STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525488	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Black River Falls	1311 Tyler St Black River Falls, WI 54615

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 40181 Based on observations and interview, the facility did not ensure the daily nurse staffing information was posted at the beginning of each shift. This has the potential to affect all 31 residents in the building. The facility's nurse staffing sheets were not posted daily. Evidenced by: According to federal regulations, the facility must post the nurse staffing data on a daily basis at the beginning of each shift. Data must be posted as follows: Clear and readable format. In a prominent place readily accessible to residents and visitors. On 12/17/24, Surveyor was not able to locate the daily nurse staffing posting. At 12:22 PM, Surveyor asked Nursing Home Administrator (NHA) A where to find the daily staffing posting. NHA A stated it was their second day on the job and they did not know where it was located but would find out. Surveyor never received further information about the staff posting that day. On 12/18/24 at 7:30 AM, Surveyor was unable to locate the daily nurse staffing posting. Surveyor asked Assistant Director of Nursing (ADON) C for the daily nurse staffing postings from yesterday and today, and evidence of the postings saved since the last survey. At 7:50 AM, ADON C came back to Surveyor with a binder of old staff postings. ADON C stated they had just identified their previous NHA was responsible for doing the daily staff posting, and when they left, they never communicated that duty to anyone else. ADON C stated they had not been posting the daily nurse staffing data since October of this year. ADON C stated they will begin implementing this process today.

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: 525488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Black River Falls	1311 Tyler St Black River Falls, WI 54615

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 40181 Based on interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who had completed the minimum qualification requirements for the position. This practice could potentially affect all 31 residents residing in the facility. The facility's Dietary Manager (DM) is currently enrolled but has not started classes to be a Certified Dietary Manager. The Dietary Manager has been in the position for approximately two weeks. The facility does not have a full-time Registered Dietician at the facility. Findings include: On 12/17/24 at 9:40 AM, Surveyor toured the kitchen with DM D and asked what qualifications they held that allowed them to assume the role of Dietary Manager. DM D stated they had just started in the position approximately two weeks ago and did not hold any certifications to be a dietary manager. DM D stated they were supposed to be enrolled in a training program but did not think that had happened yet. On 12/17/24 at 2:33 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and asked if DM D was qualified to serve as the director of food and nutrition services. NHA A stated they thought DM D was enrolled in a Certified Dietary Manager program. Surveyor asked if the Registered Dietician was full time and provided oversight of the kitchen. NHA A indicated the dietician was there 1 day a week and they were available by phone. NHA A stated DM D also had the assistance from a Certified Dietary Manager from a sister facility one day per week. NHA A later provided documentation that DM D had been enrolled in a Certified Dietary Manager program. The enrollment documentation was dated 12/17/24. The facility's Dietary Manager is not a Certified Dietary Manager or a Certified Food Service Manager.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Black River Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Tyler St Black River Falls, WI 54615	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40181 Based on observation, interview and record review, the facility did not ensure the preparation of food in a clean and sanitary environment. This has the potential to affect all 31 residents in the facility. Staff did not consistently date or label food items when opened. Staff did not consistently test or document parts per million (PPM) of the quaternary sanitizing solution. Staff did not consistently document refrigerator and freezer temperatures. Staff did not consistently test or document dish machine temperatures. Staff observed touching ready to eat food with contaminated gloves. Staff observed delivering trays to resident rooms with uncovered food items on the tray. Findings include: Labeling open foods: According to facility policy and procedure entitled, Labeling Food and Date Marking, .Foods from processing plants are marked at the time the original container is opened and if the food is held for more than 24 hours, the date or day by which the food is to be consumed or discarded is indicated . On 12/17/24 at 9:40 AM, Surveyor conducted a tour of the kitchen with Dietary Manager (DM) D. During the tour Surveyor observed three containers of juice in the refrigerator with no date prepared or opened, and no discard date on the containers. Surveyor asked DM D if the containers should be labeled with dates. DM D replied the containers should be labeled with dates so the staff knows when they should be discarded. Surveyor also observed an opened gallon of milk on the shelf in the walk-in cooler. The carton was approximately 3/4 full. There was no opened date marked on the container. Surveyor asked DM D if the opened milk container should be labeled with the date opened. DM D replied the container should be labeled with the date opened so staff knows when to discard the contents if not consumed by the recommended discard date. Testing and documenting chemical levels in sanitization buckets: According to facility policy and procedure entitled, Chemical Cleaning and Sanitization, .To ensure that . sanitizing solution in buckets and spray bottles is at a level of 200-400 ppm, as per product guidelines and State of Wisconsin regulations .Dip test strip in solution. Hold for a minimum of 10 seconds. Remove and read strip according to guide on package. Test sanitizing solution in Kleen-pails by the same method throughout the day. Change solution as needed if below 200 ppm. Record results in designated area on Sink Temperature and Sanitizer Log . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525488	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook at Black River Falls	1311 Tyler St Black River Falls, WI 54615

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During the kitchen tour on 12/17/24, Surveyor observed a bucket of sanitizing solution sitting in a sink. Surveyor asked DM D if staff tested the solution to ensure it was at the correct PPM. DM D stated staff was supposed to check the chemical in the sanitizing buckets with a test strip each time they filled the bucket and record it on the log. DM D showed Surveyor the test log. The log was blank for December 1, 2, and 11. No tests were recorded for those dates. The log had an entry for only the AM column on December 3, 13, and 16. No tests were recorded for the PM column on those dates. The log had no tests recorded on the AM column for December 4, 5, 6, 10, 14, and 15. DM D stated the staff has not been following the facility policy for testing and logging the chemical in the sanitization buckets. Refrigerator and Freezer temperatures: According to facility policy and procedure entitled, Refrigerator/Freezer Temperature Log, To ensure all foods, but especially potentially hazardous foods, are stored at appropriate temperatures to prevent food borne illness. Refrigerator/Freezer temperatures shall be recorded by the A.M. [NAME] or designee at the beginning of the morning shift .All temperatures must be initialed by A.M. [NAME] or designee on the Refrigerator/Freezer Temperature Log. The following guidelines shall be used: a. Refrigerator: At or below 41 degrees F. b. Freezer: At or below 0 degrees F. During the kitchen tour on 12/17/24, Surveyor observed the Refrigerator/Freezer temperature Logs for December had many blanks. There were no temperatures logged for any refrigerators or freezers on December 1, 2, 11, 13, 14, and 15. There were no temperatures logged for refrigerator 2 and freezer 2 on December 3, 4, 5, 6, 7, and 8. Surveyor asked DM D about the missing entries on the log. DM D stated the staff was not following the facility policy for checking and logging refrigerator and freezer temperatures. Dish Machine Temperatures: According to facility policy and procedure entitled, Dishwashing Procedure, To ensure that dishes and utensils are properly washed and sanitized to prevent spread of food borne illness .Check temperature prior to first rack. Wash and rinse temperatures must reach required temperatures (see FS-2) prior to running any loaded racks through . Facility policy and procedure entitled, Dishwashing Temperature Log, states in part, .Wash and rinse temperatures shall be documented for each meal on the Dish Machine Temperature Form . During the kitchen tour on 12/17/24, Surveyor observed the December Dish machine Temperature Log had many blanks. There were no wash and rinse temperatures recorded for December 1, 2, and 4. The log had only the wash temperature recorded for supper on December 3. All other columns for that date were blank. Every other date from December 4th through December 16th were missing entries. Surveyor asked DM D about the facility expectation for checking dish machine wash and rinse temperatures prior to washing and sanitizing dishes and utensils. DM D stated the staff was not following facility policy and they should be checking and logging the wash and rinse temperatures for each meal. Touching ready to eat foods: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER: Meadowbrook at Black River Falls		STREET ADDRESS, CITY, STATE, ZIP CODE: 1311 Tyler St Black River Falls, WI 54615	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy and procedure entitled, Glove Usage, states in part, Gloves used for handling food and eating surfaces are changed whenever an un-sanitized item or surface is touched, such as a refrigerator door handle, when they become soiled or torn or before beginning a different task . On 12/17/24 at 11:56 AM, Surveyor observed kitchen staff set up and serve the lunch meal. During the set-up for serving, Surveyor observed [NAME] E carry a large roaster and place it on the steam table. [NAME] E was wearing disposable gloves when carrying the roaster. [NAME] E took the cover off the roaster and picked up a knife. [NAME] E cut a piece of the roast and picked up the cut piece with the gloved hand that had carried the roaster and removed the lid of the roaster. [NAME] E said the roast was too hot, opened a drawer and took out a serving tongs. [NAME] E returned and placed food on a resident's plate with serving utensils. [NAME] E then took the cover off a silver container on the table and reached in with the same gloves on, picked up a piece of buttered bread and placed it on top of the resident's plate. [NAME] E continued to dish up residents' food and pick up the bread for each plate with the same contaminated gloves. During the observation, Dietary Aide (DA) G was wearing disposable gloves and touching multiple surfaces with those gloves. DA G stated a resident was served a plate without bread. [NAME] E picked up a piece of bread with the same contaminated gloves and handed it to DA G. DA G carried the slice of bread to the resident in the gloved hands that had touched multiple surfaces. Following the observation of meal service, Surveyor interviewed DM D and explained the observation of staff touching the ready to eat food with potentially contaminated gloves. DM D stated staff should only touch ready to eat foods with clean gloves or should use a utensil to handle food. Uncovered foods delivered to rooms: Facility policy and procedure entitled, Tray Service and Transport, states in part, .Foods, beverages and eating utensils are covered with lids, plastic wrap or other suitable covering if trays are carried through patient care and public areas . During observation of lunch service on 12/17/24, Surveyor observed DA F placing dessert bowls on the meal trays that were to be delivered to resident rooms. The dessert bowls were not covered when placed on the trays and delivered to resident rooms. Following the observation of meal service, Surveyor interviewed DM D and asked if the dessert bowls on the trays delivered to residents' rooms should have been covered. DM D stated they did not have covers for that size bowl and were in the process of ordering new items. DM D stated until they had covers that fit, the dessert bowls should be covered with plastic wrap when they are delivered to residents' rooms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Black River Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 1311 Tyler St Black River Falls, WI 54615	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40181 Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Staff did not follow proper personal protective equipment (PPE) procedures when doing wound care for a resident (R) on enhanced barrier precautions (EBP) and did not sanitize bandage scissors and marking pen prior to and after use. This affected 1 of 2 residents (R) observed for wound care. (R3) Findings include: According to CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, last revised April 12, 2024, to prevent cross-contamination ensure all wound care equipment is properly cleaned and disinfected between patients. On 12/17/24 at 1:22 PM, Surveyor observed Registered Nurse (RN) H provide wound care for R3. Surveyor observed a sign on R3's door identifying that R3 was on Enhanced Barrier Precautions. The sign indicated all staff must wear a gown and gloves for high-contact resident cares. RN H used hand sanitizer and put on a gown and gloves in the hall before entering R3's room. RN H placed packages of supplies on the bedside table, removed gloves, washed hands and put on clean gloves. RN H opened a barrier pad and placed it on the bed under R3's hips. RN H opened another barrier drape and placed it on the bedside table. RN H opened dressing packages and placed them on the barrier. RN H reached under the gown and reached inside uniform pocket with the same gloves on, took out a bandage scissors and placed it on the barrier. Surveyor did not observe RN H clean or sanitize the scissors. RN H used the scissors to cute strips of tape and placed them back on the barrier. After cleansing the wound per proper procedure, RN H removed gloves, used hand sanitizer and put on clean gloves. RN H wet a piece of collagen prisma dressing with normal saline and placed it on the open wound. RN H then picked up the scissors and cut a piece of aquacel dressing and placed it on the wound. Surveyor did not observe RN H sanitize the scissors before or after use, and placed them back on the drape. RN H applied zinc oxide to surrounding skin, removed gloves, used hand sanitizer, and put on clean gloves. RN H placed folded gauze pads in wound bed, covered with an ABD pad and taped it in place. With gloves on, RN H reached under gown into uniform pocket, took out a marker and dated the tape on the dressing. RN H put the marker on the barrier on the table and removed gown and gloves and washed hands. RN H put dressing supplies away and picked up scissors and marker and placed them back in uniform pocket. Surveyor interviewed RN H immediately following observation and asked if RN H cleaned or sanitized the scissors or marker before or after use. RN H stated they did not, but should have. Surveyor asked if RN H should have reached into uniform pocket to retrieve items when wearing gloves that were used for wound care. RN H stated they should have removed gloves and washed hands before reaching into uniform pocket to avoid potentially contaminating uniform. On 12/18/24 at 9:51 AM, Surveyor interviewed Director of Nursing (DON) B and Assistant Director of Nursing (ADON) C. Surveyor explained the observation of RN H providing wound care for R3. Surveyor asked DON B and ADON C if RN H followed correct infection control procedures during the wound care observation. DON B stated RN H should not have reached into uniform pocket with gloves on and should have sanitized the scissors and marker before and after use for wound care.