

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 04/01/2025
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)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on interview and record review, the facility did not provide behavioral health services to ensure a resident received the highest practicable mental and psychosocial well-being. The facility did not create a comprehensive assessment and plan of care to address substance use disorder (SUD) for 1 of 1 resident (R5) reviewed for SUDs.</p> <p>Findings:</p> <p>The facility's policy, titled: Safety for Residents with Substance Use Disorder, undated, states: It is the policy of this facility to create an environment that is as free of accident hazards as possible, for residents with a history of substance use disorder. The facility policy further states under the section Policy Explanation and Compliance Guidelines, in part:</p> <p>-Residents with a history of SUD but will be assessed for risks including the potential use of illegal/prescription drugs. Care plan interventions will be implemented to include increased monitoring and supervision of the resident and their visitors.</p> <p>-Residents with SUD may try to continue using substances during their stay in the nursing home. Facility staff will assess the resident for the risk for substance use in the facility and have knowledge of signs and symptoms of possible substance that include, but are not limited to:</p> <ol style="list-style-type: none"> a. Frequent leaves of absence with or without facility knowledge. b. Odors. c. New needle marks. d. Change in resident behaviors, especially after interaction with visitors of absences from facility such as unexplained drowsiness, slurred speech, lack of coordination, mood changes. <p>-The facility will make an effort to prevent substance use, which may include providing substance use treatment services, such as behavioral health services, medication assisted treatments, Alcohol/Narcotics Anonymous meetings, working with the resident and the family, if appropriate, to address goals related to their stay at the nursing home, and increase monitoring and supervision.</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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5 was admitted to the facility on [DATE] with diagnoses that included methamphetamine use disorder, moderate, in early remission, alcohol use disorder in remission, major depressive disorder, recurrent episode, cerebrovascular disease and brain aneurysm.</p> <p>R5's Brief Interview for Mental Status (BIMS), dated [DATE], has a score of ,d+[DATE], indicating R5 is cognitively intact.</p> <p>R5's care plan, dated [DATE] with a resolved date of [DATE], for having adjustment issues to the admission did not include concerns/monitoring of SUD use.</p> <p>R5's behavior management care plan, dated [DATE] and a cancelled date of [DATE], did not include concerns/monitoring of SUD use.</p> <p>On [DATE], the facility initiated a care for impaired coping care plan related to cerebral infarction, substance abuse, recurrent substance abuse with a goal of Resident will demonstrate effective coping mechanisms. The care plan did not include concerns or what to monitor for that would indicate substance use.</p> <p>R5's physician orders since admission indicated no monitoring/assessing for the risk for substance use in the facility per policy.</p> <p>On [DATE], Surveyor reviewed the facility's investigation of incident that occurred on [DATE]. On this date R5 was found to have used methamphetamine. The facility conducted education to R5 and staff on methamphetamine use which did not include assessing, monitoring and ways to identify substance use.</p> <p>On [DATE] at 11:53 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D who stated she received education regarding opioid use and behaviors of agitation and outburst, and to make sure residents are safe, call management, start CPR if needed, and indicated the facility has Narcan available if needed as well.</p> <p>On [DATE] at 12:01 PM, Surveyor interviewed Certified Nursing Assistant (CNA) C who stated she received education for change in behaviors related to drug use after incident and staff conducted 15-minute checks for several weeks after the incident. CNA C could not identify specific things to look for to identify methamphetamine use.</p> <p>On [DATE] at 1:16 PM, Surveyor interviewed Nursing Home Administrator A and Director of Nursing (DON) B regarding education provided to staff. They were unable to provide documentation to support identifying, assessing and monitoring for potential substance abuse of residents with current or history of SUD.</p>		