

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Chetek		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Knapp St Chetek, WI 54728	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49353</p> <p>Based on observation, interview and record review, the facility did not ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 18 residents (R) (R34) reviewed.</p> <p>R34's call light was observed to be out of reach.</p> <p>This is evidenced by:</p> <p>Facility policy titled, Fall Management, with a revised date of October 2024, states in part: The facility assists each resident in attaining/maintaining his or her highest practicable level of function by providing the resident adequate supervision, assistive device, and/or functional programs, as appropriate, to minimize the risk for falls.</p> <p>R34 was admitted to the facility on [DATE] with pertinent diagnoses of monoplegia of upper limb affecting left non-dominant side (paralysis/weakness of one limb) and chronic obstructive pulmonary disorder (COPD).</p> <p>R34's most recent Minimum Data Set (MDS) quarterly assessment completed on 01/18/25 noted a Brief Interview of Mental Status (BIMS) score of 15/15, indicated cognition intact. R34 required partial to moderate assistance with rolling side to side, sit to stand, and chair to bed transfers.</p> <p>R34's care plan with a revised date of 03/29/24 noted the resident is at risk for falls related to activity intolerance and history of falls with interventions to be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>On 03/17/25 at 8:24 AM, Surveyor entered R34's room after hearing R34 yell for help and observed R34 sitting in wheelchair with her bed to her left. R34's call light was wrapped around the far-left bedside rail closest to the wall and out of reach of R34.</p> <p>On 03/17/25 at 8:46 AM, Surveyor interviewed R34 regarding accessibility of call light. R34 stated having to yell out for help to get assistance for roommate who had just fallen in the bathroom. R34 stated she could not reach her call light to get assistance. R34 stated that staff frequently forget to place call light in reach after transferring her from bed to wheelchair.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/25 at 11:26 AM, Surveyor interviewed Director of Nursing (DON) B regarding accessibility of call light. DON B stated that all staff are educated to ensure safety of residents before leaving a resident's room, which includes ensuring call light is within reach. Surveyor informed DON B of observation of R34's call light being wrapped around bedside rail out of R34's reach. DON B stated frustration of this as staff are aware of R34's limitations in mobility. DON B stated recognition that this had the potential to put the resident at risk for harm or injury by not being able to reach the call light for assistance.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on observation, interview and record review, the facility did not ensure residents received the necessary treatment and services consistent with professional standards, to prevent pressure injuries (PI) from developing infection and promote healing for 1 of 1 resident (R) R20, reviewed for PIs.</p> <p>R20 was not provided PI treatment as ordered, and staff did not perform hand hygiene during PI treatment to prevent infection.</p> <p>This is evidenced by:</p> <p>R20 was admitted to the facility on [DATE]. R20's current diagnoses include in part, sepsis, surgical aftercare, muscle weakness, end stage renal disease, dependence on renal dialysis, diabetic mellitus type 2, peripheral vascular, infection of skin and subcutaneous tissue, acquired absence of right leg below knee, and venous insufficiency chronic peripheral.</p> <p>Minimum Data Set (MDS), dated [DATE], a 5 day assessment documented R20 having a brief interview of mental status score of 13/15 meaning R20 is cognitively intact. R20 is dependent on staff for toileting hygiene, lower body dressing and transfers. R20 requires maximum assistance of staff for upper body dressing, personal hygiene, and bed mobility. R20 is at risk for pressure injury. R20 was admitted to the facility with one stage 1 PI, one stage 3 PI, three unstageable PI and diabetic foot ulcers.</p> <p>Physician orders are as followed. On 03/04/25: Apply thick layer of zinc oxide to bilateral gluteal folds and right buttock BID and PRN for protection/prevention. two times a day for wound care and as needed.</p> <p>On 03/04/25: Left Buttock - Cleanse w/NS, pat dry, skin prep to peri wound, apply Santyl and Ca Alginate (plain) to wound bed, cover with bordered foam dressing. Daily and PRN. one time a day for wound care AND as needed for wound care.</p> <p>On 03/04/25: Santyl External Ointment 250 UNIT/GM (Collagenase) Apply to Left Buttock topically one time a day for wound care apply to slough on wound bed. AND Apply to Left buttock topically as needed for wound care apply to slough on wound bed.</p> <p>On 03/18/25 at 8:53 AM, Surveyor observed Registered Nurse (RN) F complete R20's PI care. RN F entered R20's room without sanitizing hands and applied gloves. R20 rolled to right side. RN F applied wound wash to gauze and washed buttocks and wound. The buttocks were covered with zinc and the wound bed appeared to be covered with slough. RN F did not remove gloves and did not perform hand hygiene before treatment. RN F, with the same contaminated gloved hands, picked up the calcium alginate and placed into the wound and applied an ABD pad. RN F removed gloves and did not perform hand hygiene and proceeded to provide care. RN exited room and sanitized hands.</p> <p>RN F did not complete dressing change as ordered by the physician, to apply skin prep to the peri wound and apply Santyl ointment 250 units/GM to the wound bed prior to applying calcium alginate.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/18/25 at 10:45 AM, Surveyor interviewed Assistant Director of Nursing (ADON) G about infection control practices with wound care. Surveyor reviewed observation of RN F completing R20's wound care and hand hygiene practices. ADON G indicated hand hygiene should have been completed and orders followed. ADON G indicated wound care audits will be completed, and education will be provided.</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** 49353</p> <p>Based on observation, interview and record review, the facility did not ensure the resident environment remained as free of accidents as possible for 2 of 4 residents (R) R23, R20, reviewed for accidents/falls.</p> <p>R23 had a fall in the bathroom after being left unsupervised for an extended period of time.</p> <p>R20 vapes and was not assessed to vape/smoke independently and a smoking care plan was not developed.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>Facility policy titled, Fall Management, with a revised date of October 2024, states in part: The facility assists each resident in attaining/maintaining his or her highest practicable level of function by providing the resident adequate supervision, assistive device, and/or functional programs, as appropriate, to minimize the risk for falls. The Interdisciplinary Team (IDT) evaluates each resident's fall risk. A Care Plan is developed and implemented, based on this evaluation, with ongoing review.</p> <p>R23 was admitted to the facility on [DATE] with pertinent diagnoses of cerebral infarction (stroke), chronic obstructive pulmonary disorder (COPD), generalized weakness, and osteoporosis.</p> <p>R23's most recent Minimum Data Set (MDS) admission assessment dated [DATE] noted a Brief Interview of Mental Status (BIMS) score of 06/15, indicating severe cognitive deficit. R23 required dependent assist with toileting transfer, received continuous oxygen therapy, and experienced shortness of breath with activity.</p> <p>R23's care plan initiated 02/04/25 noted:</p> <p>FOCUS: The resident is at risk for falls.</p> <p>GOAL: The resident will be free of falls through the review date.</p> <p>INTERVENTIONS: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Ensure that the resident is wearing appropriate footwear when ambulating/transferring as needed.</p> <p>- R23 had a fall on 02/21/25. Care plan updated to include interventions of fall mat next to bed and gripper socks to be used when out of bed.</p> <p>- R23 had a fall on 03/17/25. Care plan updated to include interventions of staff to stay with R23 while in bathroom.</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>FOCUS: The resident has bladder/bowel incontinence and/or requires assistance with toileting related to activity intolerance.</p> <p>GOAL: The resident will be clean, dry and odor free through next review.</p> <p>INTERVENTIONS: TOILET USE - ASSIST ONE</p> <p>R23's Fall Risk Assessment completed on 02/04/25 noted a score of 13 indicating R23 is at-risk for falls.</p> <p>Surveyor reviewed R23's falls investigations and noted the following:</p> <p>On 02/21/25, R23 had an unwitnessed fall without injury. Facility investigation determined root cause to be R23 attempting to self-transfer to use the bathroom. Care plan updated with new safety interventions of fall mat next to bed and gripper socks.</p> <p>On 03/17/25, R23 had an unwitnessed fall without injury. Facility investigation determined the root cause to be R23 attempting to self-transfer when left unsupervised on toilet and staff went to retrieve incontinence products. Care plan updated to include safety interventions of staff to remain with R23 while in bathroom.</p> <p>On 03/17/25 at 8:00 AM, Surveyor observed Certified Nursing Assistant (CNA) C assist R23 from dining room to room in wheelchair.</p> <p>On 03/17/25 at 8:07 AM, Surveyor stationed self in R23's hallway to observe assistance provided by staff for R23. Surveyor looked into R23's room and did not observe R23. Surveyor did not observe CNA C at any point during this time in hallway or in R23's room.</p> <p>On 03/17/25 at 8:14 AM, Surveyor observed R23's roommate, R34, sitting in wheelchair in the room. Surveyor looked around room to locate R23, and R34 pointed to bathroom and stated R23 was in bathroom.</p> <p>On 03/17/25 at 8:24 AM, Surveyor heard a yell for help. Surveyor approached R23's room and observed R34 pointing to bathroom and stated R23 needed help. Surveyor entered room and observed R23 lying on the floor, in-between the toilet and the wall closest to the door. Surveyor immediately went to get assistance.</p> <p>-Of note: Surveyor did not observe a call light turn on for R23 or R34's room at any point during this time.</p> <p>On 03/17/25 at 8:46 AM, Surveyor interviewed R34 who stated that R23 was assisted to the bathroom by CNA C after returning from breakfast in the dining room. R34 stated that after CNA C assisted R23, she had not returned until after R23 had fallen. R34 stated that R23 had been sitting on the toilet for quite some time.</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>On 03/17/25 at 8:48 AM, Surveyor interviewed CNA C who stated after returning to R23's room after breakfast, R23 asked to use the bathroom. CNA C stated she assisted R23 to the toilet and asked R23 if she needed some time to use the bathroom. CNA C stated that R23 stated yes. CNA C stated she told R23 to use the call light when R23 was done in the bathroom. Surveyor asked CNA C if R23 was assisted to the toilet immediately after returning from breakfast at 8:00 AM. CNA C stated yes, within a few minutes. Surveyor asked if CNA C had returned at any point to check on R23 during this time, and CNA C stated she had not.</p> <p>On 03/19/25 at 11:26 AM, Surveyor interviewed Director of Nursing (DON) B. Surveyor asked DON B if there was a facility procedure/policy to assess a resident's safety to be left unsupervised in the bathroom. DON B stated not having a written policy, but the expectation is for nursing to assess a resident's cognition, level of assistance needed, past falls, and medical conditions to determine level of supervision needed. Surveyor asked DON B if R23 had been assessed for ability to use bathroom call light as this is a pull-string, not a button. DON B stated no. Surveyor asked DON B if R23 would be assessed as being safe to be left unsupervised in the bathroom prior to the most recent fall. DON B stated due to R23's recent decline in overall health and cognition, R23 likely should not have been left unsupervised in bathroom. Surveyor relayed to DON B the observation of R23 being left unattended in bathroom for approximately 20 minutes. Surveyor asked DON B if this would be an acceptable amount of time to be left unsupervised. DON B further stated frustration as CNA C had told DON B that R23 was left unsupervised for only a few minutes while getting incontinence supplies. DON B stated being unaware that R23 had been sitting for that long. DON B stated this was unacceptable and would be completing additional education for staff regarding fall safety and supervision of residents as this could have resulted in a serious injury.</p> <p>31086</p> <p>Example 2</p> <p>The facility's policy titled Safe Smoking / Tobacco Use Policy with revision date of October 2020, read in part: .Safe Smoking /Tobacco Use Determination</p> <p>An evaluation is conducted for all residents who use tobacco products or e-cigarettes . 3. A resident who smokes, uses smokeless tobacco, or uses an e-cigarette is evaluated to determine whether the resident is safe or unsafe to use tobacco products or e-cigarettes .</p> <p>R20 was admitted to the facility on [DATE]. R20's current diagnoses include in part, sepsis, surgical aftercare, muscle weakness, end stage renal disease, dependence on renal dialysis, diabetic mellitus type 2, acquired absence of right leg below knee, and venous insufficiency chronic peripheral.</p> <p>Minimum Data Set (MDS) dated [DATE] a 5 day assessment documented R20 having a brief interview of mental status score of 13/15 meaning R20 is cognitively intact. R20 is dependent on staff for toileting hygiene, lower body dressing and transfers.</p> <p>Review of R20's care plans did not document R20 using a vape/smoking.</p> <p>On 02/12/25, the facility completed a smoking assessment documenting R20 does not smoke.</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>Surveyor's review of the facility's list of residents who smoke documented R20 as able to smoke independently.</p> <p>On 03/16/25 at 1:41 PM, Surveyor interviewed R20 about ability to smoke while at the facility. R20 indicated R20 can go outside any time during the day to vape. R20 indicated when first admitted to the facility he was too ill to vape and could not recall when he started to vape again. R20 doesn't go outside often to vape.</p> <p>On 03/19/25 at 7:59 AM, Surveyor interviewed Director of Nursing (DON) B about R20's safe smoking assessment that was completed on 03/18/25. DON B indicated that it was completed yesterday (03/18/25). R20 didn't smoke or vape upon admission. DON B went and talked with R20 yesterday and asked if he was smoking or vaping. R20 told DON B that he vapes and would go out a couple times a week. R20 picked up a vape when out on dialysis. Surveyor told DON B upon surveyors entering the building the survey binder included R20 on a smoking list. This indicated R20 being able to smoke independently. Surveyor asked if an assessment was completed to put R20 on the smoking list. DON B indicated an admission assessment was completed for R20. A smoking assessment was not completed. DON B is not sure what had happened that R20 was put on the list.</p> <p>On 03/19/25 at 11:15 AM, Surveyor interviewed DON B about R20's smoking care plan date, initiated on 03/01/25, reviewed with history date as created 03/18/25. Surveyor reviewed R20's care plan on 03/16/25; there was no care plan for smoking. Surveyor asked if the care plan was created on 03/18/25. DON B indicated she would have to look and then stated the smoking care plan was initiated on 03/18/25 after Surveyor asked questions about R2's smoking.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on interview and record review, the facility did not ensure that a resident who requires dialysis receives such services, consistent with professional standards of practice, the comprehensive person-centered care plan and the resident's goals and preferences for 1 of 1 sampled resident (R20) reviewed for dialysis.</p> <p>The facility failed to provide ongoing assessment of R20's condition and monitoring for complications before and after dialysis treatments.</p> <p>This is evidenced by:</p> <p>Facility's policy titled Hemodialysis with the revision date of March 2023, read in part, The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. 8. The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications. 9. The facility will communicate with the dialysis facility, attending physician and/or nephrologist any significant weight changes, nutritional concerns, medication administration or withholding of certain medications prior to the dialysis treatment and document such orders. 16. Residents with external dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled. Change dressing to site only per the dialysis facility's direction.</p> <p>R20 was admitted to the facility on [DATE]. R20's current diagnoses include in part, sepsis, surgical aftercare, muscle weakness, end stage renal disease, dependence on renal dialysis, diabetic mellitus type 2, peripheral vascular, infection of skin and subcutaneous tissue, acquired absence of right leg below knee, and venous insufficiency chronic peripheral.</p> <p>Minimum Data Set (MDS) dated [DATE] a 5 day assessment documented R20 having a brief interview of mental status score of 13 meaning R20 is cognitively intact. R20 is dependent on staff for toileting hygiene, lower body dressing and transfers. R20 requires maximum assistance of staff for upper body dressing, personal hygiene, and bed mobility.</p> <p>R20's care plan The resident has renal insufficiency r/t End stage renal disease, dialysis Date Initiated: 03/06/2025 read in part,</p> <p>Assist resident with ADLS and ambulation as needed. Watch for SOB and match level of assistance to residents current energy level.</p> <p>Elevate feet when sitting up in chair to help prevent dependent edema.</p> <p>Monitor and report changes in mental status: lethargy; tiredness; fatigue; tremors; seizures.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Monitor for s/sx of hypovolemia (increased pulse, increased respirations, decreased systolic, sweating, anxiousness) or hypervolemia (JVD, increased BP, lung crackles, headache, SOB, dependent edema).</p> <p>Monitor/document/report PRN any s/sx of acute renal failure: Oliguria (urine output <400ml per 24 hr.); Increased BUN and Creatinine; In the Diuretic phase, (output >500 ml/24 hr) the BUN and Creatinine level out.</p> <p>Monitor/document/report PRN the following s/sx: Edema; weight gain of over 2 lbs a day; neck vein distension; difficulty breathing (Dyspnea); increased heart rate</p> <p>(Tachycardia); elevated blood pressure (Hypertension); skin temperature; peripheral pulses; level of consciousness; Monitor breath sounds for crackles.</p> <p>Review of R20's medical record did not document a comprehensive assessment to include vital signs, weight, inspection of dialysis port site before or after return from dialysis.</p> <p>Review of the medication and treatment administration record documented weekly vitals signs one time a day every Wednesday. Weekly weight one time a day every Wednesday. No specifics for pre and post dialysis were in the record.</p> <p>On 03/16/25 at 1:38 PM, Surveyor interviewed R20 about dialysis services and facility staff assessments before and after dialysis. R20 indicated going to dialysis every Monday, Wednesday, and Friday. R20 has no concerns with the treatment from dialysis. R20 indicated sometimes facility staff will check vitals after dialysis and may not be right after return. R20 states he leaves early morning for dialysis and returns after noon. R20 states having no concerns after dialysis.</p> <p>On 03/19/25 at 8:40 AM, Surveyor interviewed Director of Nursing (DON) B about assessments of R20 upon return from dialysis. DON B indicated they have a binder communication that goes with the resident to dialysis and dialysis will do resident's weight before and after dialysis. DON B indicated staff do not document an assessment when the resident returns from dialysis and there will be one entered into the system now. DON B indicated some dialysis wrap the port and don't want the bandage taken off by the facility and will be contacting dialysis to get an order for the type of assessment of the port that is needed upon return to the facility.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>16692</p> <p>Based on interview and record review, the facility did not ensure accurate reporting of the mandatory submission of staffing information based on payroll data to the Centers for Medicare and Medicaid Services (CMS). The facility failed to enter accurate data in their Payroll Based Journal (PBJ) system which triggered that they have excessively low weekend staffing. This has the potential to affect all 71 residents residing in the facility.</p> <p>This is evidenced by:</p> <p>Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, states in part: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate . Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:</p> <p>Fiscal Quarter, Date range: 1 October 1 - December 31, (quarter 1) 2 January 1 - March 31, (quarter 2) 3 April 1 - June 30, (quarter 3) 4 July 1 - September 30 (quarter 4) .</p> <p>PBJ Staffing Data Report, CASPER Report (Certification and Survey Provider Enhanced Reports) 1705D for Fiscal year Quarter 3 2024 (April 1- June 30). Quarter 4 2024 (July 1-September 30), and Quarter 1 2025 (October 1-December 31) all indicate the following: Submitted Weekend Staffing data is excessively low.</p> <p>On 03/18/25 at 1:05 PM, Surveyor interviewed Director of Nursing (DON) B. When asked if the facility staffs any differently on the weekend than during the week, responded No not floor staff. DON B stated, If they are short staffed, due to call in's, management staff or others come in on the weekend.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Chetek		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Knapp St Chetek, WI 54728	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/18/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. Surveyor asked why the facility triggers for low weekend staffing. NHA A stated they cannot figure out why they trigger for the low weekend staffing, as they schedule the same on the weekends as they do during the week. NHA A stated that they don't have a difference in call in's on the weekends as the facility has a policy in place, that if you call in on your weekend to work, you are then required to work the very next weekend. Human Resources (HR) D joined the interview, and added that she doesn't notice any difference in call in's on the weekends vs week days. HR D confirmed the number of direct care staff scheduled does not change on the weekends versus during the week. HR D enters hours worked into the system, and makes sure they accurately reflect real time data, but does not do PBJ reporting. PBJ data is entered by Corporate HR E who prints out reports from the system and enters the data into the PBJ system.</p> <p>On 03/18/25 at 4:30 PM, Surveyor requested PBJ data reports for the weekend hours entered for Quarter 1 2025, the corresponding schedules and staff postings.</p> <p>On 03/19/25 at 8:50 AM, Surveyor interviewed NHA A who provided the above requested data and informed the Surveyor upon reviewing the data it was discovered that when Corporate HR E pulled data to enter it into the PBJ system, not all hours worked were included, and therefore were not reported accurately. NHA A stated if a staff person had left employment with the facility prior to the data being pulled, that person's name and corresponding hours worked were deleted from the report which resulted in under reporting errors which triggered low weekend staffing to be triggered.</p> <p>Surveyor reviewed the reported data and corresponding information on 03/19/25. Review of the information revealed that multiple staff hours worked went unreported into the PBJ system which triggered low weekend staffing.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31086</p> <p>Based on observation, interview and record review, 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 for 3 of 18 residents (R) (R20, R6, and R26) observed.</p> <p>Facility staff did not conduct appropriate hand hygiene when providing wound care for R20 and personal cares for R6.</p> <p>R20 has open wounds, and the facility did not implement enhanced barrier precautions (EBP), and staff did not wear personal protective equipment (PPE) when providing wound care.</p> <p>R26's urinary bag was observed on the floor.</p> <p>This is evidenced by:</p> <p>Facility policy titled: Hand hygiene last revised on 09/22 states: Purpose: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmissions of infections. Under the procedure sections titled Washing hands with Soap and Water states: 1. Staff will perform hand hygiene by washing hands for at least twenty (20) seconds with antimicrobial or non-antimicrobial soap and water should be performed under the following conditions: in part c. before applying gloves and after removing gloves or other Personal Protective Equipment (PPE); d. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; e. After handling items potentially contaminated with bloody body fluid, or sections; f. Before moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture.</p> <p>Facility policy titled, Enhanced Barrier Precautions (EBP) revision date of 09/24 states: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities .b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds) .</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R20 was admitted to the facility on [DATE]. R20's current diagnoses include in part, sepsis, surgical aftercare, muscle weakness, end stage renal disease, dependence on renal dialysis, diabetic mellitus type 2, peripheral vascular, infection of skin and subcutaneous tissue, acquired absence of right leg below knee, and venous insufficiency chronic peripheral.</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 - Few</p>	<p>Minimum Data Set (MDS) dated [DATE] a 5 day assessment documented R20 having a brief interview of mental status score of 13/15 meaning R20 is cognitively intact. R20 is dependent on staff for toileting hygiene, lower body dressing and transfers. R20 requires maximum assistance of staff for upper body dressing, personal hygiene, and bed mobility. R20 was admitted to the facility with one stage 1 PI, one stage 3 PI, three unstageable PI and diabetic foot ulcers.</p> <p>On 03/18/25 at 8:53 AM, Surveyor observed Registered Nurse (RN) F complete R20's PI care and wound care. At the entrance of R20's room there was no signage for EBP and no PPE bin. RN F entered R20's room without wearing PPE of a gown. RN F did not sanitize hands and applied gloves. R20 rolled to right side. RN F completed wound care to the pressure injury. RN F removed gloves and did not perform hand hygiene. RN F, without gloves on, positioned R20's left leg. RN F, without hand hygiene, applied gloves and tried to remove the kerlix from R20's foot. RN F, with the same gloved hands, reached into her pocket and removed scissors to cut the kerlix. RN F removed the dressing and did not change gloves or conduct hand hygiene. Then RN F applied betadine to each wound, applied ABD pad and wrapped the areas with kerlix. RN F reached into her personal supply bag on her waist and removed tape. RN F cut the tape and placed the roll of tape on R20's tray table without a barrier. RN F applied the tape to the kerlix on R20's foot. RN F removed gloves and without hand hygiene placed the tape back into her supply bag on her waist. RN F placed her scissors into her pocket without sanitizing the scissors. RN F exited R20's room and went to the nurse's station and sanitized hands.</p> <p>On 03/18/25 at 10:45 AM, Surveyor interviewed Assistant Director of Nursing (ADON) G about infection control practices with wound care and EBP. Surveyor reviewed observation of no EBP and RN F completing R20's wound care, hand hygiene practices, and storage of tape and scissors. ADON G indicated hand hygiene should have been completed with glove changes. The tape should not have gone back into her supply bag and the scissors should have been cleaned. R20 has all wound supplies in his room so there would be no need to use her own supplies. ADON G indicated wound care audits will be completed, and education will be provided. ADON G indicated a PPE bin will be placed outside of R20's room.</p> <p>47657</p> <p>Example 2</p> <p>On 03/18/25 at 9:27 AM, Surveyor observed Certified Nursing Assistant (CNA) H wash hands and put on clean pair of gloves, wet and soap a washcloth, unfasten incontinent product and wash R6's frontal peri care. CNA H stated R6 is having a bowel movement (BM) and rolled R6 onto left side, used wet wipes to cleanse rectal area and disposed of each wipe after each use.</p> <p>On 03/18/25 at 9:33 AM, CNA H removed gloves, and without conducting hand hygiene, placed gloves on chair, grabbed clean washcloth and cleansed and dried buttock area. CNA H then positioned a clean incontinent product under R6 and assisted R6 to roll back and forth to secure incontinent product and pants into place. Upon completion, CNA H removed gloves and washed hands.</p> <p>On 03/18/25 at 9:41 AM, Surveyor interviewed CNA H regarding facility expectation of when to conduct hand hygiene. CNA H stated realization of not conducting hand hygiene after incontinence care but did change gloves. Surveyor shared observation of no hand hygiene and CNA H confirmed should have done hand hygiene between glove change.</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 - Few</p>	<p>On 03/18/25 at 12:45 PM, Surveyor interviewed Director of Nursing (DON) B regarding observation of lack of staff conducting hand hygiene after removing gloves during incontinence care this a.m. DON B confirmed expectation of the need to conduct hand hygiene after completing incontinence care.</p> <p>Example 3</p> <p>The facility policy, titled Indwelling Catheter Utilization and Maintenance revised on 03/20, states: Purpose: To provide urinary flow for residents who need catheter use and to prevent urinary complications. Under section 5h. Procedure, states in part . avoid letting the drainage bag touch the floor.</p> <p>R26 was admitted to facility on 01/06/25 with diagnoses that include obstructive and reflux uropathy, benign prostatic hyperplasia, urinary tract infection (UTI) and heart failure.</p> <p>R26's Admission Minimum Data Set (MDS), dated [DATE], indicated that R26 is dependent on staff for toileting needs and has an indwelling catheter.</p> <p>R26's care plan for catheter related to obstructive uropathy related to in part, history of UTIs and does not include an approach of placement of urinary collection bag.</p> <p>On 03/17/25 at 1:26 PM, Surveyor observed R26 sitting in recliner with urinary bag lying on floor.</p> <p>On 03/17/25 at 1:28 PM, Surveyor interviewed R26 who stated, It is always lying on the floor.</p> <p>On 03/18/25 at 7:46 AM, Surveyor observed R26 sitting in recliner eating breakfast and catheter bag lying on floor.</p> <p>On 03/18/25 at 9:03 AM, Surveyor observed catheter bag still lying on floor next to recliner.</p> <p>On 03/18/25 at 10:06 AM, Surveyor observed CNA H prior to conducting catheter care, pick up R26's catheter bag off floor to check amount of urine in bag and placed back onto floor. Following catheter care, CNA H hooked urinary bag on bed frame to hang off floor.</p> <p>On 03/18/25 at 12:50 PM, Surveyor observed R26 sitting in recliner and catheter bag lying on floor.</p> <p>On 03/18/25 at 4:32 PM, Surveyor observed R26 sitting in recliner and catheter bag lying on floor and observed CNA I pick up urinary bag off floor and hang urinary bag from hook under recliner footrest.</p> <p>On 03/18/25 at 4:32 PM, Surveyor interviewed CNA I regarding observation of catheter bag lying on floor and expectation of placement of a urinary bag. CNA I stated there are metal hooks on recliner to hang the urinary bag from so it is off the floor.</p> <p>On 03/19/25 at 10:07 AM, Surveyor interviewed DON B to discuss observations of R26's urinary catheter bag found on floor with no barrier in-between. DON B stated the expectation that the bag would be hung off the floor when R26 is in bed or in recliner.</p>		