

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2026
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Oconto Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 100 E Highland Dr Oconto Falls, WI 54154	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 the resident environment remained as free of accident hazards as possible for 2 residents (R) (R1 and R2) of 3 sampled residents. R1 was on a facility-provided list of resident who smoke, vape, or use nicotine. R1's safe smoking evaluation and care plan indicated vaping materials should be stored at the nurses' station. R1 kept vaping materials in R1's room and vaped inside the facility. R2 was on a facility-provided list of residents who smoke, vape, or use nicotine. R2's care plan indicated smoking materials should be stored at the nurses' station. R2's smoking materials were observed in R2's room. Findings include: The facility's Safe Smoking/Tobacco Use Policy, revised 1/2026, indicates: Smoking is not permitted in the facility or where oxygen is in use .3. A resident who smokes, uses smokeless tobacco, or uses an e-cigarette is evaluated to determine whether the resident is safe or unsafe to use tobacco products or e-cigarettes .a. Upon admission or re admission .a Safe Smoking/Tobacco Use Evaluation (UDA) is completed. b. Quarterly, annually, with significant change of condition, and/or an infraction of the smoking policy, the Safe Smoking/Tobacco Use Evaluation (UDA) is completed .7. Staff maintain all smoking materials (e.g., cigarettes, cigars, smokeless tobacco, loose tobacco, pipes, lighters, lighter fluid, e-cigarettes, etc) as appropriate for the resident. Staff members may distribute smoking materials to residents at smoking times or may provide a locked container to residents determined to be safe while smoking .8. Residents who use e-cigarettes are required to follow manufacturer's instructions for the use and care of the e-cigarette and any associated equipment .9. Smoking, smokeless tobacco use, and e-cigarette use occurs in designated locations that are environmentally separate from all resident care areas .12. Nursing staff re-evaluate residents who are involved in incidents involving smoking/tobacco use/e-cigarettes .This re-evaluation may result in a greater degree of supervision, use of a protective smoking vest apron while smoking, or discharge from the facility. 13. If it is determined that a policy infraction has occurred: a. The first infraction results in a warning, verbal or written, to the resident and his/her representative. The smoking policy is reviewed with the resident and/or the resident's representative .b. The second infraction results in a notice of involuntary discharge. Discharge procedures are initiated and pursued to completion. The reason for involuntary discharge is endangerment to the health and safety of residents . 1. Between 3/12/26 and 3/13/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including quadriplegia, chronic obstructive pulmonary disease (COPD), diabetes, anxiety, and nicotine dependence on cigarettes. R1's Minimum Data Set (MDS) assessment, dated 3/7/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1 was responsible for R1's medical decisions. R1's plan of care indicated: ~ R1 chooses to vape. Asked to turn in smoking materials when not smoking (Initiated 4/22/21; Revised 3/14/25).~ R1 will vape in designated areas until next review (Initiated 4/22/21; Revised 12/19/25). ~ Encourage all smoking items to be left at the nurses' station (Initiated 3/29/22). ~ Non-compliant with smoking policy. R1 has been observed to vape in R1's room (Initiated 3/18/22; Revised 3/22/22). ~ R1 educated to appropriate smoking areas (Initiated (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/22/21).~ Risk versus benefits form filled out as R1 continues to vape in R1's room (Initiated 4/2/22). A Safe Smoking Evaluation, dated 3/4/26, indicated: R1 was informed of safe smoking evaluation results, safe smoking policies/procedures. and that all smoking materials must be secured in the nurses' station/supply room/designated area when not in use. R1 must request smoking materials from staff. On 3/12/26 at 11:37 PM, Surveyor entered R1's room with Certified Nursing Assistant (CNA)-C who answered R1's call light. R1 was in bed. Surveyor observed a pink and black e-cigarette (vape cartridge) on a blanket on R1's right side and an e-cigarette/vape plugged into a computer on a table next to R1's bed. CNA-C assisted R1 with a room temperature concern and left the room. On 3/12/26 at 11:38 PM, Surveyor interviewed R1 who indicated the items were vaping devices and belonged to R1. R1 stated R1 vapes outside during the day but vapes in the room at night. R1 indicated staff get R1 up to go outside if R1 asks, however, once R1 is in bed, R1 likes to stay in bed. R1 usually goes to bed between 7:00 and 8:00 PM and falls asleep between 2:00 and 3:00 AM. R1 stated R1 keeps the vaping materials and vapes in the room approximately 10 to 20 times or more per hour. R1 stated R1 also vapes in the room in the morning before R1 gets up, but vapes outside when R1 is up. R1 stated staff know R1 vapes in the room and see the vaping devices. R1 stated staff don't ask about the vaping device or tell R1 not to vape inside. R1 stated staff tried to take the vaping devices away over a year ago but don't do so any more. R1 stated the pink and black vape device is disposable and the device plugged into R1's computer is refillable and rechargeable. R1 buys vapes and materials at a gas station near by or orders them online. At 11:53 PM, R1 used one of the devices to show Surveyor that it lit up during use. When asked if management knows R1 vapes in the facility, R1 stated Director of Nursing (DON)-B is aware but was unsure if Nursing Home Administrator (NHA)-A is aware. On 3/13/26 at 12:03 AM, Surveyor interviewed CNA-C who confirmed CNA-C saw two vaping devices in R1's room. CNA-C was unsure if R1 was supposed to have the devices. CNA-C indicated staff and management are aware that R1 has the devices and uses them in R1's room. On 3/13/26 at 1:04 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who was aware that R1 vapes in the room and saw vaping devices in the room. When Surveyor stated R1 said staff are aware that R1 vapes in the room, LPN-D stated DON-B is aware. LPN-D indicated DON-B was part of a previous contract with R1 to store vaping materials at the nurses' station, however, R1 has been openly vaping for a long time. LPN-D indicated R1 turned in R1's smoking materials for a while but eventually staff figured out that R1 only turned in empty devices and kept the useable devices. LPN-D indicated LPN-D is unable to keep R1 from vaping. On 3/13/26 at 1:11 AM, Surveyor interviewed Medication Technician (MT)-E who was aware R1 has vaping devices in the room. MT-E indicated MT-E asked R1 to store the devices at the nurses' station, however, R1 turned in used devices that didn't work and kept the usable ones in R1's room. MT-E stated MT-E heard from others that R1 vapes in R1's room. On 3/13/26 at 1:14 AM, Surveyor and MT-E observed the lock box for smoking materials which did not contain any smoking materials for R1. 2. Between 3/12/26 and 3/13/26, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including acute kidney failure, diabetes, and nicotine dependence on cigarettes. R2's MDS assessment, dated 10/20/25, had a BIMS score of 15 out of 15 which indicated R2 had intact cognition. R2 was responsible for R2's medical decisions. R2's plan of care indicated: ~ R2 chooses to smoke cigarettes. R2 is able to move about the home and get self inside and ring the doorbell to be let back in (Initiated 8/12/24; Revised 3/14/25). ~ R2 will smoke in designated areas until next review (Initiated 8/12/24; Revised 8/8/25).~ R2 will turn smoking materials into nursing staff for safe keeping between smoking (Initiated 8/12/24; Revised 8/8/25).~ If safety becomes a concern, involve Interdisciplinary Team and R2 for re-evaluation of smoking needs (Initiated 8/12/24). ~ R2 educated to appropriate smoking areas (Initiated 8/12/24). A Safe Smoking Evaluation, dated 3/5/26, indicated R2 was informed of safe smoking evaluation results. On 3/12/26 at 11:29 PM, Surveyor observed R2 in R2's room in a wheelchair with a pack of cigarettes in hand. R2 exited the room and put the cigarettes in R2's pocket. R2 went past the nurses' station with three staff present, down the hall, (continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and out the front door. R2 removed a cigarette from R2's pocket and lit the cigarette. On 3/12/26 at 11:33 PM, Surveyor interviewed R2 while R2 was smoking. R2 initially stated R2 did not keep R2's smoking materials in R2's room. When Surveyor stated Surveyor observed R2 in the room with smoking materials, R2 then stated R2 keeps the materials in R2's room. R2 stated when R2 picks up R2's cigarettes in the morning, R2 keeps them. R2 stated staff worry more about flammable stuff than cigarettes. On 3/13/26 at 12:03 AM, Surveyor interviewed CNA-C who stated R2 usually keeps R2's cigarettes and lighter for convenience and doesn't return them to the nurses' station. On 3/13/26 at 1:04 AM, Surveyor interviewed LPN-D who was aware that R2 keeps R2's smoking materials. LPN-D stated the materials are supposed to be stored in a lock box behind the nurses' station, however, there is no follow-up or consistency so R2 and other residents keep their materials. On 3/13/26 at 1:11 AM, Surveyor interviewed MT-E who was aware that R2 keeps R2's smoking materials. MT-E indicated R2 is not a supervised smoker and can keep R2's cigarettes and lighters. MT-E indicated R2 often gets cigarettes from other residents. On 3/13/26 at 1:14 AM, Surveyor and MT-E observed the lock box for smoking materials which did not contain any smoking materials for R2. On 3/13/26 at approximately 1:30 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff and residents should follow the facility's smoking policy. DON-B indicated staff are supposed to keep R1 and R2's smoking materials which should not be kept on their person or in their rooms. DON-B stated DON-B was not aware that R1 keeps vaping materials in R1's room or vapes in the room.</p>		