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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525580 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>03/13/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadowbrook at Bloomer |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1840 Priddy St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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>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.

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| 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> |  |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46693</p> <p>Based on record review and interview, the facility did not accurately code the Minimum Data Set (MDS) for 1 of 12 sampled residents (R) reviewed. (R18)</p> <p>-The MDS assessments are coded in error stating that a Preadmission Screening and Resident Review (PASARR) level 2 screen had not been completed when it was completed at the time of assessment for R18.</p> <p>Findings include:</p> <p>R18 was admitted to the facility on [DATE] with diagnoses including depression, anxiety, and PTSD.</p> <p>Record review identified R18 had a PASARR level 2 screen completed on 12/06/24 indicating R18 has a major mental disorder.</p> <p>R18's comprehensive MDS assessment, dated 12/08/24, indicated for question A 1500 that No PASARR level 2 had been completed. Section I of the MDS notes R18 has PTSD.</p> <p>On 03/12/25 at 2:02 PM, Surveyor interviewed Director of Nursing (DON) B who agrees that the discrepancy had occurred and question A 1500 should have been coded Yes.</p> |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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 failed to provide interventions in the comprehensive care plan to mitigate re-traumatization for 1 of 1 resident (R18) reviewed for Post Traumatic Stress Disorder (PTSD).</p> <p>-Staff were not aware there was a resident with PTSD. R18's PTSD care plan did not indicate triggers and specific interventions related to loud noises.</p> <p>Findings include:</p> <p>R18 was admitted to the facility on [DATE] with diagnoses including anxiety, depression, and PTSD.</p> <p>R18's most recent quarterly Minimum Data Set (MDS), dated [DATE], stated a Brief Interview of Mental Status (BIMS) score of 15 indicating R18 is cognitively intact. R18 was independent with bed mobility, eating, transferring, and toileting.</p> <p>On 03/12/25 at 12:18 PM, Surveyor reviewed R18's medical record that indicated a Trauma Informed Care assessment, dated 12/02/24, noted loud noises trigger R18.</p> <p>Care plan dated 12/05/24 includes a plan for PTSD, however, does not include loud noise triggers R18, or interventions to loud noises that can result in potential for re-traumatization.</p> <p>On 03/12/25 at 12:22 PM, Surveyor interviewed R18 who clarified not wanting or needing any special therapy services related to PTSD, and that R18 will be discharged soon.</p> <p>On 03/12/25 at 12:57 PM, Surveyor interviewed Certified Nursing Assistant (CNA) L and asked if any residents in the facility have PTSD. CNA L stated, Nobody has PTSD. I have been employed here for almost a year.</p> <p>On 03/12/25 at 1:02 PM, Surveyor interviewed Licensed Practical Nurse (LPN) M and asked if there are any residents that have PTSD. LPN M stated she works the floor and would have to check with the Director of Nursing (DON).</p> <p>On 03/12/25 at 1:05 PM, Surveyor interviewed LPN N and asked if any residents have PTSD. LPN N stated, I am the floor nurse to care for all residents today and when I work. I am not aware of anyone that has PTSD.</p> <p>On 03/12/25 at 2:02 PM, Surveyor interviewed DON B and asked about R18's trauma informed care assessment that identified loud noises trigger PTSD. DON B stated that R18's PTSD care plan should be more clear and would expect the staff to know about it and how to approach the issue.</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30570</p> <p>Based on observation, record review and interview, the facility did not prepare, store or distribute foods in a sanitary manner. The facility practices had the potential to affect all 25 residents.</p> <p>Dietary Aide (DA) G did not allow the thermometer probe to air dry of alcohol prior to inserting into glasses of milk and juice intended to be served to residents for breakfast.</p> <p>Resident foods that were brought in were not labeled with resident names/dates and disposed of in a manner to prevent illness.</p> <p>DA G was observed with her shirt, which had been sprayed with water and food debris, putting away clean dishes in a manner that contaminated the clean dishes. DA G put the clean dishes away when still saturated with water.</p> <p>This is evidenced by:</p> <p>Example 1:</p> <p>Surveyor reviewed the facility policy titled, Thermometer, dated February 2020. The policy, in part, read:</p> <p>Procedure:</p> <p>~Sanitize thermometer before and between testing of different foods.</p> <p>~The thermometer may be stored in or dipped into sanitized solution to sanitize.</p> <p>The policy does not direct if using an alcohol preparation pad to sanitize the thermometer probe it should be allowed to air dry before inserting into foods/beverages.</p> <p>On 3/12/25 at 7:13 AM, Surveyor observed preparation for breakfast in the kitchen. Surveyor observed DA G taking temperatures of beverages that had been poured in glasses and removed from refrigeration. DA G wiped the thermometer probe with an alcohol prep pad and immediately inserted the thermometer into a glass of milk. DA G wiped the thermometer probe with another alcohol pad and immediately inserted into a glass of juice. Surveyor asked DA G if she has ever been instructed to wait and allow the thermometer probe to air dry of alcohol before inserting into foods or beverages. DA G indicated she has always wiped the thermometer probe and inserted right away to check temperatures and was never told to wait.</p> <p>Surveyor asked Dietary Manager (DM) H about the observation and expectations regarding air drying the thermometer probe prior to inserting into foods/beverages. DM H expressed he would expect staff to allow the thermometer probe to air dry of alcohol before inserting into foods or beverages to not contaminate the items with alcohol.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Example 2:</p> <p>Surveyor reviewed the facility policy titled, Food from Outside Sources, dated April 13, 2020. The policy, in part, read:</p> <p>Policy: All residents have the right to accept food brought into the facility by family or other visitors, however, the food must be handled in a way to ensure safety to the resident.</p> <p>Procedure: All food items that are already prepared by the family or visitor brought in must:</p> <p>a. Be labeled with content, date (the date the item was brought into the facility) and the residents name.</p> <p>b. will be dated when accepted for storage and discarded after five days.</p> <p>On 3/12/25 at 7:33 AM, Surveyor and DM H observed the refrigerator where foods are brought in for residents. The refrigerator contained resident items that were dated with one set of dates or not dated. The refrigerator contained the following items:</p> <p>~Muscle milk, chocolate milk and whole milk with no dates labeled with R19's name.</p> <p>~Snack size jello and apple sauce which were not dated, limes dated 2/12/25, and pineapple juice which was not dated. Items were marked with R22's name.</p> <p>~Protein drink tabled with initials D.S. and no date.</p> <p>~Yogurt with no name or date</p> <p>~Pickled eggs with no name or date</p> <p>~Peanut butter and jelly sandwich with no dates.</p> <p>~Grape juice dated 3/05/25.</p> <p>Surveyor noted refrigerator with sign that read:</p> <p>Can be kept up to 3 days. If food is not dated it will be thrown away, no exceptions.</p> <p>After the observation, Surveyor spoke with DM H about the expectation of labeling resident food/beverages brought in by visitors. DM H indicated the items should be labeled with resident names and date brought in. Items should be disposed of within 3 days to prevent residents from getting sick.</p> <p>Example 3:</p> <p>Surveyor reviewed the facility policy titled, Dishwashing Procedure, dated February 2020. The policy read, in part,</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Purpose: To ensure that dishes are properly washed and sanitized to prevent the spread of food borne illness.</p> <p>Procedure:</p> <p>~All items must be air-dried after wash and rinse cycles are completed.</p> <p>~Before any dish machine operator moves from soiled dishes to clean dishes, one of the following must occur:</p> <p>a. Hands shall be washed using proper hand washing procedures.</p> <p>b. If using gloves, soiled gloves shall be removed, hands shall be washed using hand washing procedures and clean, unused gloves shall be put on.</p> <p>The procedure did not address the need to don and doff an apron to ensure the clean dishes do not come into contact with any contaminated surfaces such as staff's clothing.</p> <p>On 3/12/25 at 9:35 AM, Surveyor observed DA G at dish machine spraying and scrubbing dirty dishes. DA G was not wearing an apron or gloves. DA G's shirt was sprayed with the spray from the dirty dishes. DA G's shirt was visibly wet and dirty of food particles. DA G loaded the dishes to the dishwasher rack and unloaded the dish rack from the machine. Surveyor observed DA G lean over the dish counter to obtain clean dishes to put away. DA G's shirt was in direct contact with the clean dishes that she immediately put away. Surveyor observed the plate covers taken from the dish rack across the kitchen to be put away. The plate covers were saturated with water, dripping to the kitchen floor. The plate covers were placed on a stack of clean covers. The plate covers were visibly wet.</p> <p>Following the observation, Surveyor asked DA G about the observation of her wet/dirty shirt coming into contact with clean dishes and if dishes should be put away wet. DA G responded she was never informed she should wear apron or gloves when washing dirty dishes and no aprons are available to be used when washing dirty dishes. DA G stated she understood how her dirty shirt coming into contact with the clean dishes could cause contamination. Surveyor asked about the wet dishes being put away and risk for bacterial growth. DA stated she understood the risk.</p> <p>DM H, who was present during the observation, indicated he would obtain aprons for dishwashing due to the potential for contamination of clean dishes as observed. DM H pulled the plate covers from the stack to be re-washed and informed DA G she needed to allow more time for dishes to air dry as he has told her in the past. DM H indicated he understood how putting away wet dishes poses a risk of contamination. DM H also indicated he understood how DA G's shirt contaminated the clean dishes.</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</b></p> <p>Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 25 residents (R).</p> <p>-Residents with infection symptoms not placed on proper precautions.</p> <p>-Observations of Certified Nursing Assistants (CNA) not donning Personal Protective Equipment (PPE) and providing proper hand hygiene prior to entering/exiting rooms for residents on precautions.</p> <p>Certified Nursing Assistant (CNA) C did not wear her surgical mask in a manner (above her nose) to prevent the spread of infection during a facility outbreak of respiratory illness, covid 19 and gastrointestinal illness (GI).</p> <p>CNA C did not perform hand hygiene before donning gown and gloves and entering R23's room who was on precautions for gastrointestinal illness (GI).</p> <p>CNA D did not don gown and gloves before entering R23's room who was on precautions for GI.</p> <p>CNA E did not handle dirty linens in a manner to prevent the potential spread of infection.</p> <p>Findings include:</p> <p>Surveyor requested and reviewed the facility policy titled, Personal Protective Equipment, dated January 2023. The policy, in part, read:</p> <p>Purpose:</p> <p>To provide guidance for the use and selection of appropriate personal protective equipment (PPE) based on risk of exposure to blood or body fluids in accordance with state and federal regulations.</p> <p>Procedure:</p> <p>1. All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities and other times in which exposure to blood and body fluids, or potentially infectious materials is likely.</p> <p>Face Protection: Wear a mask to protect the face from contamination</p> <p>Gloves Perform hand hygiene before donning gloves and after removal. Gloves are not a substitute for hand hygiene.</p> <p>Example 1</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>On 03/11/25 at 10:05 AM, Surveyor observed R20 sitting in a chair with a basin next to her. R20 complained of feeling sick and throwing up all night, and said, I wouldn't even come in here if I was you. Roommate confirmed, Yeah, all night long. Outside the room was a sign for Enhanced Barrier Precautions (EBP) but not the required contact precautions. At 4:00 PM, contact precautions were still not initiated. On 03/12/25 at 7:10 AM, contact precaution sign was posted outside R20's room.</p> <p>Example 2</p> <p>On 3/11/25 at 10:24 AM, Surveyor observed R130 lying in bed with a basin. R130 stated, I came in here a few weeks ago for 'breathing' and now I am sick with vomiting and diarrhea. The required contact precaution sign was not in place. At 4:00 PM, contact precautions were still not initiated. On 03/12/25 at 7:10 AM, contact precaution sign was posted outside R130's room. Nursing progress notes dated 03/11/25 at 4:36 PM stated, Note Text: Resident had large emesis early this AM and several times into this shift. Afebrile at 97.8 Resident attempted to eat breakfast but could not finish and refused lunch.</p> <p>Example 3</p> <p>On 3/11/25 at 10:14 AM, Surveyor reviewed infection control surveillance and noted that R22's medical record indicated R22 developed symptoms of nausea, vomiting, and diarrhea on 03/08/25 and was removed from contact precautions on 03/11/25. Surveyor observed no signage outside R22's room alerting staff and visitors of contact precautions. At approximately 4:00 PM, required contact precaution sign still was not posted. The following day, 03/12/25 at 7:18 AM, Surveyor observed that contact precautions signage was posted.</p> <p>Example 4</p> <p>On 03/12/25 at 7:32 AM, Surveyor observed CNA O set up R19 for morning cares. Contact precaution sign was posted outside R19's room stating, Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. CNA O appropriately followed the signage until CNA O realized she forgot to retrieve washcloths and towels. At 7:38 AM, CNA O entered R19's room without proper PPE to give R19 washcloths and towels.</p> <p>Example 5</p> <p>On 03/12/25 at 7:40 AM, CNA O entered R12's room to assist with toileting. Signage on door was posted for contact precautions and EBP. CNA O entered and exited R12's room without sanitizing hands or donning/doffing PPE. CNA O left room to gather supplies and entered room again without appropriate PPE except for wearing only surgical mask. CNA O assisted R12 in bathroom and after finishing, at 7:48 AM, brought bagged soiled items outside the room, down hallway, and behind the nurses station to the soiled utility room. Surveyor then asked CNA O what the process is for residents on contact precautions. CNA O said, [R12's] roommate is the resident that is ill. I don't know why there are no bins in there. I did not gown the second time in [R12's] room because it is the roommate that was ill.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Surveyor reviewed the surveillance line list, nursing progress notes, and checked for signage outside the rooms and noted the following:</p> <ol style="list-style-type: none"> <li>R20 had nausea, vomiting and diarrhea on the night shift between 03/10/25 and 03/11/25. Was not placed on precautions until 03/12/25.</li> <li>R130 had nausea, vomiting and diarrhea on 03/11/25 and was not placed on precautions until 03/12/25.</li> <li>R22 had nausea, vomiting and diarrhea on 03/08/25 and was not placed on precautions until 03/12/25.</li> <li>R8 had nausea, vomiting and diarrhea on 03/10/25 and was not placed on precautions at all and had no resolve date on line list or documentation in nursing progress notes regarding precautions at all.</li> </ol> <p>On 03/12/25 at 11:44 AM, Surveyor interviewed Director of Nursing (DON) B and the Infection Control Preventionist (ICP) F and asked what the staff expectation is for hand hygiene and PPE for residents on precautions. DON B stated they would expect the staff to follow the signage on the door and that correct precautions are implemented timely.</p> <p>30570</p> <p>Example 6</p> <p>On 3/11/25 at 10:04 AM, Surveyor observed CNA C in the hallway with surgical mask worn below her nose.</p> <p>On 03/11/25 at 10:09 AM, CNA C entered room [ROOM NUMBER] with her mask below nose. room [ROOM NUMBER] had posting indicating mask, gown, and gloves should be worn when entering room.</p> <p>On 03/11/25 at 12:05 PM, CNA C was observed passing resident lunch trays in their rooms with her mask below nose.</p> <p>On 3/12/25 at 4:05 PM, Surveyor interviewed CNA C about the observation of her surgical mask worn below her nose. CNA C indicated it is expected for staff to wear surgical masks in common areas during outbreaks. Staff should not wear masks below the nose. It is important to wear masks above the nose to keep yourself safe and prevent the spread of infection.</p> <p>Surveyor reviewed the facility line list of resident infections, and R23, who resides in room [ROOM NUMBER], presented with incontinence, liquid stool, and nausea on 3/09/25.</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525580  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>03/13/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadowbrook at Bloomer   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1840 Priddy St<br>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. |   |  |  |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>On 3/13/25 at 10:21 AM, Surveyor spoke with DON B and ICP F. ICP F has been on staff 2 weeks and is the facility's Infection Control Preventionist. Surveyor asked about the facility outbreak status. ICP F explained the facility was in respiratory, covid and GI outbreak when the survey team entered the building on 3/11/25. The last day of respiratory outbreak was 3/11/25. The facility remains in covid outbreak status. The covid outbreak started in November 2024. Per the facility policy, which is based on Centers for Disease Control, the facility remains in outbreak status 28 days post last positive test. The facility is also in a GI outbreak status with resident first symptoms noted 3/07/25 and 2 residents positive for norovirus on 3/08/25. Surveyor asked about expected staff PPE in common areas during the outbreaks and shared the observation. DON B expressed a standard surgical mask is expected to be worn in common areas. Wearing a mask below the nose is an ineffective use of a surgical mask during an outbreak. DON B explained it is important to wear the mask over the nose to prevent symptoms and the potential spread of the infection.</p> <p>Example 7</p> <p>On 3/11/25 at 10:09 AM, Surveyor observed CNA C enter R23's room after donning a gown and gloves. CNA C did not perform hand hygiene prior to donning the gloves. R23's room has posting indicating mask, gown and gloves should be worn when entering room.</p> <p>On 3/12/25 at 4:05 PM, Surveyor spoke with CNA C about the observation of not performing hand hygiene prior to donning gloves to enter R23's room. CNA C indicated it is expected that staff perform hand hygiene prior to putting on gloves to help prevent the spread of infection.</p> <p>Surveyor reviewed the facility line list of resident infections, and R23 presented with incontinence, liquid stool and nausea on 3/09/25.</p> <p>On 3/13/25 at 10:21 AM, Surveyor spoke with DON B and ICP F about the observation. DON B and ICP F explained R23 presented on 3/09/25 with symptoms of incontinence of liquid stool and nausea and is on precautions. Staff should follow the posted sign on R23's door and don gown and gloves before entering the room. Hand hygiene is expected prior to donning PPE to help prevent the spread of infection.</p> <p>Example 8</p> <p>On 03/11/25 at 10:09 AM, Surveyor observed CNA D enter R23's room with no gown or gloves donned. CNA D was wearing a surgical mask. Surveyor observed a cart with PPE outside R23's room and a posting on the room door for precautions of gown, gloves and mask to be worn. CNA D walked to R23 who was in bed and exited the room. Surveyor asked CNA D about the lack of PPE of gown and gloves when she entered room [ROOM NUMBER]. CNA D responded she should have worn a gown and gloves when entering R23's room to not spread infection.</p> <p>Surveyor reviewed the facility line list of resident infections, and R23 presented with incontinence, liquid stool and nausea on 3/09/25.</p> <p>On 3/13/25 at 10:21 AM, Surveyor spoke with DON B and ICP F about the observation. DON B and ICP F explained R23 presented on 3/09/25 with symptoms of incontinence of liquid stool and nausea and is on precautions. Staff should follow the posted sign on R23's door and don gown and gloves before entering the room to help prevent the spread of infection.</p> <p>(continued on next page)</p> |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525580 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>03/13/2025 |
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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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|---|--|
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Example 9</p> <p>Surveyor requested and received the facility policy titled Handling Linens and Laundry dated March 2020. The policy in part read:</p> <p>Purpose: To provide a process for the safe and aseptic handling .of linen.</p> <p>Procedure: Consider all soiled linen to be potentially infectious.</p> <p>~In resident rooms:</p> <p>a. Do not allow linen, clean or soiled, to touch clothing or uniform.</p> <p>b. Handle all soiled linen as though it is potentially infectious.</p> <p>On 3/11/25 at 12:27 PM, Surveyor observed CNA E exit R24's room with dirty bed linens that had been removed from R24's bed. The linens were not bagged and were carried out of the room up the hallway against CNA E's upper body. CNA E was observed not wearing gloves. Surveyor asked CNA E if the linens were dirty and if it is normal to carry dirty linens from resident rooms without bagging them. CNA E indicated the linens were dirty and had been removed from R24's bed. CNA E further indicated it is normal to carry dirty linens out of rooms without bagging them. Surveyor asked CNA E if standard precautions would direct her to bag the dirty linens prior to exiting resident room and carrying them up the hallway. CNA E responded she has never been told the expectation of bagging dirty linens.</p> <p>On 3/13/25 at 10:21 AM, Surveyor spoke with DON B and ICP F about the observation. DON B and ICP F expressed staff are expected to have gloved hands when handling dirty linens. The dirty linens should be bagged before exiting resident rooms. All dirty linen is treated as potentially hazardous, and staff are expected to be handling the linens with gloves and bagging before leaving resident rooms to prevent the potential spread of infection.</p> |