p>R4's Medication Administration Record (MAR) and Treatment Administration Record (TAR) contained orders for weekly PICC line dressing changes. Staff documented PICC line dressing changes on 5/5/25, 5/12/25, and 6/3/25 and a PRN PICC line dressing change on 5/27/25.</p> <p>On 6/24/25 at 9:24 AM, Surveyor interviewed Clinic Registered Nurse (RN)-Q who stated RN-Q saw R4 at (named clinic) on 5/21/25. RN-Q stated R4's PICC line dressing was dirty and peeling on 3 of the 4 corners. RN-Q changed R4's PICC line dressing and notified facility staff of the dressing change.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/24/25 at 3:21 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R4's PICC line dressing was not changed by facility staff the week of 5/19/25 and was changed at the clinic on 5/21/25. DON-B confirmed R4's PICC line dressing was changed by facility staff on 5/12/25 and was due to be changed on 5/19/25 which did not occur. DON-B indicated PICC line dressing changes should be done weekly or as needed if the dressing is soiled.</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not provide the necessary care and services to prevent pressure injuries from developing and/or promote healing for 1 resident (R) (R13) of 2 sampled residents.</p> <p>R13 was admitted to the facility on [DATE] with a stage 4 pressure injury on the right hip and a wound vac (a device used to promote healing in wounds that are slow to close that includes a sealed dressing and a vacuum pump which helps remove fluid and bacteria, reduce swelling, and encourage new tissue growth). On 6/18/25, Wound Nurse Practitioner (WNP)-P indicated R13's wound vac dressing had been applied incorrectly which caused the skin around the wound to deteriorate and the wound to increase in size.</p> <p>Findings include:</p> <p>The facility's Pressure Ulcer Prevention and Treatment policy, revised August 2024, indicates the facility must ensure residents with pressure ulcers receive necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from forming. Treatments and interventions will be used based on current standards of practice and provider's orders.</p> <p>From 6/24/25 to 6/25/25, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including stage 4 pressure injury, cellulitis, and paraplegia (paralysis of the lower half of the body). R13's most recent Minimum Data Set (MDS) assessment, dated 5/22/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R13 had intact cognition. R13 required the assistance of 1 to 2 staff for repositioning in bed.</p> <p>On 6/24/25, Surveyor reviewed a grievance, dated 6/18/25, that indicated R13 reported that R13's wound vac dressing was not being done correctly. The facility's investigation indicated Registered Nurse (RN)-K had completed R13's last dressing change on 6/16/25. Director of Nursing (DON)-B told R13 that RN-K and other nursing staff would be educated on proper placement of the wound vac dressing.</p> <p>R13's June 2025 Treatment Administration Record (TAR) indicated RN-K completed R13's right hip wound vac dressing change on 6/13/25 and 6/16/25. The order stated to remove the old vac dressing, apply skin prep to the peri-wound (skin surrounding the wound), window wound with vac drape, apply black sponge to wound bed and bridge to anterior upper thigh, apply top drape, and reconnect wound vac at 125 millimeters of mercury (mmHG) pressure. The order began on 5/30/25, was held on 6/18/25, and resumed on 6/26/25. Surveyor also noted R13 received intravenous (IV) ceftriaxone (an antibiotic) daily for a wound infection beginning on 5/20/25.</p> <p>R13's right hip weekly wound assessments indicated the following:</p> <ul style="list-style-type: none"> ~ 5/28/25 - 4.6 centimeters (cm) x 8.9 cm x 2.2 cm, stage 4, heavy purulent (pus-filled) drainage ~ 6/4/25 - 6.3 cm x 9.2 cm x 2.5 cm, stage 4, heavy serosanguinous (blood-tinged) drainage ~ 6/11/25 - 6.7 cm x 9.5 cm x 1.8 cm, stage 4, moderate serosanguinous drainage; improving <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>~ 6/18/25 - 8.5 cm x 10 cm x 2.5 cm, stage 4, heavy serosanguinous drainage; worsening</p> <p>A wound note, dated 6/18/25 at 9:45 AM and written by WNP-P, indicated upon removal of the wound vac it was discovered that a drape was not placed to protect the skin during the last wound vac change which resulted in a secondary wound, skin erosion, and irritation.</p> <p>On 6/25/25 at 9:40 AM, Surveyor interviewed WNP-P who verified WNP-P observed R13's wound on 6/18/25 and noted the wound vac dressing was applied incorrectly when RN-K did not apply the base drape layer around the wound. WNP-P stated the purpose of the drape is to protect the skin around the wound from the drainage that is being pulled out of the wound via the vacuum as well as to help create an air-tight seal to ensure the vacuum is functioning to the best of its ability. WNP-P stated the skin around the wound was irritated and the wound was larger and had worsened from the previous week. WNP-P stated the wound vac could not be put back on and R13 needed a wet-to-dry dressing for a week so the skin around the wound could heal. WNP-P verified the incorrect application of the wound vac dressing contributed to the worsening of R13's pressure injury. WNP-P stated staff have WNP-P's phone number and are encouraged to call if there are any concerns with wounds or wound vacs.</p> <p>On 6/25/25 at 9:55 AM, Surveyor interviewed R13 who stated staff had issues with R13's wound vac in the past and verified R13 received IV antibiotics since admission for a right hip wound infection. R13 stated R13 spoke to RN-K the previous day (RN-K worked the AM shift on 6/24/25) and RN-K told R13 that RN-K had not received any recent education regarding wound vacs. R13 stated DON-B told R13 that the facility would be training all nursing staff on wound vacs and R13 now felt that DON-B was not sincere in addressing R13's concerns. R13 stated R13 felt the wound vac issues were delaying R13's discharge home which caused R13 to feel depressed.</p> <p>On 6/25/25 at 10:05 AM, the facility provided Surveyor with a correction plan related to the incorrect application of R13's wound vac dressing. The facility indicated the root cause was that the wound vac dressing was not completed accurately which caused skin irritation and was due to lack of education for the nurse who applied the dressing. The facility's plan stated all nursing staff would be educated on wound vac dressings by 6/24/25. Surveyor reviewed the signed education sheets and noted all nursing staff who worked the 6/24/25 PM shift, 6/24/25-6/25/25 night (NOC) shift, and the 6/25/25 AM shift had signed the staff education sheet. All other nursing staff were provided verbal education via telephone which did not include a demonstration of how to properly complete the wound vac dressing change. Surveyor also observed a 1:1 In-Service Record education form provided to RN-K, dated 6/18/25, regarding wound vacs. The education sheet was signed by DON-B and RN-K but did not contain signature dates.</p> <p>Surveyor noted R1 and R21 (who discharged on 6/23/25) also had active wound vac orders during that time.</p> <p>On 6/25/25 at 10:13 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-M who stated LPN-M was provided wound vac education on the evening of 6/24/25.</p> <p>On 6/25/25 at 10:15 AM, Surveyor interviewed RN-L who stated RN-L was provided wound vac education on the morning of 6/25/25 and did not receive education related to the incident prior to 6/25/25.</p> <p>(continued on next page)</p>		

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F 0686 Level of Harm - Actual harm Residents Affected - Few	<p>On 6/25/25 at 10:21 AM, Surveyor interviewed RN-K who stated RN-K was not aware RN-K had completed R13's dressing incorrectly until R13 mentioned it on 6/24/25. RN-K verified RN-K was not provided education or follow-up until approximately 5:00 PM on 6/24/25 and did not sign the 1:1 In-Service Record form until approximately 5:30 PM on 6/24/25.</p> <p>On 6/25/25 at 11:13 AM, Surveyor interviewed DON-B who initially stated RN-K signed the 1:1 In-Service Form on 6/18/25 then indicated education was started on 6/18/25 but the form was not signed until 6/24/25. DON-B verified it was possible that some staff may have signed the staff education sheet on the evening of 6/24/25 or the morning of 6/25/25. DON-B stated the facility was planning a lunch and learn on 6/26/25 that would include a demonstration of the wound vac with the facility's wound care RN.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide the necessary respiratory care and services for 1 resident (R) (R16) of 19 sampled residents.</p> <p>R16's bilevel positive airway pressure (BiPAP) machine and equipment were not properly cleaned or cared for in accordance with the facility's policy.</p> <p>Findings include:</p> <p>The facility's CPAP-BiPAP Use policy, revised October 2020, indicates: .6. The continuous positive airway pressure (CPAP)/BiPAP mask, tubing, and humidifiers shall be cleansed weekly with soap and water and rinsed thoroughly unless otherwise specified by the physician or respiratory therapist. 7. If a humidifier is in use, the water will be discarded and replaced daily with fresh distilled water.</p> <p>From 6/24/25 to 6/25/25, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE] and had diagnoses including heart failure, asthma, obstructive sleep apnea, chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypercapnia, chronic respiratory failure with hypoxia, and anxiety. R16's Minimum Data Set (MDS) assessment, dated 2/2/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R16 had intact cognition.</p> <p>On 6/24/25 at 11:08 AM, Surveyor interviewed R16 and noted R16 used oxygen and had a BiPAP machine on the nightstand. When Surveyor asked if the BiPAP machine was cleaned regularly, R16 indicated Assistant Director of Nursing (ADON)-J washed and hung the mask and tubing last week. R16 indicated that was the first time since R16 was admitted that staff had cleaned the tubing, humidifier, and mask.</p> <p>Surveyor noted R16's medical record did not indicate a schedule for cleaning the BiPAP machine or humidifier tank.</p> <p>On 6/25/25 at 12:32 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R16's medical record did not contain documentation of BiPAP or humidifier care.</p>

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NAME OF PROVIDER OR SUPPLIER Meadowbrook at Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure 4 residents (R) (R7, R12, R15, and R17) of 19 sampled residents were provided safe administration of drugs and biologicals.</p> <p>On 6/24/25, Surveyor observed an albuterol inhaler and a vial of DuoNeb solution on R7's bedside table. Surveyor also observed a nebulizer on the nightstand that contained a full chamber of solution. R7 did not have a physician's order or self-administration of medication assessment that indicated R7 could self-administer medication.</p> <p>On 6/24/25, Surveyor observed a 1 ounce bottle of Afrin nasal spray on R12's nightstand. R12 did not have a physician's order for Afrin nasal spray or a self-administration of medication assessment that indicated R12 could self-administer medication or store medication at the bedside.</p> <p>On 6/24/25, Surveyor observed an albuterol inhaler on R15's bedside table. R15 did not have a physician's order or a self-administration of medication assessment indicated R15 could self-administer medication or store medication at the bedside.</p> <p>On 6/24/25, Surveyor observed 2 tubes of [NAME] Pain Relief, a 3 ounce bottle of miconazole 2% powder, a 16 ounce bottle of Dakin's solution, and a 1 ounce bottle of Adapt stoma powder on R17's nightstand. R17 did not have a physician's order or a self-administration of medication assessment that indicated R17 could self-administer medication or store medication at the bedside.</p> <p>Findings include:</p> <p>The facility's Self-Administration of Medication policy, revised May 2020, indicates: .3. The nurse will interview the resident to determine the resident's ability to identify, prepare, and self-administer medications. 4. Based on Interdisciplinary Team (IDT) review, a decision is made as to whether or not the resident is a candidate for self-administration. This will be recorded on the Medication Self-Administration Assessment .5. The nurse will obtain a physician's order for each resident self-administering medication.</p> <p>1. From 6/24/25 to 6/25/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including respiratory failure, anxiety disorder, rhabdomyolysis, repeated falls, and weakness. R7's Minimum Data Set (MDS) assessment, dated 5/2/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R7 had moderately impaired cognition.</p> <p>On 6/24/25 at 10:52 AM, Surveyor observed an albuterol inhaler and a vial of DuoNeb solution on R7's bedside table. Surveyor also observed a nebulizer on the nightstand that contained a full chamber of solution. R7 indicated R7 was unsure what medications R7 was prescribed. R7 confirmed R7 self-administered the inhaler for shortness of breath and indicated the DuoNeb vial was left for R7 to use in the nebulizer machine when R7 needed it.</p> <p>R7's medical record contained a self-administration of medication assessment, dated 4/26/25, that indicated R7 was not approved to self-administer medication. R7 had a physician's order to keep the albuterol inhaler at the bedside (dated 6/6/25).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Meadowbrook at Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 S Oneida St Appleton, WI 54915	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/25/25 at 11:50 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should have completed a new self-administration of medication assessment for R7 that indicated R7 could store the albuterol inhaler at the bedside in conjunction with the physician's order. DON-B also indicated staff should not leave medication for R7 to self-administer without a self-administration assessment and order.</p> <p>2. From 6/24/25 to 6/25/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including pneumonia, wedge compression fracture of 5th lumbar vertebra, hypothyroidism, atrial fibrillation, and abnormalities of gait and mobility. R12's MDS assessment, dated 5/5/25, had a BIMS score of 11 out of 15 which indicated R12 had moderately impaired cognition.</p> <p>On 6/24/25 at 11:00 AM, Surveyor observed a 1 ounce bottle of Afrin nasal spray on R12's nightstand.</p> <p>R12's medical record did not contain a physician's order for Afrin nasal spray or a physician's order or self-administration of medication assessment that indicated R12 could self-administer the nasal spray or keep the nasal spray at the bedside.</p> <p>On 6/25/25 at 11:50 AM, Surveyor interviewed DON-B who confirmed R12 did not have a physician's order for the use of Afrin nasal spray or a physician's order or self-administration of medication assessment that indicated R12 could self-administer the nasal spray.</p> <p>3. From 6/24/25 to 6/25/25, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including lymphedema, reduced mobility, weakness, and trigeminal neuralgia. R15's MDS assessment, dated 5/13/25, had a BIMS score of 12 out of 15 which indicated R15 had moderate cognitive impairment.</p> <p>On 6/24/25 at 11:04 AM, Surveyor observed an albuterol inhaler on R15's bedside table.</p> <p>R15's medical record did not contain a physician's order or self-administration of medication assessment that indicated R15 could self-administer the inhaler or store the inhaler at the bedside.</p> <p>On 6/25/25 at 11:50 AM, Surveyor interviewed DON-B who confirmed the albuterol inhaler should not have been at R15's bedside in accordance with a self-administration of medication assessment that indicated R15 was not able to self-administer medication or store medication at the bedside.</p> <p>4. From 6/24/25 to 6/25/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including traumatic spinal cord dysfunction, pressure ulcer-sacral region stage 2, muscle wasting and atrophy-multiple sites, metabolic encephalopathy, mononeuropathy of unspecified lower limb, weakness, and effusion of right hip. R17's MDS assessment, dated 5/1/25, had a BIMS score of 13 out of 15 which indicated R17 had intact cognition.</p> <p>On 6/24/25 at 11:34 AM, Surveyor observed 2 tubes of [NAME] pain relief, a 3 ounce bottle of miconazole 2% powder, a 16 ounce bottle of Dakin's solution, and a 1 ounce bottle of Adapt stoma powder on R17's nightstand.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Meadowbrook at Appleton		STREET ADDRESS, CITY, STATE, ZIP CODE 1335 S Oneida St Appleton, WI 54915	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R17's medical record did not contain a physician's order or a self-administration of medication assessment that indicated R17 could self-administer the medications or store the medications at the bedside.</p> <p>On 6/25/25 at 11:50 AM, Surveyor interviewed DON-B who confirmed R17 did not have a physician's order or self-administration of medication assessment that indicated R17 could self-administer the medications or keep the medications at the bedside.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was prepared in a form designed to meet the requirements of a mechanical soft diet for 1 resident (R) (R8) of 1 sampled resident.</p> <p>R8 had an order for a mechanical soft diet (smaller than bite-sized pieces/chopped). On 6/24/25, R8's lunch tray was delivered to the unit with regular texture roast beef.</p> <p>Findings include:</p> <p>www.iddsi.org Level 5 Minced & Moist Food for Adults (formerly known as mechanical soft diet) indicates minced and moist food texture consists of soft and moist but with no liquid leaking/dripping from the food. Biting is not required. Minimal chewing is required lumps of 4 millimeter (mm) in size which can be mashed with the tongue. Food can be easily mashed with a little pressure from a fork and should be able to be scooped onto a fork with no liquid dripping and no crumbs falling off the fork Level 5 Minced & Moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food but are not able to chew it into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to collect the food into a ball and bring it to the back of the mouth for swallowing. It's important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.</p> <p>The facility's Diet Orders document, revised January 2021, indicates: Therapeutic diets are prescribed by the attending physician. Diet order terminology that is consistent with the list of available therapeutic diets in the diet manual facilitates serving meals that meet the nutritional and therapeutic needs of residents. Diets not available on the menu are developed by the Registered Dietitian .1. Therapeutic diets must be prescribed by the attending physician .2. Refer to the diet manual for standard diets for which menus are written. The diet standardization guide in the diet manual may assist in education with nurses, physicians, and other staff on available diets .Diet orders are communicated to the dietary department using the diet communication or physician orders diet form or by the diet type report if electronic orders are in use .</p> <p>On 6/24/25, Surveyor reviewed R8's medical record. R8 had a diagnosis of dysphagia oropharyngeal phase (a medical condition characterized by difficulty swallowing due to issues in the oropharynx which is the part of the throat. Common symptoms include difficulty transferring food from the mouth to the throat, choking, coughing during meals, and a sensation of food getting stuck). R8's Minimum Data Set (MDS) assessment, dated 5/21/25, indicated R8 ate meals independently and had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R8 had intact cognition.</p> <p>R8's medical record contained a physician's order for a mechanical soft diet.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a lunch observation at the kitchen steam table that began at 10:53 AM on 6/24/25, Surveyor observed [NAME] (CK)-H put regular texture roast beef in the blender to make the meat into a mechanical soft (minced and moist) texture. CK-H then put the mechanical soft roast beef in a steam table container for service. Surveyor observed CK-H plate R8's meal tray with a regular texture serving of roast beef and put the tray in a meal cart for delivery to the unit. Surveyor noted R8's meal ticket indicated at the top of the ticket highlighted in blue Mech/soft for R8's diet type. At 11:45 AM, Surveyor observed staff deliver the cart of resident room trays to the unit for staff to deliver to residents.</p> <p>On 6/24/25 at 11:50 AM, Surveyor observed R8's lunch tray with Dietary Manager (DM)-C who confirmed R8 was not provided a mechanical soft diet in accordance with R8's meal ticket. DM-C verified the roast beef on R8's lunch tray was regular texture roast beef and confirmed R8 should not have been served roast beef in that form.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>2. The 2022 Federal Food and Drug (FDA) Food Code documents at 5-501.113 Covering Receptacles: Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: .(B) With tight-fitting lids or doors if kept outside the food establishment .</p> <p>On 6/24/25 at 7:33 AM, Surveyor conducted an environmental tour of the facility and noted a garbage dumpster in the rear parking lot was open on top and in the back.</p> <p>On 6/24/25 at 2:38 PM, Surveyor observed multiple pieces of discarded furniture near the dumpster in the rear parking lot and noted the top of the dumpster was still open.</p> <p>On 6/25/25 at 8:25 AM, Surveyor observed multiple pieces of discarded furniture near the dumpster in the rear parking lot and noted the top of the dumpster was still open. Surveyor observed Dietary Aide (DA)-D throw boxes in the recycling dumpster and walk back into the building without closing the lid of the dumpster that contained garbage.</p> <p>Based on observation, staff interview, and record review, the facility did not provide a safe, sanitary, and comfortable environment for residents, staff, and the public. This practice had the potential to affect more than 4 of the 44 residents residing in the facility.</p> <p>The facility's front entrance contained broken concrete outside the main entrance and lifted floor tile in the walkway between the main entrance front doors.</p> <p>On 6/24/25, a commercial dumpster that contained garbage was left open in the parking lot.</p> <p>Findings include:</p> <p>1. On 6/24/25, Surveyor entered the facility and noted the cement in front of the main entrance was uneven, cracked, and heaving. When Surveyor entered the first door of the main entrance, Surveyor also noted the floor tile was lifted and cracked.</p> <p>On 6/24/25 at 3:56 PM, Surveyor again observed the flooring in the entrance way and noted it was lifted in the middle of the entrance way.</p> <p>On 6/25/25 at 12:58 PM, Surveyor measured the cracks at the front entrance. When facing the front door, the cement on the the left side of the entrance contained a crack that measured approximately 2.5 inches from the top piece of concrete to the next piece of concrete. The concrete also had an approximate 2.75 inch gap from the ground to top of the highest piece. The distance between the two pieces of concrete measured approximately 1.5 inches. At approximately the middle of the front entrance, Surveyor measured an approximate 5.5 inch gap/rise in the concrete from the ground. Several pieces of the concrete were cracked, missing, or flaking. To the right of the front entrance, Surveyor also measured an approximate 1 inch gap.</p> <p>On 6/25/25 at 1:00 PM, Surveyor measured an area on the left past the patio/sitting area outside the main entrance that contained a drop of approximately 4.5 inches on the right side of the raised concrete ramp going down to the sidewalk on the side of the building.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/25/25 at 1:05 PM, Surveyor and Maintenance-R toured the outside entrance and observed the concrete at the front entrance and the area in between the doors where the floor tile was lifted and cracked. Maintenance-R indicated repairs to concrete or flooring are completed by Maintenance-R as needed. Maintenance-R confirmed Maintenance-R completes smaller projects and indicated larger jobs need to be quoted and approved by management. Maintenance-R indicated the front concrete entrance way should be repaired along with the floor tiles in between the doors in the entrance way. Maintenance-R stated the facility has talked about replacing both but nothing was planned so far.</p> <p>On 6/25 at 1:12 PM, Surveyor and Director of Nursing (DON)-B toured the outside entrance and observed the concrete approach to the front door and the area in between the doors where the floor tile was lifted. DON-B indicated the facility had not had complaints or issues concerning the concrete or floor tile, however, the facility would look at it.</p>		