STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019326	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE MEADOWS 1	4930 ALDERSON ST SCHOFIELD, WI 54476

(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 On 04/10/2025, Surveyor conducted 2 complaint investigations at Pine Meadows 1. Data was collected through 04/16/2025. One of 2 complaints was substantiated. Three deficiencies were identified. Census: 12	N 000		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the	N 397		

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

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N 397	Continued From page 1	N 397		

provider did not ensure there was a qualified resident care staff present in the facility at all times.

Findings include:

On 03/31/2025 the Department received a complaint that alleged there was not a qualified resident care staff present at all times during the overnight hours.

The provider is licensed to care for up to 14 residents in the client groups of: terminally ill, advanced age, irreversible dementia/Alzheimer's disease, and physically disabled. This community based residential facility (CBRF), Pine Meadows 1, is located on a campus with 2 other CBRFs, Pine Meadows 2 and Pine Meadows 3.

Wis. Admin. Code § DHS 83.02(42) defines a qualified resident care staff as: "an employee who has successfully completed all of the applicable training and orientation under subch. IV."

On 04/10/2025 at approximately 1:00 p.m., Surveyor interviewed House Lead (HL) B and asked about the staffing pattern. HL B told Surveyor on the AM and PM shift there were 2 staff, 1 medication passer, and 1 caregiver. HL B said that on the overnight shift, Pine Meadows 1 and Pine Meadows 2 occasionally "shared" a medication passer and there was a caregiver to work the floor in each CBRF.

On 04/10/2025 at approximately 2:15 p.m., Surveyor interviewed HL C. HL C told Surveyor that on the overnight shift, there was a caregiver in each facility and a caregiver that was medication certified float between the facilities to administer medications as needed.

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N 397	Continued From page 2 On 04/15/2025, Surveyor reviewed a sample of employee training and the employee schedule from 01/01/2025 to 04/10/2025. Caregiver D's date of hire was 12/11/2024. S/he completed his/her CBRF medication training on 01/30/2025. S/he completed his/her CBRF first aid and choking training on 02/11/2025. Caregiver D would not have been a qualified resident care staff until 02/11/2025. Caregiver E's date of hire was 02/11/2024. S/he completed his/her CBRF medication training on 03/26/2025. Caregiver E would not have been a qualified resident care staff until 03/26/2025. On 04/15/2025, Surveyor emailed Administrator A and asked for clarification on the schedule and asked him/her to identify who the qualified resident care staff was on the overnight shift on a sample of dates. On 04/16/2025, Administrator A emailed Surveyor with the requested information, which included the following: In January 2025, Caregiver D was identified as being present in the facility while working with a medication certified staff member, identified as a float, on: 01/01/2025, 01/04/2025, 01/05/2025, 01/14/2025, 01/15/2025, 01/17/2025, and 01/23/2025. Caregiver D was not a qualified resident care staff in January 2025. In February 2025, Caregiver E was identified as being present in the facility while working with a medication certified staff member, identified as a float, on: 02/03/2025, 02/04/2025, 02/10/2025, 02/11/2025, 02/17/2025, 02/18/2025, 02/24/2025, and 02/25/2025. Caregiver E was not a qualified resident care staff in February 2025.	N 397		

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N 397	Continued From page 3 The provider did not ensure a qualified resident care staff was present at all times.	N 397		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure toxic substances were stored in a secure area. Findings include: On 03/31/2025, the Department received a complaint alleging toxic substances were not secured. The provider is licensed to care for up to 14 residents in the client groups of: terminally ill, advanced age, irreversible dementia/Alzheimer's disease, and physically disabled. On 04/10/2025 at approximately 1:10 p.m., Surveyor toured the facility and opened the unlocked door to the furnace room. The room was cluttered. There were 3 bottles of caulk and a bottle of laminate repair on the floor. The bottles of caulk and laminate repair included a label to keep out of reach of children. On 04/10/2025 at approximately 2:25 p.m., Surveyor interviewed House Lead (HL) B. Surveyor explained observation of the furnace	N 499		

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N 499	Continued From page 4 room not being locked, with toxic substances located inside. HL B told Surveyor the furnace room should be locked. HL B checked the furnace room door and it was still not locked. HL B called the maintenance staff to come and secure the door.	N 499		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of the furnace and water heater. Findings include: On 04/10/2025 at approximately 1:10 p.m., Surveyor observed the furnace room. The room was cluttered and had building materials and a wooden chair located within 3 feet of the furnace and hot water heater. On 04/10/2025 at approximately 2:25 p.m., Surveyor interviewed House Lead (HL) B. Surveyor explained the observation of the furnace room. HL B told Surveyor maintenance was doing repairs in the facility and s/he will have HL B remove the combustible items from the room.	N 507		