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	01/14/2026

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility did not ensure the preparation of food in a clean and sanitary environment and food was not properly stored with the potential to affect 36 of the 39 residents in the facility as 3 of the residents received tube feeding.Surveyor observed staff taking a dirty plate from the dining room back to the hot food service and placing more food on the dirty plate.Surveyor observed food items stored less than 6 inches from the floor.Findings:Facility policy titled, Storage, Prepare, Distribute and Serve Food revised April 2020, stated in part, 2. Storage (Dry). b. All food must be stored away from walls, clear of ceiling sprinklers and at least 6 off the floor.6. Distribution and Service a. All food must be distributed using sanitary procedures.On 01/13/2026 at 12:05 PM, Surveyor noted a box of fortune cookies and a box of oyster crackers on a shelf only 2 inches off the floor. There was a box of honey scooters, a bag of pancake mix and 3 bags of cranberries stored on the bottom shelf 4 inches off the floor.On 01/13/2026 at 12:09 PM, Surveyor observed Dietary Aide (DA) E bring a plate back in from the dining room and said, They want more, and set the plate on top of hot service line window. [NAME] F took the plate and placed more meat, vegetables and noodles on the plate and handed it back to DA E, who then delivered it back out to the resident in the dining room.On 01/13/2026 at 1:13 PM, Surveyor interviewed Dietary Manager (DM) G about the observations made in the kitchen. DM G indicated that all food items need to be at least 6 inches off the floor. DM G was asked about the plate of food brought back into the kitchen. DM G replied, That plate should have never made it into the kitchen. The staff should have noted that it was dirty and taken it directly to the dirty dishes. They should've used a clean plate.

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
	525488	A. Building B. Wing	01/14/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 39 residents (R),Staff transported clean laundry from laundry area through the facility to resident rooms without covering the clean clothing which could lead to contamination of clean laundry. Staff did not perform appropriate hand hygiene and glove use during tube feeding administration for R17. This affected 1 out of 3 sampled residents for tube feeding.Staff performed medication pass on two separate residents on contact precautions but did not put on personal protective equipment (PPE) (R9, R12).Staff did not perform hand hygiene before glove use when administering eye drops to R9. Example 1 The facility policy, titled Handling Linens and Laundry, dated January 2026, states in part: Purpose to provide a process for the safe and aseptic handling, washing and storage of linen. Policy does not address transporting clean linen. On 1/13/26 at 1:07 PM, Surveyor observed Housekeeping (HK) K returning clean linen to resident rooms transported on an uncovered rolling hanging cart. On 1/13/26 at 1:09 PM, Surveyor interviewed HK K regarding transportation of clean and dirty laundry. HK K stated we cover dirty and the clean linens and towels when we deliver. HK K stated we do not cover the clean clothes. No one has ever told me we have to. On 1/13/26 at 1:11 PM Surveyor interviewed DON B who stated dirty laundry should be bagged and clean laundry should be covered going back out. Surveyor asked clarifying questions if there was any difference between linen and towels or personal clothing. DON B stated both linen and personal clothing should be covered when transported. Example 2 The facility policy titled, Care and Treatment of Feeding Tubes, dated December 2025, states in part, Policy: It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. Guidelines. 7.Directions for staff on how to provide the following care will be provided: d. Use of infection control precautions and related techniques to minimize the risk of contamination. The facility posted CDC poster titled, Enhanced Barrier Precautions Everyone Must, no evident date, states in part: Clean their hands, including before entering and when leaving the room. Providers and Staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities. (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	01/14/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Device care or use: central lines, urinary catheter, feeding tubes, tracheostomy, wound care: any skin opening requiring a dressing. R17 was admitted to the facility on [DATE] and has diagnoses that include: stroke, hemiplegia, history of pressure ulcers, and coronary artery disease. R17's Minimum Data Set (MDS) assessment, dated 10/17/25, indicates R17 is severely cognitively impaired and dependent for all mobility and activities of daily living or personal cares. R17's Care Plan, last reviewed 12/28/25, states in part: Resident requires tube feeding r/t Dysphagia, hemiplegia and hemiparesis affecting the left side. Interventions include Staff to follow Enhanced Barrier Precautions r/t feeding tube. Resident has nutritional problem or potential nutritional problem r/t need for enteral feedings, stroke. Interventions include: EBP precautions r/t tube feeding se enhance barrier precautions (gloves and gown) during the following activities.2. Tube Feeding On 1/13/26 at 12:12 PM, Surveyor observed Licensed Practical Nurse (LPN) J set up R17's tube feeding. LPN J walked into R17's room with 2 bottles of Jevity, placed them on the counter, completed hand hygiene, put on gloves but no gown, and walked over to where the graduate was sitting on the counter. Without all required personal protective equipment (PPE) in place, LPN J took syringe out of its dated package, walked over to resident, exposed abdomen, opened up the PEG tube port (PEG tube is a Percutaneous Endoscopic Gastrostomy tube inserted into his abdomen) and inserted the syringe and aspirated resident's tube. LPN J confirmed placement by aspirating gastric juices. LPN J put syringe back in its bag and poured the two bottles of Jevity, or 474cc of high protein liquid formula, into the enteral feeding bag. LPN J uncovered tubing, primed the tubing, and connected to peg tube. Container and supplies were put back. LPN J completed hand hygiene and left the room. At 12:41 PM, Surveyor observed LPN J enter R17's room, complete hand hygiene, and put on gloves but no gown. LPN J took graduate from the counter and opened the bathroom door. LPN J filled graduate from sink right next to the toilet and filled with 480cc of water, measured in graduate. Without all required PPE in place, LPN J went to feeding tube bag and poured water into bag and opened to flush. LPN J took off gloves, put graduate on counter, completed hand hygiene and left the room. At 12:53 PM, Surveyor observed LPN J complete hand hygiene, put on gloves, no gown and enter R17's room. LPN J disconnected R17's feeding tube from his PEG tube. LPN J disconnected the tubing, put cap on end of tubing, wrapped it around pole so it was not touching the floor and pushed pole to the side. LPN J took off her gloves, completed hand hygiene and left the room. On 1/13/26, between 12:44 PM and 12:52 PM, Surveyor observed LPN J who provided cares for multiple residents going in and out of rooms with same scrubs on, exposing self to others per job description and routine. On 1/13/26, between 12:18 PM until 12:41 PM, Surveyor observed LPN J who provided cares for multiple residents going in and out of rooms with same scrubs on, exposing self to others per job description and routine. At 12:36 PM, LPN J entered room of R36 and R6 without a gown. Their room (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	01/14/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	had contact precaution signage. Contact signage is on door because R36 has MRSA, wounds, and a Foley catheter. On 1/13/26 at 1:00 PM, Surveyor interviewed LPN J regarding tube feeding process and infection control. When asked what kind of precautions R17 is on, LPN J stated she doesn't think he is on any. I know he has the tube so standard precautions. LPN J accurately stated standard precautions need hand hygiene and gloves. Surveyor asked LPN J how she knows who needs precautions and who does not. LPN J stated I'd look in his chart. LPN J took a few minutes to look through R17's orders, care plan and electronic chart. LPN J did not find anything. LPN J stated I guess it would be in the chart, but I do not know where it is. Surveyor asked LPN J the kinds of precautions there are. LPN J stated droplet, contact, standard and airborne. Surveyor asked if there was anything else. LPN J stated I can't think of one. LPN J was able to list the required PPE for each of the precautions she listed accurately. Surveyor asked if there is another precaution type needed for catheters and feeding tubes and things like that. LPN J stated oh, enhanced barrier precautions, that would be R17 because of his feeding tube. Surveyor asked how that differs from standard precautions. LPN J stated it requires a gown to be worn. LPN J stated I didn't follow that; we should have a sign on the door. (Surveyor observed a sign on the door of R17's room upon start of the survey process.) On 1/14/26 at 7:06 AM, Surveyor observed Registered Nurse (RN) I administer medications to R17 via his PEG tube. No concerns with medication preparation or administration technique. Surveyor observed RN I prep medication, complete hand hygiene, open up closest PPE storage cart, pull out a gown and put it on, pulled out gloves, pick gloves off the floor, put in pocket, walk down hall to another cart to get more gloves, and put them on. No hand hygiene after touching floor, multiple PPE carts and putting on her gloves. RN I entered room with PPE that included the soiled gloves, obtained her supplies, looked at label and expiration of the Jevity formula, poured into bag and primed the tubing. RN I then touched bed control, adjusted bed to raise R17's head, exposed PEG tube, opened, and aspirated to check placement. RN I then mixed water with each medication, dissolved medication, administered via PEG tube, flushed tubing and started over for all 3 medications. RN I then connected the feeding tube, opened the roller clamp to allow feeding to run by gravity. RN I took off gown and gloves. RN I went into bathroom, washed hands, and left room. At 7:31 AM, Surveyor observed RN I complete hand hygiene, put on a gown, and take gloves, a new dressing and a cup of wound wash into R17's room. RN I put supplies down, put on her gloves, and touching bathroom doorknob, went into bathroom and filled graduate with 480cc of water to flush feeding tube. RN I poured water into enteral feeding bag and flushed the tube feeding. RN I proceeded to remove the old dressing, took off gloves, no hand hygiene, and put on new gloves. With contaminated hands, RN I washed the ostomy site, threw the garbage away, opened a new 4x4 and placed on the ostomy site with the same contaminated gloves. RN I took off gloves, noticed the flush was done and put on new gloves with no hand hygiene prior to new gloves. With contaminated hands, RN I disconnected the tubing. RN I pulled fluid into syringe, touched PEG tube, inserted the syringe, and flushed it with the water. RN I closed cap on PEG tube, took off her gloves and gown, completed hand hygiene and left the room. RN I obtained supplies, put on PPE, taped and labeled dressing, took off PPE, completed hand hygiene and left the room. (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	01/14/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 1/14/26 at 7:37 AM, Surveyor interviewed RN I regarding infection control practices, tube feeding practices and dressing changes. RN I stated hand hygiene with alcohol is required before patient cares, in between patient cares and you should wash your hands if soiled before wound care. Surveyor asked if hand hygiene or washing hands should be at any other time. RN I stated yes, between clean and dirty tasks and before and after tube feedings. RN I stated no, gloves do not replace hand hygiene. Hand hygiene should be done before you put new gloves on and after. RN I stated after you remove the old dressing, I would do hand hygiene. Surveyor asked if RN I did that. RN I stated I did not. Surveyor asked RN I about observation of seeing hand hygiene, then picking gloves off the floor, touching two carts to find new gloves, and putting on new gloves and if there was a time hand hygiene should have been done. RN I stated yes, I should have washed hands before I put on the new gloves. On 1/14/25 at 11:02 AM, Surveyor interviewed DON B regarding infection control and tube feedings. DON B stated hand hygiene should have been completed in between patient care, entering a room, and before and after gloves. Hand hygiene should be done before you put new gloves on and after you take them off. DON B stated RN I should have completed hand hygiene when going from the dirty dressing to the clean dressing. Surveyor shared observation of RN I picking something off the floor, putting on gloves and providing cares. DON B stated RN I didn't wash or do hand hygiene before going in, and she should have. DON B stated Enhanced Barrier Precautions are expected when doing tube feedings, catheter cares or things like that. That means wearing gown and gloves. Hands should be clean also. Example 3 Facility policy titled, Isolation Precautions, revised January 2026, stated in part: Contact Precautions .3. Prior to entering the isolation room, the flowing steps are required: Perform hand-hygiene and apply gloves and gown prior to entering room; While providing direct resident care, wear gloves and wash hands after coming in contact with infectious material; Remove gloves and perform hand -hygiene before leaving room. R9 was admitted to the facility on [DATE] with a Brief Interview of Mental Status (BIMS) score that was unable to complete. R9 had diagnoses of Alzheimer's and dementia. R12 was admitted to the facility on [DATE] with a BIMS of 15 indicating R12's cognition was intact. R12 had diagnoses of sacral pressure wound and Methicillin Resistant Staphylococcus Aureus (MRSA) in the wound. On 01/13/2026 at 7:30 AM, Surveyor observed LPN H carry a cup of medication and grab two different color pressure boots into room [ROOM NUMBER] which had a contact precaution sign on the door, and LPN H was not wearing any Personal Protective Equipment (PPE). (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	01/14/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 01/13/2026 at 7:35 AM, Surveyor observed LPN H remove medications from medication cart for R9. Surveyor did not observe LPN H perform any hand hygiene. LPN H administered all of R9's oral medications to R9. Then LPN H put on single use gloves without performing any hand hygiene and administered R9's eye drops to both of R9's eyes. On 01/13/2026 at 7:44 AM, Surveyor observed LPN H administer medications to R12 who is on contact precautions without wearing any PPE. LPN H was observed touching R12's bed linens, bed side table, open up the bathroom door and went into the bathroom. On 01/13/2026 at 9:39 AM, Surveyor shared these observations with the facility's Infection Preventionist (IP) who is also the facility's Director of Nursing (DON) B. Surveyor asked DON B, What are your thoughts about these observations with [LPN H]? DON B replied, LPN H should have performed hand hygiene with glove use with the eye medication, and she should have put on PPE during medication administration of residents on contact precautions. On 01/14/2026 at 7:35 AM, Surveyor was unable to determine who was on contact precautions in room [ROOM NUMBER] as there were two residents in that room. Surveyor asked DON B, Who was on contact precautions in room [ROOM NUMBER]? DON B replied, There was a resident in that room who was on contact precautions for Clostridium Difficile but is no longer. Surveyor asked DON B, Then why was there a contact precautions poster on the doorway yesterday? DON B replied, I don't know.

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	01/14/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that 4 of 5 residents (R)(R2, R8, R3, and R4) reviewed for receiving a psychotropic medication were free from unnecessary drugs.R2 was prescribed Quetiapine (Seroquel), an antipsychotic, without adequate indication or diagnosis.R8 was administered diphenhydramine-APAP (Benadryl/Tylenol) on a routine basis for sleep without adequate indication. R8 was administered lorazepam, an anti-anxiety medication, without adequate indication.R3 was prescribed Sertraline, an antidepressant, and Risperidone, an antipsychotic, without appropriate indication from a psychiatric provider.R4 was prescribed Cymbalta, an antidepressant, without adequate indication or diagnosis.This is evidenced by: Facility policy titled, Psychotropic Management, with a revised date of 12/2025, states in part: The facility will use psychotropic medication therapy only when clinically indicated to enhance the quality of life, while maximizing functional potential and well-being of the resident. Psychotropic medications are not administered unless they are necessary to treat a specific condition as diagnosed and documented in the resident's medical record. Gradual dose reductions of psychotropic medications and behavioral or non-pharmacological interventions are attempted, uncles clinically contraindicated, in an effort to discontinue the medications, if appropriate.Unnecessary Drugs and Psychotropic Drugs: Gradual dose reductions and non-pharmacological interventions are implemented, unless contraindicated, prior to initiating or instead of continuing psychotropic medications. Example 1 R2 was admitted to the facility on [DATE] with pertinent diagnoses of unspecified dementia without behavioral disturbance and unspecified signs and symptoms involving cognitive function. R2's most recent admission Minimum Data Set (MDS) assessment, dated 12/01/25, noted a Brief Interview of Mental Status (BIMS) score of 05/15, indicating severe cognitive impairment. R2 had no signs of delirium, no hallucinations, delusions, physical or verbal behaviors, and no wandering behaviors. R2 received antipsychotic medications on a routine basis only, no GDR was attempted, and a physician has not documented GDR as clinically contraindicated. R2's physician orders include: -Quetiapine Fumarate Oral Tablet 25 MG Give 1 tablet by mouth one time a day related to UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY. -Antipsychotic- Resident is prescribed an antipsychotic medication. Document number of times the resident exhibits the following behaviors: Delerium, paranoia, hallucinations, mood swings, or agitation. If symptoms are present, document interventions completed in progress notes 1. Distraction 2. Redirection 3. 1:1 every shift. Surveyor reviewed R2's behavior monitoring for 11/2025 – 01/2026 and noted no behaviors were documented. On 01/14/26 at 11:02 AM, Surveyor interviewed Chief Nursing Officer (CNO) D regarding R2's (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	01/14/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	psychotropic medication. CNO D stated that R2 was admitted to the facility with the order for quetiapine. Surveyor asked CNO D how medications are reviewed on admission. CNO D stated the nurse, provider, and pharmacist review meds to ensure need. Surveyor asked CNO D why R2 was prescribed this psychotropic medication with the indication noting dementia. CNO D stated she didn't know, because this is not an appropriate indication for use. CNO D stated the facility definitely had room for improvement in psychotropic medication management. Example 2 R8 was admitted to the facility on [DATE] with pertinent diagnoses of anxiety disorder, major depressive disorder, and insomnia. R8's most recent significant change MDS assessment, dated 11/08/25, noted a BIMS score of 11/15, indicating moderate cognitive impairment. R8 had no hallucinations, delusions, physical, or verbal behaviors. R8's physician orders include: -Citalopram Hydrobromide Oral Tablet 20 MG (Citalopram Hydrobromide) Give 20 mg by mouth one time a day related to ANXIETY DISORDER, UNSPECIFIED. -Anxiety- Resident is prescribed a medication for anxiety. Document number of times the resident exhibits the following behaviors: Nervousness, restlessness, sweating, increased heart rate, difficulty sleeping, or trouble concentrating. If symptoms are present, document interventions completed in progress notes 1. 1:1 2. offer activity 3. allow alone time every shift related to ANXIETY DISORDER, UNSPECIFIED. -Lorazepam oral concentrate 2mg/ml give 0.25 ml by mouth every 4 hours as needed for anxiety/terminal restlessness. -Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML (Morphine Sulfate) Give 0.25 ml by mouth every 4 hours as needed for Pain and Shortness of breath. -diphenhydrAMINE-APAP (sleep) Oral Tablet 25-500 MG (Diphenhydramine-Acetaminophen (sleep)) Give 1 tablet by mouth one time a day for insomnia. Start date of 11/20/25. -Monitor hours of sleep one time a day. Surveyor reviewed R8's sleep monitoring and noted an average of 7 hours of sleep per night prior to the start date of diphenhydramine-APAP. No sleep assessment was documented. Surveyor reviewed R8's behavior monitoring and noted no behaviors documented. Surveyor reviewed R8's medication administration record (MAR) and noted lorazepam was administered during 12/2025 on the following dates: 12/23/25 at 12:04 AM; medication was documented as Effective. 12/24/25 at 12:01 AM; medication was documented as Effective. (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	01/14/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/28/25 at 11:33 PM; medication was documented as Effective. 12/29/25 at 10:56 PM; medication was documented as Effective. 12/31/25 at 3:02 AM; medication was documented as Effective. Of note: no behaviors were documented prior to the administration of medication. On 01/14/26 at 10:38 AM, Surveyor interviewed Director of Nursing (DON) B regarding R8's medications. Surveyor asked DON B why R8 was prescribed the diphenhydramine-APAP. DON B stated she thought it was for itching but was not sure. Surveyor asked DON B why the orders indicated this medication was for insomnia. DON B stated she was not sure and would have to check. On 01/14/26 at 11:02 AM, Surveyor interviewed CNO D regarding R8's medications. CNO D stated she reviewed R8's record and found documentation noting the diphenhydramine-APAP was originally ordered for itching. Surveyor asked CNO D why a medication for itching would be administered on a scheduled basis. CNO D stated R8 has a known issue with itching and hives. Surveyor asked CNO D to show documentation of this condition. CNO D was unable to provide documentation of this. Surveyor asked CNO D if it would be appropriate to administer this medication for sleep or itching on a scheduled basis without adequate documentation to demonstrate need. CNO D stated no, that documentation should establish the basis and R8's did not demonstrate that. Surveyor asked CNO D about R8's lorazepam being administered without behaviors noted. CNO D stated the facility should do a better job of documenting behaviors to indicate need. Example 3 R3 was admitted to the facility on [DATE] with pertinent diagnoses of paranoid schizophrenia and drug induced subacute dyskinesia. R3's most recent annual MDS assessment, dated 10/10/25, noted a BIMS score of 10/15, indicating moderate cognitive impairment. R3 had no hallucinations, delusions, physical, or verbal behaviors. Antipsychotics were given on a routine basis only, no GDR was attempted, and no physician documentation for contraindication of GDR. R3's physician orders include: - Sertraline HCl Oral Tablet 100 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to SCHIZOPHRENIA, UNSPECIFIED (F20.9) give with 50 mg. - Sertraline HCl Oral Tablet 50 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to SCHIZOPHRENIA, UNSPECIFIED (F20.9) give with 100 mg. - risperiDONE Oral Tablet 1 MG (Risperidone) Give 2 tablet by mouth two times a day related to SCHIZOPHRENIA, UNSPECIFIED. - Antipsychotic- Resident is prescribed a medication for anxiety. Document number of times the resident exhibits the following behaviors: Delerium, paranoia, hallucinations, mood swings, or agitation. If symptoms are present, document interventions completed in progress notes 1. involve in activity 2. 1:1 3. reassurance every shift. (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	01/14/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Psychiatry consult as needed. Surveyor reviewed R3's behavior monitoring and noted no behaviors documented. Surveyor reviewed R3's medical record and noted no psychiatric consults or assessments since admission. On 01/14/26 at 10:38 AM, Surveyor interviewed DON B regarding R3's psych consult. DON B stated that no documentation could be found to demonstrate R3's refusal to be seen by psychiatry or that a consult had been completed. Example 4 R4 was admitted to the facility on [DATE] and has the diagnoses of type 2 diabetes mellitus without complications, pain, chronic atrial fibrillation, history of transient ischemic attack (TIA), acute kidney failure, age related physical debility, and unspecified hearing loss, bilaterally. Major depression, single episode. R4's Minimal Data Set (MDS), most recent dated 11/20/25, documents that R4 has an absence of hearing and no hearing aid. R4's speech is unclear and slurred, R4 is rarely understood, and usually R4 understands but misses some part /intent of the message but comprehends most conversation. R4's physician orders include: Cymbalta (Duloxetine HCL) Oral Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9). Current RX was started on 10/1/25. Cymbalta Oral Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9). Current RX was started on 8/30/24 and discontinued on 9/30/25. Depression - Resident is prescribed a medication for Depression. Document number of times the resident exhibits the following behaviors: Crying, tearfulness, social isolation, changes in appetite, mood swing, or difficulty sleeping. If symptoms are present, document interventions completed in progress notes 1. 1:1 2. activity 3. alone time every shift related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9) - Start Date 01/30/2025 1500 Resident's target behavior: increased sleeping, refusing to eat meals. Enter if resident had this target behavior three times a day Y for behavior exhibited N for not exhibited - Start Date 03/30/2022 1400 R4's Care Plan, states in part: R4 has depression. Intervention: Monitor/document/report every shift any s/sx of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness. Pharmacy review monthly or per protocol. (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	01/14/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The resident will have no evidence of behavior problems r/t depression Administer medications as ordered. Monitor/document for side effects and effectiveness Assist the resident to develop more appropriate methods of coping and interacting Surveyor reviewed R4's behavior monitoring from 10/1/2025 through 1/13/2026. Documentation has row for number of behaviors. Surveyor noted: For first 12 days of January 2026, resident monitoring scored a 0 or NA, no behaviors. For 31 days in December 2025, resident monitoring scored a Y one day but did not document what the behavior was. For 31 days from February 2025 through November 2025, resident monitoring scored a 0 or NA, no behaviors. Surveyor reviewed behavior tracker started on January 29, 2025 and resident scored a 0, no behaviors the 3 out of 9 shifts remaining in the month. The other 6 shifts did not complete the task of monitoring. On 1/14/26 at 12:20 PM, Surveyor interviewed Certified Nursing Assistnat (CNA) L regarding R4's behaviors. CNA L stated R4 does not hear well but if you do not startle him, talk slow and clear he is fine. CNA L stated CNA L does not recall the last time she charted he had behaviors. On 1/14/26 at 11:22 AM, DON B brought Surveyor documentation and R4's treatment record. DON B stated R4 has depression and needs the Cymbalta. DON B was unable to find documentation of behaviors or a diagnosis other than depression, single episode.

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	01/14/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents (R)(R42, R4, R31, and R44) received a written notice of transfer to include reason for transfer, location of transfer, appeal rights, and name and address (mailing and email) with telephone number of the Office of the State Long-Term Care Ombudsman and did not notify Ombudsman of transfer/discharge. In addition, the facility did not ensure residents received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility. This affects 4 of 4 residents reviewed for transfers and hospitalization.R42 was transferred to the hospital on [DATE] and 11/19/25. No written notice of transfer or Ombudsman notification for either date. No bed hold notice for transfer out on 11/18/25. R4 was transferred to the hospital on 8/11/25 and 9/2/25. Documentation of written notice of transfer, Ombudsman notifications, and bed hold notices were not consistently kept for both dates.R31 was transferred to the hospital on [DATE] and 01/02/26. No written notice of transfer or bed hold notice was documented. Ombudsman was not notified of transfer.R44 was transferred to the hospital on [DATE] and did not return to the facility. No written notice of transfer or bed hold notice was documented. Ombudsman was not notified of transfer or discharge.As evidenced by: The facility policy titled, Bedhold Notification, dated December 2025, states: Synergy Senior Care requires that when a resident is transferred to a hospital or requests a therapeutic leave, the center will provide written notice to the resident and/or resident representative regarding the resident's bed hold rights and the centers bed hold policy. A statement will be given to the Resident outlying the Facility's bed hold policy at the time fo transfer to the hospital or at the beginning of a leave. The facility policy titled, Transfer and Discharge (including AMA), dated December 2025, states: 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all the following at the time it is provided: a. The specific reason and basis for transfer or discharge. b. The effective date of transfer or discharge. 5. The facility will maintain evidence that the notice was sent to the Ombudsman. Example 1 R42 was admitted to the facility on [DATE] and discharged on 11/24/25, with the diagnoses of epilepsy, diabetes, and chronic renal failure/end stage renal disease. Record review identified R42 was transferred to the hospital on the following dates: 11/18/25 R42 was sent to the local hospital with altered mental status, lethargy, and weakness. Resident had a head Computed Tomography (CT), chest x-ray and urinalysis completed while in the (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	01/14/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	emergency room. Head CT and chest x-ray did not identify new issue or concern. He was sent back for monitoring and pending urinalysis. 11/19/25 with altered mental status, lethargy, and weakness. This transfer was to hospital in larger city north of facility per family's request. R42 was hospitalized for pneumonia, COVID, and UTI. No written bedhold, transfer notice, or notification of Ombudsman for 11/18/25 transfer. No complete written bedhold, transfer notice, or notification for Ombudsman for 11/19/25 transfer. Example 2 R4 was admitted to the facility on [DATE] and has the diagnoses of type 2 diabetes mellitus without complications, pain, chronic atrial fibrillation, history of transient ischemic attack (TIA), acute kidney failure, age related physical debility, and unspecified hearing loss, bilaterally. R4's MDS, most recent dated 11/20/25, documents that R4 has an absence of hearing and no hearing aid. R4's speech is unclear and slurred, R4 is rarely understood, and usually R4 understands but misses some part/intent of the message but comprehends most conversation. Record review identified that R4 was transferred to the hospital on the following dates: 8/11/25 due to decreased interactivity reported by nursing home staff, increased weakness and decline over the past week. 9/2/25 due to complaint of chest pressure at nursing. R4 had non-ST elevated myocardial infarction (NSTEMI). No written notice of transfer for 8/11/25 and 9/28/25 transfer. No bed hold for 9/28/25 transfer. The Ombudsman was not notified. On 1/13/26 at 4:16 PM, Surveyor interviewed Nursing Home Administrator (NHA) A who stated that Ombudsman notifications were not happening. The social worker quit last Wednesday and let NHA A know at that time that he had not been notifying the Ombudsman. Surveyor asked how long the Ombudsman has not been notified. (Surveyor had asked to see August, September, November and December notices to Ombudsman.) NHA A stated back to May. NHA A stated we learned of it last week. I started a PIP and was going to bring it to the next QAPI meeting. The QAPI meeting was supposed to be this week, but we canceled because you were here. PIP was not in place when providers arrived on Monday 1/12/25. NHA A stated she would check on if there were any transfer notices or bed hold notices for 8/11/25 and 9/2/25. On 1/13/26 at 4:33 PM, Director of Nursing (DON) B came to find Surveyor and stated there are no transfer notices for residents. DON B provided copies of the eINTERACT form that were completed to show communication with accepting facility. DON B handed a printout of a progress note for R4 that stated, Consent for bed hold obtained. DON B said there is no written bed hold for 9/28/25 signed or showing the rate and rights of the resident. On 1/14/26 at 2:35 PM, DON B stated there are no written transfer notices or written bed hold notices (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	01/14/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for 11/18/25 and 11/19/25 related to R42. The Ombudsman was not notified. Example 3 R31 was admitted to the facility on [DATE] with pertinent diagnoses of postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure, hypertensive chronic kidney disease stage 4, gastroparesis, and benign prostatic hyperplasia without lower urinary tract signs or symptoms. Record review identified R31 was transferred to the hospital on the following dates: -12/10/25 for decreased urinary output. -01/02/26 for new onset urinary tract pain. No written notice of transfer, bed hold notice, or Ombudsman notification was documented. Example 4 R44 was admitted to the facility on [DATE] with pertinent diagnoses of encounter for orthopedic aftercare following surgical amputation, acquired absence of left leg below knee, weakness, fluid overload, and anxiety disorder. Record review identified R44 was transferred to the hospital on [DATE] for altered mental status. R44 left the hospital against medical advice (AMA) and did not return to the facility. No written notice of transfer, bed hold notice, or Ombudsman notification was documented.

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	01/14/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility did not ensure pharmacy recommendation reports were acknowledged by a physician for 3 of 5 residents (R) (R8, R3, and R4) reviewed.R8 had pharmacy recommendations to review medications for contributing to recent falls and the provider did not respond.R3 had pharmacy recommendations to attempt a gradual dose reduction (GDR) of psychotropic medications and the provider did not respond.R4 had pharmacy recommendations to attempt a gradual dose reduction of a psychotropic medication and the provider did not responsd.This is evidenced by: Facility policy titled, Medication Regimen Review, with a revised date of 01/2026, states in part: Procedure: 1. Medication Regiment Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. 7. Timelines and responsibilities for MRR: b. The pharmacist shall communicate any recommendations and identify irregularities via written communication within 10 working days of the review. f. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities. Example 1 R8 was admitted to the facility on [DATE] with pertinent diagnoses of anxiety disorder, major depressive disorder, and insomnia. R8's physician orders include: -Citalopram Hydrobromide Oral Tablet 20 MG (Citalopram Hydrobromide) Give 20 mg by mouth one time a day related to ANXIETY DISORDER, UNSPECIFIED. -Lorazepam oral concentrate 2mg/ml give 0.25 ml by mouth every 4 hours as needed for anxiety/terminal restlessness. -Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML (Morphine Sulfate) Give 0.25 ml by mouth every 4 hours as needed for Pain and Shortness of breath. -diphenhydrAMINE-APAP (sleep) Oral Tablet 25-500 MG (Diphenhydramine-Acetaminophen (sleep)) Give 1 tablet by mouth one time a day for insomnia. Surveyor reviewed R8's fall incidents and noted: On 11/24/25 at 7:30 PM, R8 had an unwitnessed fall without injury. On 12/23/25 at 4:15 PM, R8 had an unwitnessed fall without injury. On 12/29/25 at 2:45 AM, R8 had an unwitnessed fall without injury. On 12/31/25 at 12:45 PM, R8 had an unwitnessed fall without injury. (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	01/14/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility completed an incident investigation to determine root cause, implemented new safety interventions, and updated care plan. No review of R8's medications were noted as possible contribution to falls or fall risk. On 12/15/25, MMR was completed and the pharmacist noted: R8 recently experienced a fall. A comprehensive review of medical record was conducted, identifying the following meds which may contribute to falls: Benadryl, lorazepam, morphine, citalopram. RECOMMENDATION: please evaluate these meds as possibly causing or contributing to fall. -No provider response was documented. On 01/14/26 at 10:38 AM, Surveyor interviewed Director of Nursing (DON) B regarding MMR recommendations. DON B stated MMRs are reviewed by the facility and forwarded to the provider for review and the expectation is for the provider to respond within 30 days. Surveyor asked DON B if the provider had responded to R8's MMR for medications possibly contributing to falls. DON B stated no. Surveyor asked if this should have been reviewed more quickly due to the risks related to potential falls and/or injury. DON B stated yes. Example 2 R3 was admitted to the facility on [DATE] with pertinent diagnoses of paranoid schizophrenia and drug induced subacute dyskinesia. R3's physician orders include: - Sertraline HCl Oral Tablet 100 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to SCHIZOPHRENIA, UNSPECIFIED (F20.9) give with 50 mg. - Sertraline HCl Oral Tablet 50 MG (Sertraline HCl) Give 1 tablet by mouth one time a day related to SCHIZOPHRENIA, UNSPECIFIED (F20.9) give with 100 mg. - risperiDONE Oral Tablet 1 MG (Risperidone) Give 2 tablet by mouth two times a day related to SCHIZOPHRENIA, UNSPECIFIED. Surveyor reviewed R3's monthly medication review (MMR) and noted: -05/12/25: pharmacist recommended GDR for risperidone 2mg and sertraline 150 mg. -05/14/25: Provider response: Review with NP. -05/15/25: noted by RN. No additional follow-up documented. MMR completed monthly through 12/15/25 repeated this recommendation with no provider response. On 12/29/25, provider responded to pharmacy recommendation that GDR is clinically contraindicated as it is likely to impair function or cause psychiatric instability by exacerbating an underlying medical condition or psychiatric disorder as documented below. No additional documentation was noted by provider. (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	01/14/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/14/26 at 10:38 AM, Surveyor interviewed DON B regarding R3's GDR recommendation. DON B stated this GDR recommendation should have been addressed. Example 3 R4 was admitted to the facility on [DATE] and has diagnoses of type 2 diabetes mellitus without complications, pain, chronic atrial fibrillation, history of transient ischemic attack (TIA), acute kidney failure, age related physical debility, and unspecified hearing loss, bilaterally, and major depression, single episode. R4's Minimal Data Set (MDS), most recent dated 11/20/25, documents that R4 has an absence of hearing and no hearing aid. R4's speech is unclear and slurred, R4 is rarely understood, and usually R4 understands but misses some part/intent of the message but comprehends most conversation. R4's physician orders include: Cymbalta Oral Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9). Current RX was started on 10/1/25. Cymbalta Oral Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9). RX was started on 8/30/24 and discontinued on 9/30/25. Duloxetin3 HCL Capsule Delayed Release Particles 60mg Give 1 capsule by mouth one time a day for depression related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9). RX started 6/23/2021 and stopped on 8/29/2024. Depression - Resident is prescribed a medication for Depression. Document number of times the resident exhibits the following behaviors: Crying, tearfulness, social isolation, changes in appetite, mood swing, or difficulty sleeping. If symptoms are present, document interventions completed in progress notes 1. 1:1 2. activity 3. alone time every shift related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9) -Start Date 01/30/2025 1500 Resident's target behavior: increased sleeping, refusing to eat meals. Enter if resident had this target behavior three times a day Y for behavior exhibited N for not exhibited -Start Date 03/30/2022 1400 R4's care plan states in part: R4 has depression. Intervention: Monitor/document/report every shift any s/sx of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness. Pharmacy reviews monthly or per protocol. Surveyor reviewed R4's monthly medication review (MMR) binder that starts with April 2025 reports and progress notes. Monthly pharmacist reviews completed routinely. MMR to note include: (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	01/14/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2/11/25 Progress Note states: Pharmacy Note: DRR (drug record review) completed Request Cymbalta GDR (Gradual Dose Reduction) No consultation report available in binder. 4/16/25 Progress Note states: Pharmacy Note: DRR completed. Resent Duloxetine GDR rationale. April 2025 Consultation Report states, Provider declined the consultant pharmacist's recommendation on 2/2/25 to perform a GDR of Duloxetine for R4 but did not provide documentation to support that a GDR is clinical contraindicated. Please provide rationale for declining a dose reduction of Duloxetine as required per CMS regulations. Space for physician documentation and signature is blank. 9/11/25 Progress Note states: Pharmacy Note: DRR completed. No irregularities. September 2025 Consultation Report states: GDR tracking- Major Depressive Disorder Duloxetine: stated 6/22/21, last GDR 8/29/24, next 10/27/25. 11/20/25 Progress Note states: Pharmacy Note: Med review complete; see report. No November Consultation Report in binder, nor is R4 listed in no irregularities document. Surveyor requested the Consultation Report from DON B. On 1/14/26 at 11:22 AM, DON B provided Surveyor with a Consultation Report for November 1, 2025. Reports states: 11/1/25 R4 has received an antidepressant, duloxetine 30mg qd, which is due for GDR consideration. Please attempt a GDR of duloxetine to 20mg qd to determine the lowest effective dose. If unable to change, please provide clinical rationale for continued use. Physician response is blank, form is unsigned. MMR completed monthly through December 12/15/25 with repeated recommendation for GDR. No provider response. No GDR attempted.

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	01/14/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not conduct a Preadmission Screening Resident Review (PASRR) Level II screen for R3, who has a serious mental disorder and is taking psychotropic medication to treat symptoms of major mental disorder to ensure he received care and services to meet his needs. The facility practice affected 1 of 1 resident (R)(R3) reviewed.This is evidenced by:According to the State of Wisconsin Department of Health Services (DHS), PASRR is a federal requirement that all applicants to Medicaid-certified nursing facilities be assessed to determine whether they might have an intellectual/developmental disability (ID/DD) and/or mental illness. This is a Level I Screen. The purpose of a Level I Screen is to identify individuals whose total needs require they receive additional services for their ID/DD and/or mental illness. Individuals who test positive at Level I are then evaluated in depth to confirm the determination of an ID/DD and/or mental illness for PASRR purposes. This is a Level II Screen. This assessment produces a set of recommendations for necessary services that are meant to inform the individual's plan of care. If the State program permits the use of the exceptions specified in S483.20(k)(2), and the resident remains in the facility longer than 30 days, the facility must screen the individual using the State's Level I screening process and refer any resident who has or may have MD, ID or a related condition to the appropriate state-designated authority for Level II PASRR evaluation and determination. NOTE: under 42 CFR 483.106(b)(2)(ii), If an individual who enters a NF as an exception (an exempted hospital discharge) is later found to require more than 30 days of NF care, the State mental health or intellectual disability authority must conduct a Level II resident review within 40 calendar days of admission.R3 was admitted to the facility on [DATE] with a diagnosis of paranoid schizophrenia. R3 was prescribed the following psychotropic medications: Sertraline and Risperidone.On 01/02/25, a Level 1 PASRR was completed noting R3 had a serious mental illness and was receiving psychotropic medications. A hospital discharge exemption-30 day maximum was noted and stated R3 was not to be staying in the facility longer than the permitted exemption period.R3 remained in the facility after the exemption period. No additional PASRR screenings were completed.On 01/13/26 at 8:30 AM, Surveyor interviewed Social Services (SS) C regarding R3's PASRR. SS C stated that he was not in this role during this time and could not state reasoning why another PASRR was not completed following the 30-day exemption period. SS C stated this should have been completed.