

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Meadow View Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3613 S 13th St Sheboygan, WI 53081	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on staff interview and record review, the facility did not ensure 2 Residents (R) (R18 and R23) of 3 residents reviewed for hospitalization received a transfer notice that included the date of the transfer, the reason for the transfer, the location of the transfer, and appeal rights.</p> <p>R18 was transferred to the hospital on 6/14/24. Neither R18 or R18's guardian were provided with a written transfer notice.</p> <p>R23 was transferred to the hospital on 7/19/24. R23 was not provided with a written transfer notice.</p> <p>Findings include:</p> <p>The facility's Transfer and Discharge Policy, dated 7/15/22, indicates: It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as initiated by the resident, necessary for the health and safety of the resident or other individuals are endangered, or as otherwise permitted by applicable law .Transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility .7. Emergency Transfer/Discharges- initiated by the facility for medical reasons, or for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified): a. Obtain a physician order for the transfer or discharge stating the reason the transfer or discharge is necessary on an emergency basis. b. Notify the resident and/or the resident's representative .d. Complete and send with the resident (or provide as soon as practicable) a transfer form .j. Provide a transfer notice as soon as practicable to resident and representative.</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] with diagnoses including dementia, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and restless leg syndrome. R18's Minimum Data Set (MDS) assessment, dated 6/28/24, indicated R18 required supervision with hygiene and transfers. R18's Brief Interview for Mental Status (BIMS) score was 10 out of 15 which indicated R18 had moderately impaired cognition. R18 was on Hospice care and had a guardian.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R18's medical record indicated R18 was transferred to the hospital on 6/14/24 for abnormal vital signs, low blood pressure, and a high respiratory rate. R18's medical record did not indicate R18 or R18's guardian were provided with a written transfer notice. Surveyor requested a copy of the transfer notice from Director of Nursing (DON)-B. Surveyor was provided with an eINTERACT form that contained R18's basic information but did not receive a copy of the transfer notice.</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] with diagnoses including renal disease, diabetes, and CHF. R23's MDS assessment, dated 8/7/24, indicated R23 required partial to moderate assistance with toileting and transfers and touch supervision with hygiene and bed mobility. R23 did not have a guardian or activated Power of Attorney for Healthcare (POAHC).</p> <p>R23's medical record indicated R23 was transferred to the hospital on 7/19/24 for abnormal kidney function. R23's medical record did not indicate R23 received a written transfer notice. Surveyor requested a copy of the transfer notice from DON-B. Surveyor was provided with an eINTERACT form that contained R23's basic information but did not receive a copy of the transfer notice.</p> <p>On 8/28/24 at 11:28 AM Surveyor interviewed DON-B who provided Surveyor with a blank transfer and bed hold form and asked, Is this what you are looking for? DON-B stated the facility did not complete transfer notices for residents. DON-B stated the facility should have provided written transfer notices and indicated it was the nurses' responsibility to complete them.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on staff interview and record review, the facility did not ensure 2 Residents (R) (R18 and R23) of 3 sampled residents reviewed for hospitalization received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility.</p> <p>R18 was transferred to the hospital on 6/14/24. Neither R18 or R18's guardian were provided with a written bed hold notice.</p> <p>R23 was transferred to the hospital on 7/19/24. R23 was not provided with a written bed hold notice.</p> <p>Findings include:</p> <p>The facility's Transfer and Discharge Policy, dated 7/15/22, indicates: It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as initiated by the resident, necessary for the health and safety of the resident or other individuals are endangered, or as otherwise permitted by applicable law .Transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility .7. Emergency Transfer/Discharges initiated by the facility for medical reasons, or for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified): .i. Provide a notice of the facility's bed hold policy to the resident and representative at the time of the transfer, as soon as possible, but no later than 24 hours after the transfer .</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] with diagnoses including dementia, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and restless leg syndrome. R18's Minimum Data Set (MDS) assessment, dated 6/28/24, indicated R18 required supervision with hygiene and transfers. R18's Brief Interview for Mental Status (BIMS) score was 10 out of 15 which indicated R18 had moderately impaired cognition. R18 was on Hospice services and had a guardian.</p> <p>R18's medical record indicated R18 was transferred to the hospital on 6/14/24 for abnormal vital signs, low blood pressure, and a high respiratory rate. R18's medical record did not indicate R18 was provided with a written bed hold notice. Surveyor requested a copy of the bed hold notice from Director of Nursing (DON)-B. Surveyor was provided with an eINTERACT form that contained R18's basic information but was not provided with a bed hold notice.</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] with diagnoses including renal disease, diabetes, weakness, and CHF. R23's MDS assessment, dated 8/7/24, indicated R23 required partial to moderate assistance with toileting and transfers and touch supervision with hygiene and bed mobility. R23 did not have a guardian or activated Power of Attorney for Healthcare (POAHC).</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R23's medical record indicated R23 was transferred to the hospital on 7/19/24 for abnormal kidney function. R23's medical record did not indicate R23 was provided with a written bed hold notice. Surveyor requested a copy of the bed hold notice from DON-B. Surveyor was provided with an eINTERACT form that contained R23's basic information but was not provided with a bed hold notice.</p> <p>On 8/28/24 at 11:28 AM, Surveyor interviewed DON-B who provided Surveyor with a blank transfer and bed hold form and asked, Is this what you are looking for? DON-B stated the facility was not providing bed hold notices for residents or their representatives. DON-B stated the facility should have provided bed hold notices and indicated it was the nurses' responsibility to compete the bed hold notices.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 2 Residents (R) (R6 and R12) of 2 sampled residents who were reviewed for smoking.</p> <p>R6 was known by the facility to smoke. Staff did not accurately assess or reassess R6's ability to safely smoke.</p> <p>R12 was known by the facility to smoke. Staff did not complete a smoking care plan for R12. In addition, staff did not follow R12's Nicotine Assessment to ensure safe smoking.</p> <p>Findings include:</p> <p>The facility's Smoking Policy revised, 7/14/22, indicates: 1. Residents who smoke or use smokeless tobacco products shall have a Nicotine Assessment completed upon admission, quarterly, annually and PRN. 2. Risk factors identified through the assessment process shall be used in the development of the pan of care .5. If a resident is determined to be unsafe .they may be required to smoke with supervision only. 6. A resident is determined to be a hazardous smoker if he/she demonstrates one or more of the following risk factors and will have a care plan developed that may also include room and pocket searches: a. Smokes in unauthorized areas; b. Gives cigarettes or lighting materials to others f. Does not maintain smoking products at designated storage area and is assessed to require supervised smoking.</p> <p>1. On 8/26/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] with diagnoses including end stage renal disease, dependence on renal dialysis, localization (focal) (partial) idiopathic epilepsy, and epileptic syndromes with seizures of localized onset. R6's Minimum Data Set (MDS) assessment, dated 6/24/24, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R6 had moderately impaired cognition. R6 was responsible for R6's medical decisions.</p> <p>R6's plan of care, dated 6/28/24, indicated R6 was at risk for smoking related to limited mobility and a history of vertigo, seizures, and unresponsive episodes. R6's smoking privileges were revoked on 12/6/23 because R6 was not compliant with the facility's smoking policy. The plan of care indicated R6 could not have cigarettes or smoking materials on R6's person.</p> <p>A Nicotine Assessment, completed on 7/10/23 by the previous Director of Nursing (DON), indicated R6 was informed that R6 was not safe to smoke without supervision due to a history of seizures, vertigo, and unresponsive episodes. There was a concern for burns or ignition of self/surroundings if a medical event occurred while R6 was smoking.</p> <p>A Nicotine Assessment, completed on 12/6/23, indicated the Executive Director and DON revoked R6's smoking privileges due to continued non-compliance and unsafe smoking practices.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 12/6/23 and written by the previous DON, indicated R6 continued to violate the facility's smoking policy and was an unsafe smoker. R6 was observed smoking multiple times in non-designated smoking areas and concealed smoking materials on R6's person. The progress note indicated R6's cigarettes were removed and secured and several burn holes were noted in R6's clothing. Surveyor reviewed multiple progress notes that contained numerous smoking policy violations and/or incidents of unsafe smoking.</p> <p>R6's most recent Nicotine Assessment, completed on 6/7/24, indicated R6 did not require supervision to use tobacco/nicotine products and there was no evidence of burn holes in R6's clothing or wheelchair.</p> <p>On 8/28/24 at 9:33 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-I who stated R6 was not allowed to smoke because R6 was an unsafe smoker, violated the facility's smoking policy, and had seizures while smoking. LPN-I stated R6 still violated the smoking policy and got smoking materials from other residents and visitors. LPN-I stated all residents' smoking materials were kept at the nurses' station and needed to be turned in after use.</p> <p>On 8/28/24 at 9:39 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-J who stated R6 was declared unsafe to smoke because R6 had seizures and smoked in non-designated smoking areas. CNA-J stated staff are supposed to hold smoking materials for residents who need to ask for their smoking materials prior to smoking and return them when finished.</p> <p>On 8/28/24 at 9:43 AM, Surveyor interviewed LPN-K who stated all residents must have a smoking assessment upon admission. LPN-K stated all smoking materials must be kept at the nurses' station and residents need to check them out and return them. LPN-K stated R6 was an unsafe smoker who smoked and vaped in non-designated areas including inside and in front of the building. LPN-K printed R6's 6/7/24 smoking assessment which indicated R6 was an independent smoker. LPN-K stated the assessment was not accurate from what LPN-K knew because R6 was not supposed to be smoking.</p> <p>On 8/28/24 at 10:08 AM, DON-B created a new Nicotine Assessment for R6. The Nicotine Assessment indicated R6 had periods of confusion and altered mental status due to non-compliance with renal dialysis. The assessment indicated R6 had a history of seizures without warning and stated R6 was observed with burn holes in R6's clothing. R6 was also observed vaping inside the facility, made unsafe smoking decisions, and was deemed not able to smoke at the facility.</p> <p>On 8/28/24 at 11:32 AM, Surveyor interviewed DON-B who stated R6's 6/7/24 Nicotine Assessment was not accurate. DON-B stated R6 was an unsafe smoker and had a history of unpredictable seizures while smoking. DON-B also stated R6 was not compliant with the facility's smoking policy and was observed smoking in vehicles, inside the facility, and in non-designated smoking areas. DON-B stated DON-B created a new Nicotine Assessment for R6 which accurately reflected R6's smoking capabilities and restrictions. DON-B did not know why the previous Nicotine Assessment listed R6 as an independent smoker but stated it was not accurate and was not what staff followed. DON-B stated DON-B expects Nicotine Assessments to be accurate.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 8/26/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] with diagnoses including end stage renal disease, dependence on renal dialysis, type 2 diabetes, and non-pressure chronic skin ulceration. R6's MDS assessment, dated 7/3/24, contained a BIMS score of 13 out of 15 which indicated R12 had intact cognition. R12 was responsible for R12's medical decisions.</p> <p>R12's plan of care, completed on 7/19/24, did not contain a care plan for smoking safety.</p> <p>A Nicotine Assessment, completed on 7/29/24, indicated R12 was an independent smoker. The assessment stated R12 did not require supervision to use tobacco/nicotine products. Under Storage of Smoking Materials, the assessment stated R12's smoking materials must be maintained by staff.</p> <p>A progress note, dated 8/26/24 at 9:00 AM and written by Nursing Home Administrator (NHA)-A, indicated R12 was observed smoking in a non-designated smoking area.</p> <p>Surveyor observed R12 with cigarettes and a lighter in R12's front shirt pocket inside the facility on the following dates and times:</p> <ul style="list-style-type: none"> ~ On 8/26/24 at 11:55 AM in R12's bedroom ~ On 8/26/24 at 12:33 PM in the dining room ~ On 8/27/24 from 10:00 AM to 10:20 AM at a resident council meeting ~ On 8/28/24 at 9:31 AM in R12's bedroom ~ On 8/28/24 at 9:44 AM in the hallway <p>On 8/26/24 at 12:33 PM, Surveyor interviewed R12 who stated R12 often kept R12's cigarettes and lighter on R12's person, however, R12 was supposed to drop them off at the nurses' station. R12 stated R12 often forgot to drop them off and ended up keeping them. R12 stated sometimes staff asked for the smoking materials to be locked up and sometimes they didn't.</p> <p>On 8/28/24 at 10:02 AM, Surveyor interviewed DON-B who stated residents' smoking materials should be kept locked at the nurses' station and should not be kept by residents.</p> <p>On 8/28/24 at 11:29 AM, Surveyor interviewed NHA-A who stated R12 should return R12's smoking materials when finished smoking which the facility expects of all smokers. NHA-A stated NHA-A spoke to R12 in the past and returned R12's smoking materials to the nurses' station more than once.</p> <p>On 8/28/24 at 11:32 AM, Surveyor interviewed DON-B who stated DON-B expects staff to ask for R12's smoking materials and secure them if R12 doesn't return them after smoking.</p> <p>On 8/28/24 at 12:16 PM, Surveyor interviewed [NAME] President of Success (VPS)-L who stated residents who smoke should have smoking care plans.</p> <p>On 8/28/24 at 12:52 PM, Surveyor interviewed DON-B who verified residents who smoke should have smoking care plans.</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>49010</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect 32 of 33 residents residing in the facility. One resident received nutrition exclusively via tube feeding.</p> <p>The facility did not consistently label, date, and dispose of food items in a manner that ensured food safety.</p> <p>The facility did not consistently follow safe food cooling protocol.</p> <p>Findings include:</p> <p>On 8/27/24 at 11:50 AM, Surveyor interviewed District Manager (DM)-C who stated the facility followed the Food and Drug Administration (FDA) Food Code.</p> <p>Food Labeling/Storage:</p> <p>The 2022 FDA Food Code documents at 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food (TCS), Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (Celsius) (41 F) (Fahrenheit) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>The 2022 FDA Food Code documents at 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition: (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A).</p> <p>The facility's contracted service's Labeling and Dating policy, dated 2/2017, indicates: Proper labeling and dating ensures that all foods are stored, rotated, and utilized in a First In, First Out (FIFO) manner. Discard food past the use-by or expiration date.</p> <p>Guidelines for Labeling and Dating: All foods should be dated upon receipt before being stored. Food labels must include: .the food item name; the date of preparation/receipt/removal from freezer; the use-by date as outlined in the attached guidelines .Items that are removed from a labeled case in the freezer and placed in the refrigerator for thawing should be labeled with the date of removal from the freezer and the use-by date. Leftovers must be labeled and dated with the date they are prepared and the use-by date.</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>Use-By Dating Guidelines: The manufacturer's date, when available, is the use-by for unopened items .Day of preparation or opening is considered Day 1 when establishing the use-by date .Guidelines apply, regardless of storage location (e.g., kitchen, pantries, etc.) .All time/temperature control for safety (TCS) foods that are to be held for more than 24 hours at a temperature of 40 degrees or less will be labeled and dated with a prepared date (Day 1) and a use-by date (Day 7).</p> <p>The facility's contracted service's Receiving policy, with a revised date of 9/2017, indicates: All canned goods will be appropriately inspected for dents, rust, or bulges. Damaged cans will be segregated and clearly identified for return to vendor or disposal, as appropriate.</p> <p>During an initial kitchen tour that began at 9:35 AM on 8/26/24, Surveyor, [NAME] (CK)-F, and Dietary Manager (DM)-G observed the following items in the coolers, freezers, and dry storage area:</p> <p>Coolers (all):</p> <ul style="list-style-type: none"> - Six unlabeled and undated cups of Jell-O (per CK-F). - An unlabeled and undated cup of applesauce (per CK-F). - Five unlabeled and undated cups of pudding (per CK-F). - An unlabeled plastic bag of cooked pasta (per CK-F). - An 18-quart plastic container labeled Chicken Noodle Soup with approximately 6 quarts of soup. Per CK-F, 8/16/24 was the prepared/open date and 8/23/24 was the use-by date. - An open two pound package of smoked ham. Per CK-F, 8/13 was the open date and 8/20 was the use-by date. - Half of a watermelon. Per CK-F, 8/17 was the open date and 8/23 was the use-by date. - Eleven unopened half-gallons of TruMoo chocolate milk with manufacturers' use-by dates of 8/25/24. - Two open and partially used half-gallons of TruMoo chocolate milk with manufacturers' use-by dates of 8/25/24. <p>Dry storage (all):</p> <ul style="list-style-type: none"> - Two dented 6 pound 8 ounce cans of sliced apples. - One dented 6 pound can of mandarin oranges. - One dented 7 pound can of vanilla pudding. - One dented 6 pound 8 ounce can of applesauce. <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>	<ul style="list-style-type: none"> - An unopened plastic container of Italian dressing dated 6/22/23. - A package of pancake mix with an open date of 8/21/24 and no use-by date. <p>Freezers (all):</p> <ul style="list-style-type: none"> - A dated 8 quart container of unlabeled food with a layer of frost that CK-F identified as Italian sausage. The lid was not sealed which left the food exposed. - An undated, unlabeled 2 quart container of red product with a layer of frost. CK-F and DM-G were unable to identify the product. The lid was cracked and not sealed which left the food exposed. - An unlabeled plastic bag of frozen chicken breasts identified by DM-G. Per DM-G, 8/24/24 was the open date and there was no use-by date. - An unlabeled and undated plastic bag of frozen shrimp identified by DM-G. - An unlabeled plastic bag of unidentifiable frozen product. Per DM-G, 8/1/24 was the open date and there was no use-by date. - An unlabeled and undated plastic covered pound cake identified by DM-G. - An unlabeled, undated, half-full, plastic covered pound cake identified by DM-G. - Two unlabeled plastic bags of cooked biscuits identified by DM-G. One was dated 8/24 and the other was dated 8/15. DM-G stated the dates were the open/baked/packaged dates and there were no use-by dates. - An open container of frozen strawberries with no use-by date. - An unlabeled package of turkey identified by DM-G. Per DM-G, 8/14/24 was the open date and there was no use-by date. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Meadow View Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3613 S 13th St Sheboygan, WI 53081	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an initial tour of the kitchen on 8/26/24, Surveyor interviewed CK-F who verified the open and undated food items should contain dates. CK-F stated the first date should be the open or made date and the second date should be the use-by date. CK-F stated food past or without a use-by date should be disposed of. CK-F stated CK-F knew the watermelon CK-F removed from the cooler had gone bad but CK-F hadn't disposed of it yet. CK-F stated the two open half-gallons of chocolate milk were used that morning and served to residents with breakfast. CK-F confirmed the milk was past the 8/25/24 use-by date and the date should have been checked prior to use.</p> <p>During an initial tour of the kitchen on 8/26/24, Surveyor interviewed DM-G who stated the cans in the office of the dry storage area were for the facility's emergency food storage. DM-G stated dented cans should not be used, should be disposed of, and should not be part of the facility's emergency food storage. DM-G stated emergency food should not be in storage for more than one year and verified food items in the storage were out of date and should be disposed of. DM-G stated DM-G was supposed to check the emergency food storage monthly; however, DM-G had not done so due to the time constraint of managing two properties. DM-G stated DM-G should have caught and addressed the out-of-date food and dented cans. When asked about the unlabeled, undated food items, DM-G stated all food items should be labeled and dated with an open or made date and a use-by date and all dry goods should contain a received date. DM-G stated DM-G would not have served the chocolate milk that morning because it was past the use-by date. DM-G confirmed with CK-F that the milk was served to residents and told CK-F to dispose of the milk. DM-G stated kitchen staff know they have to label and date food. DM-G verified DM-G forgot to date and label food in the freezer. DM-G verified the facility had a policy for labeling and dating food that staff were expected to follow.</p> <p>On 8/27/24 at 12:09 PM, Surveyor interviewed DM-C who stated kitchen staff were in need of training and DM-C would work with the team to ensure the staff received it. DM-C stated DM-C expects kitchen staff to follow the facility's food labeling and dating policy. DM-C verified milk should not be served past the best-by date on the container.</p> <p>On 8/27/24 at 2:15 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated NHA-A expects kitchen staff and management to be follow the facility's food preparation, labeling, and storage policies to ensure the safety of food served to residents.</p> <p>Food Cooling Temperatures:</p> <p>The 2022 FDA Food Code documents at 3-501.14 Cooling: (A) Cooked time/temperature control for safety food shall be cooled: (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); and (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less. (B) Time/temperature control for safety food shall be cooled within 4 hours to 5 C (41 F) or less.</p> <p>The 2022 FDA Food Code documents at section 3-501.15 Cooling Methods: (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of food being cooled: (1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3) Using rapid cooling equipment; (4) Stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods.</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>The 2022 FDA Food Code documents at 3-501.16 Time/Temperature Control for Safety Food, for Hot and Cold Holding indicates: Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature Danger Zone of 41 degrees F to 135 degrees F too long. Up to a point, the rate of growth increases with an increase in temperature within this zone. Beyond the upper limit of the optimal temperature range for a particular organism, the rate of growth decreases. Operations requiring heating or cooling of food should be performed as rapidly as possible to avoid the possibility of bacterial growth (A) Except during preparation, cooking, or cooling, or when time is used as the public health control . (1) At 135 degrees F or above or (2) At 41 degrees F or less.</p> <p>The facility's contracted service's Food: Preparation policy, with a revision date of 9/2017, indicates: 13. All foods will be held at appropriate temperatures, greater than 135 degrees (or as state regulation requires) for hot holding, and less than 41 degrees F for cold holding .16. Prepared hot food items that are not intended for immediate service will be cooled using the following guidelines: .TCS (Time/Temp Controlled for Safety) food will be cooled from 135 degrees to 70 degrees F within 2 hours. TCS foods will be cooled from 70 degrees to 41 degrees F within 4 hours. Total cooling time cannot exceed 6 hours. The clock starts at 135 degrees F.</p> <p>The facility's Food Cooling Record states: Indicate the initial time and temperature in the first column. Record the time and temperature approximately every half hour until it reaches 70 degrees F. Once the food reaches 140 degrees F, it must cool to 70 degrees F within 2 hours. Once the food reaches 70 degrees F, take the temperature approximately every 1 to 2 hours. The food must reach 41 degrees F within 4 hours. If both steps have been completed properly, indicate the food has been cooled with a yes. If the food has not been cooled properly, discard the food and indicate. Place your initials in the final column. (There were 12 time/temp columns available for each item)</p> <p>During kitchen observations on 8/26/24 and 8/27/24, Surveyor observed the July 2024 and August 2024 cooling logs. Surveyor and DM-G noted most of the food listed on the cooling logs was not cooled to the required 41 degrees or less. In addition, the cooler contained cooked food items that were not listed on the cooling logs. Each cooling log had room for 10 items. The two most recent cooling logs listed the following 15 foods (of 20 listed on the logs) for food not fully/appropriately cooled and logged (date-food: time/temp):</p> <ul style="list-style-type: none"> - 7/23 mashed potatoes: 1:00 PM-152 degrees; 2:00 PM-70 degrees - 7/23 pork roast: 1:00 PM-133 degrees; 2:00 PM-89 degrees - 7/23 vegetables: 1:00 PM-175 degrees; 2:00 PM-71 degrees - 7/25 green bean salad: 5:40 PM-180 degrees - 8/1 scrambled eggs: 9:00 AM-118 degrees; 12:00 PM-50 degrees - 8/3 chicken soup: 1:00 PM-175 degrees; 1:30 PM-135 degrees; 2:00 PM-91 degrees; 3:00 PM-68 degrees - 8/4 burgers: 10:05 AM-168 degrees; 11:00 AM-75 degrees; 11:15 AM-68 degrees <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>- 8/4 eggs: 8:50 AM-163 degrees; 9:30 AM-101 degrees; 10:00 AM-68 degrees</p> <p>- 8/4 chicken: 1:00 PM-168 degrees; 1:45 PM-103 degrees; 2:30 PM-68 degrees</p> <p>- 8/4 cauliflower broccoli: 1:00 PM-170 degrees; 2:00 PM-63 degrees</p> <p>- 8/4 turkey: 10:00 AM-163 degrees; 11:00 AM-98 degrees; 12:00 PM-70 degrees; 12:50 PM-53 degrees</p> <p>- 8/18 eggs: 9:00 AM-150 degrees; 10:30 AM-65 degrees</p> <p>- 8/18 oatmeal: 9:10 AM-128 degrees; 10:45 AM-60 degrees</p> <p>- 8/18 chicken: 12:59 PM-158 degrees; 1:59 PM-56 degrees</p> <p>- 8/18 noodles: 12:59 PM-145 degrees; 1:59 PM-46 degrees</p> <p>During an initial tour of the kitchen on 8/26/24, Surveyor interviewed DM-G who stated staff do not use the cooling log correctly. DM-G stated food should be cooled to 41 degrees or less and should be documented on the cooling log until it is at 41 degrees or less. DM-G reviewed the cooling logs with Surveyor and acknowledged several cooked and dated food items in the cooler and freezer were not documented on the cooling logs. DM-G stated staff should document all cooked and cooled food on the cooling logs.</p> <p>On 8/27/24 at 2:15 PM, Surveyor interviewed NHA-A who stated NH-A expects kitchen staff and management to follow the facility's food cooling policy to ensure the safety of food served to residents.</p> <p>On 8/28/24 at 10:17 AM, Surveyor interviewed Regional Manager (RM)-D who stated RM-D discovered staff falsified food on the cooling logs on 8/26/24 which would be addressed. RM-D also stated RM-D expects kitchen staff to follow the facility's policy for safe food cooling.</p> <p>On 8/28/24 at 10:23 AM, Surveyor interviewed RM-E who stated RM-E expects kitchen staff to follow the facility's policy for food cooling.</p>		