| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017938 | A. BUILDING: _____ B. WING _____ | R-C 07/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MEADOWBROOK AT BLOOMER** | **1900 PRIDDY ST BLOOMER, WI 54724** |

| (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 |
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| {U 000} | INITIAL COMMENTS<br><br>On 07/22/2026, Surveyor completed a complaint investigation and verification visit at Meadowbrook At Bloomer.<br><br>Two deficiencies were identified. One was a repeat deficiency. See Statement of Deficiency E6LC11, dated 03/18/2026.<br><br>The complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed<br><br>Census: 6 | {U 000} | | |
| U 131 | 89.23(4)(b)1. SERVICES<br><br>PROVIDER QUALIFICATIONS.<br><br>Service manager.<br><br>Each residential care apartment complex shall have a designated service manager who shall be responsible for day-to-day operation of, including ensuring that the services provided are sufficient to meet tenant needs and are provided by qualified persons; that staff are appropriately trained and supervised; that facility policies and procedures are followed; and that the health, safety and autonomy of the tenants are protected. The service manager shall be capable of managing a multi-disciplinary staff to provide services specified in the service agreements. | U 131 | | |

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

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| U 131 | Continued From page 1 | U 131 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure a service manager supervised the day-to-day operation to ensure services provided met tenant needs, and orders were followed.

Findings include:

On 07/21/2026, Surveyor reviewed the Notice and Order letter issued by the Department on 04/13/2026 from Statement of Deficiency (SOD) E6LC11. Under the Order to Comply with Requirements it read,

"According to Wis. Admin. Code § DHS 89.56(2), you are ordered to submit a Plan of Correction via an attestation of compliance. In satisfaction of this requirement: Insert the name of the facility in the space provided on the Attestation of Correction form F-02172. Within ten (10) days of receipt of this NOTICE and ORDER, return the completed Attestation of Correction F-02172 to the Bureau of Assisted Living Northwestern Regional Office at DHSDQABALWRO@dhs.wisconsin.gov."

Surveyor reviewed the facility record and found no completed Attestation of Correction F-02172 was returned from the facility.

On 07/22/2026, Surveyor completed a complaint investigation and verification visit at the facility.

At 11:30 AM, Surveyor interviewed Administrator A. Administrator A stated s/he had started employment after the previous SOD had been

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| U 131 | Continued From page 2<br>issued, but s/he would check with corporate to see if they submitted the POC.<br><br>At 1:15 PM, Surveyor interviewed Administrator A. Administrator A stated corporate reported they did not submit a POC. Surveyor interviewed Administrator A about the continued issue regarding unavailability of medication. S/he stated Tenant 1 had issues with paying for his/her medications, and reported Tenant 2 had just moved back into the facility 16 days ago. Administrator A acknowledged the importance of ensuring medications were in stock and available for tenants.<br><br>Cross Reference:<br>U0267 DHS 89.34(16) Tenant Rights | U 131 | | |
| {U 267} | 89.34(16) TENANT RIGHTS<br><br>Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:<br><br>(16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals | {U 267} | | |

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| {U 267} | Continued From page 3<br>prescribed by the tenant's physician and to refuse medication unless there is a court order.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Tenant 1 and Tenant 2 received medications in the dosage and at the intervals prescribed by the tenant's physician, when medications were unavailable for multiple days.<br><br>This is a repeat deficiency. See Statement of Deficiency E6LC11, dated 03/18/2026.<br><br>Findings include:<br><br>On 07/22/2026 at 10:15 AM, Surveyor interviewed Caregiver B about medications. Caregiver B stated the caregivers were responsible for ordering medications. S/he stated when there was a week or less left on a medication, they would call pharmacy to order the medications. Caregiver B stated Tenant 2 had been out of his/her Vraylar and Lamotrigine since 07/15/2026.<br><br>At 10:20 AM, Surveyor requested medication administration records (MARs) for Tenant 1 and Tenant 2.<br><br>At 10:25 AM, Surveyor interviewed Social Worker (SW) C. SW C stated Tenant 2 had recently discharged on 06/20/2026 but returned to the facility on 07/06/2026.<br><br>At 11:00 AM, Surveyor interviewed Tenant 2. Tenant 2 stated s/he had been discharged from | {U 267} | | |

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| {U 267} | Continued From page 4<br>the facility in June but recently moved back early this month. Tenant 2 reported a few of his/her medications had been missing since s/he returned to the facility. Tenant 2 noted his/her mood stabilizer was one s/he was missing. Tenant 2 noted s/he felt being out of the medication was starting to really impact him/her.<br><br>At 11:30 AM, Surveyor reviewed Tenant 1's July 2026 MAR. Tenant 1 did not receive the following medications on the following days because the medication was out of stock or because the order did not match the MAR.<br><br>Cyanocobalamin tablet 250mg - Take 1 tablet by mouth one time a day.<br>-07/01/2026, 07/04/2026, 07/06/2026, and 07/10/2026 through 07/13/2026<br>Ferrous Sulfate Oral Tablet 325mg- Take tablet one time a day every other day for anemia.<br>-07/09/2026, 07/11/2026<br>Levothyroxine Sodium Oral Tablet - Give 150mg by mouth one time a day<br>-07/07/2026, 07/08/2026<br>Pramipexole Dihydrochloride Oral Tablet 0.5mg for RLS (restless leg syndrome)<br>-07/01/2026 through 07/08/2026<br><br>At 11:45 AM, Surveyor reviewed Tenant 2's July 2026 MAR. Tenant 2 did not receive the following medications on the following days because the medication was out of stock, or had not been delivered from pharmacy yet.<br><br>Duloxetine HCL Oral Capsule - 30mg capsule by mouth one time a day.<br>-07/14/2026, 07/16/2026<br>Multivitamin Oral Tablet - Give 1 tablet by mouth one time a day for supplement<br>-07/12/2026, 0716/2026 | {U 267} | | |

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| {U 267} | Continued From page 5<br><br>Ropinirole HCL Tablet 0.5mg - Give 0.5mg by mouth one time a day for RLS.<br>-07/06/2026, 07/08/2026, 07/09/2026, 07/11/2026<br>Vraylar Oral Capsule 4.5mg - Give 4.5mg by mouth one time a day for mood<br>-07/15/2026 through 07/22/2026<br>Lamotrigine Oral Tablet 200mg - 200mg tablet by mouth once a day for mood.<br>-07/15/2026 through 07/18/2026, 07/21/2026<br><br>At 1:15 PM, Surveyor interviewed Administrator A about medications. Administrator A stated Tenant 1 s/he would follow up with Tenant 1's managed care organization (MCO) and see how they could work on making sure Tenant 1 had access to his/her medications. Administrator A stated they had been working on getting Tenant 2's medications straightened out since s/he moved back. | {U 267} | | |