STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019331	A. BUILDING: _____ B. WING _____	C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE MEADOWS 3	2309 ROSS AVE 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 10/20/2025, Surveyor conducted a standard licensure survey and 3 complaint investigations at Pine Meadows 3. Three of 3 complaints were unsubstantiated. Three deficiencies were identified. Census: 9	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update 1 of 2 residents' individual service plans (ISPs) with interventions to prevent skin breakdown from recurring when Resident 1 developed a wound on his/her toes and coccyx. Findings include: On 10/20/2025 at approximately 10:45 a.m.,	N 389		

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

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N 389	Continued From page 1 Surveyor interviewed Caregiver B. Caregiver B told Surveyor Resident 1 had wound care to his/her toe and coccyx daily. On 10/20/2025, Surveyor reviewed Resident 1's record. Resident 1 had multiple diagnoses including diabetes and heart disease. An assessment, dated 07/29/2025, indicated Resident 1 had edema to both of his/her feet, was incontinent at times and required assistance from staff for transfers. On 08/26/2025 at 3:30 p.m., staff documented: "Hospice nurse came to writer asking for a band aide for resident's toe. The left big toe was bumped with the wheelchair while showering and was bleeding a little ... Please use care when taking residents [sic] socks off and when putting them on." On 08/26/2025 at 6:15 p.m., staff documented: "While writer was putting residents' [sic] cream on [his/her] feet, I noticed that on [his/her] right foot the third toe has what looks like an open blister. Writer put a band aide and antibiotic ointment on it. Both of residents' [sic] feet now have sores." 08/31/2025, staff documented: "Resident's Right Big Toe was 'bleeding' through [his/her] current bandaid [sic]. Staff removed the old bandaid [sic], applied ointment to the sore, and re-bandaged it up. I took a picture and sent it to the nurse. The tip of [his/her] toenail had fallen off. I also re-bandaged [his/her] Middle toe on [his/her] Right Foot. That toe appears puffy, pink and possibly, slightly infected. Nurse was notified of that also."	N 389		

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N 389	Continued From page 2 On 09/10/2025, Registered Nurse (RN) D documented: "Follow-up L (left) great toe wound. Resident denies pain or discomfort to area at rest. Per resident, feet will get caught under wheelchair wheel. Open area on tip of L great toe. No active bleeding or drainage noted. Tolerated dressing change well. No s/s (signs/symptoms) of infection - afebrile. T (temperature) 97.6. Area cleansed with NS (normal saline), applied TAO (triple antibiotic ointment), and covered with bandaid [sic]. Further secured with paper tape. [Administrator A] added to care plan daily dressing changes. Staff to call and update RN with any changes to area." On 10/16/2025 at 5:30 a.m., staff documented: "resident is beginning to get a bed sore in the crack of [his/her] butt should monitor and keep an eye on it so it doesn't worsen." On 10/17/2025, RN D documented: "New orders for daily wound care to coccyx: Cleanse with Normal Saline spray and allow to dry. Apply small amount of triple antibiotic ointment to wound bed and cover with opti foam [sic] once daily and/or as needed if soiled. Order faxed to [pharmacy] - added wound care to care plan." Resident 1's ISP, with a report date 10/20/2025, read, in part: Function or Activity - Medication Management Resident's Needs/Preferences - Needs assistance administering medications... Frequency of Service and Service performed - "LEFT TOE WOUND CARE Once Every Day And As Needed..." Resident's Desired Goal & Outcomes - "To receive assistance from staff administering medications..."	N 389		

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N 389	Continued From page 3 Service Provider Responsibilities - "Staff" Measurable Goals, Outcomes And Review - nothing is documented. Function or Activity - Chronic Illnesses Resident's Needs/Preferences - "To receive assistance/care with all treating and curing of chronic illnesses. Resident has diagnosis [sic] of CAD (coronary artery disease), dyspnea, HTN (hypertension), Scoliosis, A-fib (atrial fibrillation), Type 2 DM (diabetes mellitus). Resident is dependent on continuous supplemental oxygen." Frequency of Service and Service performed - "Coccyx Wound Care Once Every Day..." Resident's Desired Goal & Outcomes - "To keep chronic illness sustained and to receive complete care from staff." Service Provider Responsibilities - "Staff" Measurable Goals, Outcomes And Review - nothing is documented. Resident 1's ISP did not include his/her risk for skin breakdown and how to prevent wounds from recurring to his/her toes and coccyx. On 10/20/2025 at approximately 3:00 p.m., Surveyor interviewed House Manager (HM) E. HM E told Surveyor the nurses were responsible for updating the ISPs. Surveyor explained concerns that Resident 1's ISP identified his/her toes and coccyx wound, but did not identify interventions to prevent wounds in the future.	N 389		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.	N 396		

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N 396	Continued From page 4 This Rule is not met as evidenced by: Based on interview and record review, the provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Resident 1 required assistance of 2 staff at times and the provider did not ensure there were 2 staff present at all times. Findings include: The provider is licensed to care for up to 11 residents in the client groups of: physically disabled, irreversible dementia/Alzheimer's disease, advanced age, and terminally ill. This Community Based Residential facility (CBRF), Pine Meadows 3, is located next to 2 other CBRFs, Pine Meadows 1 and Pine Meadows 2. The 3 facilities have one large parking area. On 10/20/2025 at approximately 10:45 a.m., Surveyor interviewed Caregiver B. Caregiver B told Surveyor Resident 1 required to 2 staff to assist with transfers using a mechanical lift, called a Hoyer lift. On 10/20/2025, Surveyor reviewed Resident 1's record. Resident 1 had multiple diagnoses including: history of severe thoracic scoliosis, diabetes, foot drop, dyspnea, unsteadiness on feet and repeated falls. An assessment, dated 04/01/2025, by Administrator A, who was also a registered nurse, indicated for mobility Resident 1 required 1 - 2 staff to assist "depending on day" and a	N 396		

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N 396	Continued From page 5	N 396		

wheelchair. Administrator A's note, read, in part: "Writer observed cyanotic lips and open mouth breathing immediately. Staff state that resident just transferred and becomes exacerbated after transfers ..."

An assessment, dated 07/29/2025, by Staff C, indicated for mobility Resident 1 required 1 - 2 staff to assist "depending on day" and a wheelchair. Staff C's note read, in part: "Requires Ax1 (assist of 1) with ADLs (activities of daily living) and Ax1-2 (assist of 1 - 2) for transfers. Has been recommended to be hoyer [sic] assist but resident refuses ..."

Resident 1's individual service plan (ISP), with a report dated of 10/20/2025, indicated Resident 1 used a Hoyer lift and required full/hands on assistance from staff.

Surveyor reviewed the following staff notes that indicated Resident 1 required 2 staff to assist:

07/02/2025 - " ... [Resident 1] rang at 4 am and stated [s/he] felt like [s/he] needed to have a BM (bowel movement). I called [staff] from house 1 and we got [him/her] on the toilet ..."

07/09/2025 - Administrator A documented: "Clarification: Staff to utilize hoyer [sic]/2A (assist) as needed for leg weakness or fatigue."

07/19/2025 - "While putting resident in [his/her] bed [s/he] fell into the bed instead of sitting on it. Two staff were required to help resident into bed ..."

08/06/2025 - " ... [S/he] rang at 3:30 AM because [s/he] thought [s/he] might need to have a BM. I had [staff] come over from House 1, and we sat

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N 396	Continued From page 6 [him/her] on the toilet ..." 08/12/2025 - " ... I had another staff come over to help change [Resident 1], so it would go easier and faster for [him/her] ..." 09/03/2025 - " ... [Resident 1] rang at 2:10 am and thought [s/he] had to have a BM. I called staff from another house to come over and we got [him/her] on the toilet ..." 09/19/2025 - "[Resident 1] rang at 12:15 AM to go sit on the toilet. I called staff from House 2, to come and help ..." On 10/01/2025, Registered Nurse (RN) D documented: "Staff called reporting increased weakness this morning. Attempted transfer with EZ-Stand which resident tolerated poorly. Hospice aware and coming out for PRN (as needed) visit. STAFF: FOR THE TIME BEING - PLEASE UTILIZE HOYER FOR ALL TRANSFERS ..." On 10/03/2025, Caregiver B documented: "The Hoyer lift was used for resident with a two person assist this shift. Resident transfer went well ..." On 10/20/2025, Surveyor reviewed the September and October employee schedule. The schedule indicated on the following dates and times, there was only one staff member scheduled: 09/01/2025, 11:00 p.m. - 7:00 a.m. 09/02/2025, 11:00 p.m. - 7:00 a.m. 09/03/2025, 7:00 a.m. - 7:00 a.m. (all 3 shifts) 09/04/2025, 11:00 p.m. - 7:00 a.m. 09/05/2025, 7:00 a.m. - 3:00 p.m. and from 9:00 p.m. - 7:00 a.m. 09/06/2025, 11:00 p.m. - 7:00 a.m.	N 396		

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N 396	Continued From page 7 09/07/2025, 11:00 p.m. - 7:00 a.m. 09/08/2025, 3:00 p.m. - 7:00 a.m. 09/09/2025, 11:00 p.m. - 7:00 a.m. 09/10/2025, 11:00 p.m. - 7:00 a.m. 09/11/2025, 3:00 p.m. - 11:00 p.m. (with a float staff) and from 11:00 p.m. - 7:00 a.m. 09/12/2025, 3:00 p.m. - 11:00 p.m. 09/13/2025, 3:00 p.m. - 11:00 p.m. 09/14/2025, 11:00 p.m. - 7:00 a.m. 09/16/2025, 11:00 p.m. - 7:00 a.m. 09/19/2025, 11:00 p.m. - 7:00 a.m. 09/20/2025, 11:00 p.m. - 7:00 a.m. 09/21/2025, 11:00 p.m. - 7:00 a.m. 09/26/2025, 11:00 p.m. - 7:00 a.m. 09/27/2025, 11:00 p.m. - 7:00 a.m. 09/28/2025, 11:00 p.m. - 7:00 a.m. 09/30/2025, 11:00 p.m. - 7:00 a.m. 10/01/2025, 11:00 p.m. - 7:00 a.m. 10/12/2025, 11:00 p.m. - 7:00 a.m. 10/13/2025, 11:00 p.m. - 7:00 a.m. On 10/20/2025 at approximately 3:00 p.m., Surveyor interviewed House Manager (HM) E. Surveyor explained concerns related to staffing and not having 2 staff on at all times to assist Resident 1 with transfers. HM E told Surveyor Resident 1 recently required the use of a Hoyer lift for transfers. Surveyor explained nursing assessments in April 2025 indicated Resident 1 required assist of 1 - 2 staff depending on his/her day. Also concerns that staff were having to call staff from the other CBRF to assist with transfers. The provider did not provide employees in sufficient numbers on a 24-hour basis to meet the Resident 1's needs.	N 396		
N 432	83.38(1)(h) Medication administration.	N 432		

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N 432	Continued From page 8 As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide medication administration appropriate to Resident 1's needs. Findings include: On 10/20/2025 at approximately 11:50 a.m., Surveyor observed Caregiver B setting up Resident 1's medications. Caregiver B then brought Resident 1's pills to the dining room and set the pill cup in front of Resident 1. Caregiver B then walked away and did not observe to see if Resident 1 consumed his/her pills. On 10/20/2025, Surveyor reviewed Resident 1's record. Resident 1's individual service plan (ISP), with a report date of 10/20/2025, indicated his/her medications were administered by staff. The ISP did not indicate Resident 1 could self-administer his/her medications after they were set up. Resident 1's October MAR indicated Caregiver B administered the following medication on	N 432		

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N 432	Continued From page 9 10/20/2025 at the 11:00 a.m. medication pass: aspirin, furosemide, and metformin. Caregiver B did not ensure Resident 1 consumed his/her medications.	N 432		