Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015626 | A. BUILDING: _____ B. WING _____ | C 08/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MEADOW VIEW ASSISTED LIVING | 4606 MISHICOT RD TWO RIVERS, WI 54241 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 000 | Initial Comments<br><br>On 08/12/2026, with information gathered through 08/13/2026, Surveyor conducted a standard survey and 2 complaint investigations at Meadow View Assisted Living in Two Rivers.<br><br>Two (2) of 2 complaints were unsubstantiated.<br><br>As a result of the survey, one (1) deficiency was issued.<br><br>Census: 20 | N 000 | | |
| N 499 | 83.45(3) Toxic substances.<br><br>Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were labeled and stored in a secure area.<br><br>The facility is licensed as a Class CNA (non-ambulatory) CBRF to provide services for up to 28 residents who may be advanced aged and/or have irreversible dementia and/or Alzheimer's.<br><br>Findings include:<br><br>On 08/12/2026 at approximately 8:40 AM, Surveyor conducted a tour of the facility.<br><br>Surveyor observed a laundry room located in the hallway of resident rooms. The laundry room | N 499 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| **MEADOW VIEW ASSISTED LIVING** | **4606 MISHICOT RD TWO RIVERS, WI 54241** |

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| N 499 | Continued From page 1<br><br>door was observed to be unlocked. Surveyor entered the laundry room and observed the following: 9-33.8 fluid oz.(ounces) bottles of hand sanitizer, a container of Tide laundry pods with approximately 10 pods, 2 bottles of NorthWoods by Superior Chemical Corporation Mild Acid Detergent for removing soap scum, body oils, rust from shower stalls, etc., 1 bottle of Clorox urine remover, 1 bottle of Lysol toilet bowl cleaner, 1 bottle of glass cleaner, and 1 bottle of Febreze room spray.<br><br>On 08/12/2026 at approximately 2:05 PM, Surveyor and Wellness Coordinator A observed the laundry room unlocked. Wellness Coordinator A verified the laundry door was unlocked. Wellness Coordinator A indicated the door should be locked. Surveyor noticed a sign on the back of the laundry door that indicatd the door should be locked at all times. | N 499 | | |