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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT SPRINGBROOK(THE)	**861 CRITTER CT ONALASKA, WI 54650**

(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 04/21/2025, Surveyor conducted a complaint investigation at Meadows at Springbrook. Data collection continued through 05/01/2025. The complaint was substantiated. Two deficiencies were identified. Census: 35	N 000		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure each resident's right to the least restrictive environment by not offering visitation for one resident and restricting visiting hours for all residents. Findings include: On 03/17/2025, the department received a complaint alleging residents were not allowed visitors. On 03/17/2025, at approximately 9:00 AM, Surveyor interviewed Family Member (FM) A. FM	N 356		

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

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N 356	Continued From page 1 A stated s/he visited Resident 1 on 03/01/2025 and that was the last time s/he was allowed to visit. FM A stated that after the visit, the provider called Resident 1's Power of Attorney for Health Care (POAHC) B and advised him/her FM A was not allowed to visit Resident 1. On 04/10/2025, at 2:00 PM, Surveyor interviewed FM A. FM A stated s/he was not allowed to return to the facility until 04/01/2025. FM A stated s/he was provided a list of guidelines, and the provider wanted to review them with him/her before FM A resumed visits with Resident 1. At 10:20 PM, Surveyor received an email chain forwarded by FM A. It included an email dated 03/19/2025 from Executive Director (ED) C that was sent to FM A, POAHC B, and other members of Resident 1's care team. The email subject line read "visitation guidelines." The email stated, in part, "I would like to meet with you to go over these guidelines in person before resuming visits with [Resident 1]. On 04/21/2025, at approximately 11:20 AM, Surveyor interviewed Care Manager (CM) D. CM D called ED C via phone and placed him/her on speaker phone. When asked about Resident 1's visitation, ED C stated the provider had concerns with FM A. ED C stated FM A would scream at staff members and had slammed a wash rag onto Resident 1's face. ED C stated a staff member witnessed that and left the room upset. ED C stated Adult Protective Services was not called regarding that observation. ED C stated the provider could not have FM A berating staff. ED C stated FM A was controlling and would not respect the boundaries within the facility. ED C stated FM A would rifle through the laundry room, kitchen, supplies, and documentation. ED C	N 356		

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N 356	Continued From page 2	N 356		

stated s/he did ask that FM A stay away for approximately one month. ED C stated FM A ended up staying away for only a couple of weeks. ED C stated the provider revised their visitation guidelines because they had concerns with multiple visitors' behavior within the facility.

At 11:49 AM, Surveyor received an email chain forwarded by ED C. An email from ED C, dated 02/26/2025, was sent to POAHC B and read, in part, "We agreed that [FM A] should have a one month break from visiting [Resident 1.] You indicated that you would communicate this to [FM A.] Please let us know when this has been done so that we can inform staff on the floor."

An email from POAHC B, dated 02/27/2025, was sent to ED C and other members of Resident 1's care team. The email read, in part, "Although there have been disagreements between [FM A] and [Resident 1], I am aware that [Resident 1] highly values [FM A's] presence and looks forward to [his/her] visits 1-2 times per week. I have concerns about restricting these visits, as it may cause undue hardship for [Resident 1]. It is important to note that [Resident 1] has the right to have visitors unless there are legal actions in place. Coordinating schedules to ensure my presence during [FM A's] visits is difficult, as my family has busy schedules, and it will inevitably reduce the time [Resident 1] can spend with [FM A]. If there are concerns regarding [FM A's] behavior towards [Resident 1], I would expect immediate notification to both myself [sic] and Adult Protective Services (APS). While I understand that APS may not warrant an immediate visit for every concern, documenting these incidents through a direct report is invaluable. A first-hand account is always more reliable than second-hand information."

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N 356	Continued From page 3 At approximately 12:30 PM, Surveyor reviewed Resident 1's Individual Service Plan (ISP,) dated 07/30/2024. The ISP did not identify visits restricted for Resident 1. When asked if any information had been added to the ISP since that date, CM D stated, "Not that I'm aware of." At approximately 1:00 PM, Surveyor reviewed Resident 1's admission agreement and the provider's house rules sent via email from ED C. Resident 1's admission agreement included a section titled, "Guests," that included the following statement: "Guests are welcome to visit; normal visiting hours are from 7am-9pm. In some circumstances, overnight guests may be approved by the CBRF (Community Based Residential Facility) Administrator ..." The house rules document included a section titled, "Visitors," that included the following statement: "The community is locked during the night hours for the protection of the residents and staff. Visitors are welcome, unless causing a disturbance to staff or other residents ...Doors are automatically locked at 10pm and unlocked at 6am. To encourage adequate rest and rejuvenation for residents, overnight visitors are only allowed in special circumstances. See the CBRF Administrator to obtain permission." At approximately 1:05 PM, Surveyor observed the provider's visitor guidelines posted in the entryway. It read, in part, "Typical visiting hours are from 7 am - 9 pm. Exceptions can be made by the Executive Director in cases of out of town visitors, unusual circumstances, hospice, etc." On 04/28/2025, at approximately 1:45 PM, Surveyor interviewed POAHC B via phone. POAHC B stated the visitation issue was	N 356		

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N 356	Continued From page 4 outlandish and staff did not want to provide cares for Resident 1 when FM A was present. POAHC B stated FM A would make staff uncomfortable by yelling and screaming at them. POAHC B stated s/he was in total disagreement with FM A not visiting with Resident 1. POAHC B stated it was very hard on Resident 1 and Resident 1 would often ask where FM A was. POAHC B stated Resident 1 wanted his/her family member there. POAHC B stated Resident 1 should be allowed visits with family in the privacy of his/her room and should be able to talk freely. POAHC B stated Resident 1 should be allowed to have his/her door closed during visits and staff should knock before entering the room. On 05/01/2025, at 2:00 PM, Surveyor interviewed ED C via phone. When asked about the visitation hours, ED C stated the doors were locked from 10:00 PM to 6:00 AM and it would be difficult for someone to visit in the middle of the night. ED C stated the provider would make exceptions and visitors would have to let a member of management know ahead of time if they wanted to come at midnight. ED C stated the provider had a phone in the foyer of the facility that sometimes worked. ED C restated it would be best to know ahead of time. When discussing Resident 1's visitation, ED C stated residents had a right to have visitors but visitors did not have a right to do whatever they wanted. ED C stated the provider received guidance from the Ombudsman program regarding visitation guidelines.	N 356		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In	N 431		

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N 431	Continued From page 5 addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's health was monitored and changes were documented in his/her record. Resident 1's home health agency noticed an area of blanchable redness on Resident 1's lower spine on 03/26/2025. On 04/08/2025, Resident 1 was diagnosed with a pressure sore and was prescribed daily Mepilex dressing changes by his/her medical provider.	N 431		

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N 431	Continued From page 6 On 04/30/2025, Resident 1's home health agency indicated the sore had new drainage and coloring. The home health agency reported contacting Resident 1's medical provider about the changes. The provider did not include the changes to the sore in Resident 1's record. Findings include: On 03/17/2025, the department received a complaint regarding the provider's management of a resident's pressure sore. On 04/21/2025, at approximately 11:30 AM, Surveyor interviewed Care Manager (CM) D. When asked if staff completed skin assessments for residents, CM D stated the provider did not have someone to do that. CM D stated Resident 1 had a home health agency involved. CM D stated staff would let someone know if they noticed anything of concern but it was not official. CM D stated Resident 1 had a sore on his/her sacrum that required daily dressing changes. CM D stated the home health agency would meet with Administrator F on a weekly basis to provide updates on residents. CM D stated the provider did not retain notes recorded by the home health agency. When asked when the provider became aware of Resident 1's sore, CM D stated they became aware when Home Health Nurse (HHN) E emailed them. CM D stated the Mepilex dressing was added to the medication administration record (MAR) on 04/08/2025. Surveyor requested Resident 1's record and email from HHN E. At 11:49 AM, Surveyor received an email from CM D, including an email sent to the provider from HHN E on 04/01/2025. The email read, in	N 431		

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part, "I have a question on [Resident 1]! When I was out to see [him/her] on 3/26, [S/he] had an area of blanchable redness to [his/her] lower spine. I let MD know, and they would like a Mepilex to the area, changing it daily (I requested it not to be daily, as that's abnormal for even a draining wound to have a Mepilex changed daily, but they shot me down on that). Wondering if this is something you guys can change out M-F if I get supplies ordered? I wll [sic] give them a call back with whatever can be worked out."

At approximately 12:05 PM, Surveyor interviewed Caregiver G. When asked about Resident 1's personal care routine, Caregiver G stated s/he would put Vaseline on Resident 1's bottom area. Caregiver G stated s/he was not aware if Resident 1 had any open sores or dressing changes.

At approximately 12:08 PM, Surveyor interviewed Caregiver H. When asked about Resident 1's personal care routine, Caregiver H stated Resident 1 was receiving Mepelix dressing changes. When asked how changes in resident's condition were documented, Caregiver H stated changes were usually documented under staff observation notes.

On 04/22/2025, Surveyor reviewed Resident 1's record.

Resident 1 was admitted on 08/19/2021 and had multiple diagnoses, including Alzheimer's disease, Vascular dementia, spinal stenosis, osteoporosis, and other reduced mobility.

Resident 1's Individual Service Plan (ISP,) dated 07/30/2024, documented:
"Bathing: [Resident 1] needs assist from one staff

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for transfers in/out of spa tub and hands on assist with bathing ..."
"Dressing: [Resident 1] has limited movement/use of left shoulder. Staff will assist with dressing ..."
"Mobility: [Resident 1] is able to pivot transfer with assist of 1 using a gait belt. Preferred for safety is pivot transfers to/from w/c (wheelchair) with use of gait belt. [Resident 1] uses a manual w/c (wheelchair) and needs staff assist to/from meals and activities ..."
"Skin - Will remain clean and intact: For skin tears and other minor wounds/abrasions, cleanse daily and may apply non stick [sic] pad, band aid and/or gauze daily until healed. Skin care done per treatment orders. Community to provide assistance with maintaining wound integrity and will report any concerns to the agency or physician/PCP (primary care provider)."

Staff progress notes, dated 02/02/2025 through 04/20/2025 included the following:

Between 03/26/2025, when HHN E first observed the sore, and 04/04/2025, staff observation notes did not include information about Resident 1's skin integrity.

On 04/05/2025 at 9:44 PM: "Skin Condition Change ...Residents [sic] hemorrhoids looks [sic] irritated and has been bleeding, staff placed a pad in their breif [sic.]"

Progress notes were not documented on 04/06/2025, 04/07/2025, and 04/08/2025.

On 04/09/2025 at 12:07 PM: "Notes from appointment on 4/8/25: Resident seen by [Medical Provider] for pressure sore on sacrum. Mepilex dressing change daily. Reposition every

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N 431	Continued From page 9 1-2 hours while awake, off load sacrum. Contact clinic if area is open, increased pain or other changes." Progress notes, dated 04/10/2025 through 04/20/2025, did not include observations of the pressure sore or if interventions were effective. Resident 1's March 2025 Medication Administration Record (MAR) indicated Resident 1 had multiple prescribed topical medications to administer for reddened areas, minor skin wounds, and hemorrhoids. The MAR did not include evidence that topical medications were administered for reddened areas, minor wounds, or hemorrhoids. Resident 1's April 2025 MAR included the following: -Mepilex Border 4x4 scheduled at 8:00 AM. Effective: 04/08/2025. Cleanse area at lower back/top of bottom daily and apply new Mepilex daily. Mepilex in his/her room. Provided by Resident 1's home health agency. It was signed as administered starting on 04/09/2025. On 04/28/2025, at 1:45 PM, Surveyor interviewed Power of Attorney for Health Care (POAHC) B via phone. When asked how s/he became aware of the sore, POAHC B stated Resident 1's home health agency contacted him/her about the sore on 03/26/2025 via email. POAHC B stated the provider had not contacted him/her about any skin concerns or changes. POAHC B stated s/he took Resident 1 to the doctor on 04/08/2025 so the sore could be assessed. POAHC B stated his/her spouse was putting cream on Resident 1's sore during visits because Resident 1 stated it was sore. Surveyor requested to review the email sent by the home health agency.	N 431		

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N 431	Continued From page 10 At 1:57 PM, Surveyor received an email from POAHC B. The email did not include a date or sender. It appeared to be copied and pasted. The email read, "The catheter change went well today! Urine was a very clear yellow, it looked great! [S/he] has an area on [his/her] lower spine that looks like a pressure sore could develop if we don't stay on top of it. I'm guessing this area is appearing because [his/her] spine protrudes slightly since there isn't much tissue/fat covering back there. I'm going to ask [Medical Provider] how [s/he] would like to proceed. I would recommend some barrier cream and/or a foam dressing to give [him/her] some padding to protect [him/her] back there." On 04/30/2025, at 1:00 PM, Surveyor interviewed HHN E via phone. When asked about the services provided for Resident 1, HHN E stated s/he did monthly catheter changes. HHN E stated s/he completed a head to toe assessment during those visits. HHN E stated s/he first observed Resident 1's sore on 03/26/2025. HHN E stated s/he contacted Resident 1's medical provider and POAHC B. HHN E stated s/he emailed the provider on 04/01/2025 about Resident 1's sore. HHN E stated staff had not brought any skin related concerns to his/her attention before the observation on 03/26/2025. HHN E stated s/he did not provide staff with any direction regarding the skin concerns prior to 04/01/2025. When asked if staff were providing any other interventions to the sore, HHN E stated s/he was not aware of any. HHN E stated s/he was only aware of the Mepilex dressing. When asked about recent visits with Resident 1, HHN E stated s/he met with Resident 1 earlier that day. HHN E stated s/he had concerns related to the wound and reached out to Resident 1's medical provider.	N 431		

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HHN E stated there was new drainage and a change of coloring of the wound. HHN E stated the current dressing order was considered a non-skilled dressing. HHN E stated s/he requested something different be implemented.

At 5:10 PM, Surveyor emailed ED C and requested all staff observation notes dated between 04/20/2025 and 04/30/2025, an updated MAR, and any health assessments completed for Resident 1.

On 05/01/2025, at 12:50 PM, Surveyor received an email from ED C with the following:
-4 staff observation notes dated 04/25/2025, 04/26/2025, 04/27/2025 and 05/01/2025. The notes did not mention Resident 1's sore.
-A document titled, "April Health Monitoring," with a headline titled, "Blood Pressure, Bowel Movement, Meal Intake, Output, Pulse, Temperature, Weight." It did not include information related to skin integrity or Resident 1's sore.
-An updated MAR did not include staff notations about the sore.

At 2:00 PM, Surveyor interviewed ED C and Administrator F via phone. When asked how the provider became aware of Resident 1's pressure sore, ED C stated Resident 1's home health agency was involved and the sore started out as red and was not open. ED C stated Resident 1's family requested Mepilex as a preventative. ED C stated that during cares, staff noticed it had opened. When asked about the home health agency's responsibilities, Administrator F stated the agency followed Resident 1 because of his/her catheter. When asked if the provider contacted Resident 1's physician and POAHC B, ED C stated s/he believed HHN E did because

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MEADOWS AT SPRINGBROOK(THE)	861 CRITTER CT ONALASKA, WI 54650

(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 431	Continued From page 12 that was a part of his/her routine. When asked if staff informed management of any skin concerns prior to HHN E's observation, Administrator F stated s/he did not believe so. When asked about skin assessments, ED C stated the provider did not do wound care and skin assessments would not be done by unlicensed personnel. ED C stated that if the resident had a home care agency, they would do that piece. Administrator F stated that if staff noticed any skin issues, they go on observation notes. ED C stated staff would document in observation notes when doing Mepilex changes. When asked why there were not any staff observations regarding Resident 1's skin integrity after HHN E noticed the sore, ED C stated somebody was going to notice it first. ED C stated they asked staff to make observations but only licensed personnel can make assessments. Administrator F stated that when HHN E saw something like that, s/he would guide staff, and it would not necessarily be put into notes. When asked how often HHN E was meeting with Resident 1, Administrator F stated it started with the catheter and now included skin issues. Administrator F stated the home health agency monitored once a week but they could come in daily if needed. ED C stated the provider charted "by exception." When asked to clarify what that meant, ED C stated they charted when there was an issue or something separate from a resident's baseline. When asked if ED C considered a pressure sore separate from a resident's baseline, ED C stated it would not be if being followed by a home health agency. ED C stated they would be asking a lot of staff if they had staff chart every day.	N 431		