

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>16692</p> <p>Based on observation, interview and record review, the facility failed to store prepare and distribute food under sanitary conditions this has the ability to affect 21 of the facility's 22 residents.</p> <p>Low temperature chemical sanitization dish machine is used but the facility has no monitoring system in place to monitor the machine to ensure proper chemical sanitization occurs.</p> <p>Beard restraints were not always worn during food preparation.</p> <p>Oscillating fan on kitchen wall is dirty and blows towards food preparation areas.</p> <p>This is evidenced by:</p> <p>The facility policy, entitled Dishwashing Temperature Log, dated February 2020, states in part: For low temperature (chemical sanitizing) machines, concentration of sanitizer must be recorded on form.</p> <p>The facility policy, entitled Personal Cleanliness and Hygienic Practices, dated February 2020, states in part: All dietary staff, including the dietary manager, and any person entering the kitchen, must wear an approved hair restraint* to keep hair and particles in the hair from falling into food. Hair restraints must entirely cover all hair. Food handlers with facial hair should also wear beard restraints.</p> <p>On 03/04/24 at 9:03 AM, Surveyor observed Maintenance Director (MD) C doing dishes following the breakfast meal. Surveyor asked what the facility does to ensure the dish machine is working appropriately. MD C stated that MD C checks the temperature and writes it on the log on the wall. MD C indicated the temperature should be between 120-150 degrees. MD C indicated this is a low temperature, chemical sanitization machine. Surveyor asked what is done to ensure the chemical sanitization occurs. MD C indicated MD C looks to ensure there are chemicals in the bottles on the wall that feed into the machine. MD C stated the company services the machine monthly and checks the machine for functioning. Surveyor asked about a procedure taped on the wall, which talks about test strips. MD C stated MD C is not sure how or when it is done, but Dietary Manager (DM) I surely knows. Observation of the dishwasher temperature log revealed no documentation of sanitizer monitoring.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>On 03/04/24 at 9:03 AM, Surveyor observed an oscillating fan mounted on the wall near the microwave and juice machine running and blowing toward food preparation areas. The cage around the fan was dirty with blackish gray debris on the bars encasing the fan blades.</p> <p>On 03/04/24 at 9:35 AM, Surveyor observed DM I in the kitchen near food preparation areas. On 03/05/24 at 9:18 AM, Surveyor observed DM I in the kitchen preparing food. On 03/06/24 at 8:45 AM, Surveyor observed DM I in the kitchen preparing food. DM I was noted to have a beard and was observed multiple times on all three days of survey to be in the kitchen without a beard net on.</p> <p>On 03/06/24 at 9:05 AM, Surveyor interviewed DM I related to the above concerns.</p> <p>Surveyor asked what monitoring system was in place to ensure the dishwasher is adequately sanitizing the dishes. DM I replied that they record temps for wash and rinse cycles with each meal. Surveyor asked if anything else is done. DM I stated that staff have stickers for plate surfaces, they monitor chemical levels, and they use test strips. Surveyor asked how often any of these things are done. DM I stated, It has not been done as often as it should be. Surveyor asked DM I to clarify. DM I stated, It has been done a few times in the past month, but it is not documented anywhere. Surveyor requested the facility policy and procedure related to this. After reviewing the policy, DM I stated that the policy states to Check sanitizing solution throughout the day.</p> <p>Surveyor requested the facility policy and procedure on hair restraints. Surveyor asked DM I about the facility's beard net policy. DM I stated the policy states, [NAME] nets should be worn. Surveyor asked if DM I has been wearing a beard net for the past 3 days. DM I stated DM I has not been wearing a beard restraint and has been working with food without one.</p> <p>Surveyor asked about the dirty oscillating fan. DM I stated that it is on a cleaning schedule, but maybe it needs to be cleaned more often.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47807</p> <p>Based on interviews and record review, the facility failed to submit complete and accurate data to the Centers for Medicare and Medicaid Services (CMS) mandatory Payroll Based Journal (PBJ) data for quarter four of 2023 (July 1 - September 30). This has the potential to affect all 22 residents.</p> <p>This is evidenced by:</p> <p>Surveyor noted during survey preparation that the facility triggered for failing to have licensed nursing coverage 24 hours each day for the dates of: 07/08/23 (Saturday), 07/09/23 (Sunday), 07/22/2023 (Saturday), 08/05/2023 (Saturday), 08/06/2023 (Sunday), 09/02/23 (Saturday), 09/03/23 (Sunday), 09/04/23 (Monday), 09/16/23 (Saturday), 09/30/23 (Saturday).</p> <p>On 03/05/24 at 11:18 AM, Surveyor spoke with Nursing Home Administrator (NHA) A and Corporate Human Resources Director (CHRD) H regarding the nursing coverage for the months of July, August, and September of the [AGE] year. Neither NHA A nor CHRD H could think of a time when they did not have full nursing coverage.</p> <p>Surveyor then reviewed the staff schedules for the period of July 1 - September 30, 2023, specifically the dates in question and compared the data with the time punches provided. There were no concerns uncovered related to licensed staff coverage or certified nursing assistant coverage. However, it was noted that the dates in question did have only two registered nurses working a 12-hour shift each of those days.</p> <p>On 03/05/24 at 12:15 PM, Surveyor interviewed NHA A and CHRD H after they reviewed their PBJ submissions regarding the months with missing nursing coverage. NHA A and CHRD H had discovered that one registered nurse's hours were not being pulled into the PBJ report. Those hours were not being submitted in the PBJ report. Currently the facility has no issues with the PBJ accuracy.</p> <p>The facility had failed to submit accurate PBJ data for the fourth quarter (July 1 - September 30) of the [AGE] year.</p> <p>Surveyor reviewed the PBJ submission for Fiscal Year 2024 Quarter 1 (October 1 - December 31). The facility was noted to have submitted the 1st quarter's data on 02/13/24, accurately.</p> <p>The facility is in compliance as of 12/31/23. The facility did not have any errors in the PBJ report for the first quarter of the [AGE] year and the issue was corrected. This was cited as past noncompliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47657</p> <p>Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>The facility did not have a clear water management process or plan in effect with control measures to prevent transmission of Legionella infection. This has potential to effect 22 of 22 residents (R).</p> <p>Findings include:</p> <p>Example 1</p> <p>The facility policy entitled, Water Management Program, dated 08/02/23, states in part: The organization will follow guidance of ASHRAE and CDC guidelines in creating this Water Management Program. The purpose of this program is to ensure the facility is inhibiting microbial growth in the buildings water system that reduce risk of growth and spread of legionella and other opportunistic pathogen by properly maintaining water systems.</p> <p>The facility will create a flowsheet of the path the water takes and any points with potential for growth.</p> <p>Decide where control measures should be applied and how to monitor them.</p> <p>Water Management Program Log Sheet states in part Flush for 5 minutes.</p> <p>The Center for Disease Control and Prevention (CDC) toolkit, entitled Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings, dated June 24, 2021, states in part: Once you have developed your process flow diagram, identify where potentially hazardous conditions could occur in your building water systems.</p> <p>The Center for Disease Control and Prevention (CDC) guidelines, entitled Controlling Legionella in potable water systems, last reviewed February 3, 2021, states in part: Flush low-flow piping runs and dead legs at least weekly and flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as-needed to maintain water quality parameters within control limits.</p> <p>On 03/06/24 at 7:51 AM, Surveyor reviewed the facility's water flow diagram, which was generic and does not specify the path the water takes from the facility's water source to assure any distinguished locations or areas where Legionella could grow or spread.</p> <p>On 03/06/24 at 7:45 AM, Surveyor interviewed Director of Nursing (DON) B who is responsible for the facility infection control. DON B indicated unawareness of having a flow water chart to map the facility water flow.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook at Bloomer		STREET ADDRESS, CITY, STATE, ZIP CODE 1840 Priddy St Bloomer, WI 54724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>On 03/06/24 at 8:14 AM, Surveyor interviewed Maintenance Director (MD) C, asking if the facility has a water flow diagram from the source of water and how it flows through the facility. Surveyor asked if areas where Legionella could grow were identified. MD C stated this is not clear in the facility water management policy.</p> <p>On 03/06/24 at 7:51 AM, Surveyor observed 2 separate operatable water fountains accessible to all residents.</p> <p>On 03/06/24 at 7:35 AM, Surveyor interviewed MD C regarding the 2 water fountains being managed for Legionella. MD C stated that housekeeping flushes them every morning when cleaning and confirmed they were not addressed on the Water Management Program Log sheet.</p> <p>On 03/06/24 at 7:38 AM, Surveyor interviewed Housekeeper (HSK) F, regarding expectations of maintaining the 2 water fountains. HSK F stated they are wiped down every morning and flushed for about 5 seconds. HSK F indicated this procedure is not logged. HSK F stated nobody uses them and was not sure why facility still had them.</p> <p>On 03/06/24 at 7:45 AM, Surveyor interviewed DON B and made DON B aware of concern regarding 2 water fountains and facility practice of flushing them. DON B stated that staff utilize the water fountains and doesn't feel they are a source of risk for Legionella.</p> <p>On 03/06/24 at 7:55 AM, Surveyor interviewed Registered Nurse (RN) E regarding usage of the 2 water fountains. RN E indicated that no one uses them.</p> <p>On 03/16/24 at 7:56 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D and Certified Nursing Assistant (CNA) G regarding the 2 water fountains; both indicated nobody uses them. Both LPN D and CNA G stated the facility has a [NAME] water system behind the nurses station and all staff and residents prefer water from there, including when filling the daily water pass because it tastes better.</p> <p>The water fountains are unused, with a high potential for stagnate water, where Legionella can grow. The facility does not have documentation of flushes for 5 minutes to ensure the control measures are being followed.</p>		