

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE  1840 Priddy St Bloomer, WI 54724	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46693</p> <p>Based on interview and record review, the facility did not report 1 of 3 residents' (R), R131, allegations of exploitation to the State Survey Agency via the State's Misconduct Incident Reporting (MIR) system immediately upon learning of the incident.</p> <p>Findings include:</p> <p>Facility policy titled Abuse Prevention Program, stated in part, -#1. Initial Reporting of Allegations. When an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has been made, the administrator, or designee, shall complete and submit a DQA form F-62617, notifying DQA that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of a resident property has been reported to the administrator and is being investigated.</p> <p>This report shall be made immediately.</p> <p>On 03/13/25, Surveyor reviewed an anonymous complaint, dated 10/30/24, alleging that Certified Nursing Assistant (CNA) E took a picture of R131's private area from her personal cell phone to show another staff member, on AM shift, that they used the wrong cream on R131's bottom at the hospital. R131 cannot agree to this as she is not mentally capable of understanding what is going on.</p> <p>R131 was not in the facility at the time of the investigation.</p> <p>On 3/13/25, Surveyor reviewed R131's medical record. R131 was admitted on [DATE] with cerebral palsy and epilepsy. R131's care plan, dated 09/30/22, indicates R131 is dependent on staff for meeting emotional, intellectual, physical, and social needs due to inability to communicate and physical mobility. Care plan dated 08/10/22 states R131 has impaired cognitive function or impaired thought processes.</p> <p>On 03/13/25, Surveyor attempted to contact CNA E and CNA K via phone. Messages were left and there were no return calls.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/13/25 at 11:37 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of Nursing (DON) B and asked if they were aware of an event on 10/28/24 - 10/29/24 that involved staff taking a picture of a resident's private part. Both agreed that they recalled the incident. NHA A stated the event was investigated. A night CNA took a picture to show the oncoming shift that the wrong cream was applied. Day shift staff immediately reported the incident to DON B. DON B stated that she observed the CNA delete the picture and completed a disciplinary action and completed all staff education regarding cell phone usage. DON B reported that CNA E admitted the error and was apologetic. Surveyor asked why a facility reported incident was not completed. NHA A stated they did not report because there was no ill intent, and she misinterpreted the regulation.</p> <p>On 03/13/25, Surveyor reviewed the investigation file for R131. Records indicated the incident as described above. NHA also provided the Disciplinary Action Report for CNA E.</p> <p>Surveyor could not find any facility documentation of this incident being reported to the State Agency.</p>		