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
	0019128	A. BUILDING: _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS (THE)	14400 COUNTY HWY B SPARTA, WI 54656

(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 03/18/2025, Surveyor completed a complaint investigation and standard licensure survey at Meadows (the). Data collected through 03/26/2025. The complaint was unsubstantiated. One deficiency was identified. Census: 16	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 employee obtained all department approved training as required. Caregiver B did not have training in first aid and choking within 90 days after starting employment. Findings include: On 03/18/2025, Surveyor conducted a review of 4 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A. First Aid and Choking The record for Caregiver B, hired 11/21/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 03/26/2025, at approximately 4:30 PM, Surveyor received an e-mail from Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for first aid and choking training within 90 days of hire. On 03/18/2025, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for first aid and choking.	N 239		