

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 212 EAST INDUSTRIAL DR BEAVER DAM, WI 53916		
(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 09/01/2026, Surveyor conducted a complaint investigation and verification visit at Prairie Ridge Assisted Living, a CBRF in Beaver Dam. Three deficiencies were identified. One deficiency was a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022 and SOD 13TV13, dated 05/06/2026. The complaint was substantiated. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed. Census: 20	{N 000}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident 's response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the dosage of medication administrated was documented, the need for PRN medication was documented and/or the	{N 415}		

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

TITLE

(X6) DATE

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{N 415}	Continued From page 1 response to the PRN medication was documented with each administration for 2 of 3 residents reviewed. Resident 4's record did not document the need and/or response to his/her Acetaminophen PRN administration 13 of 22 times. Resident 7's insulin administration was not documented from 08/06/2026 to 08/17/2026. This is a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022 and SOD 13TV13, dated 05/06/2026. Findings include: On 09/01/2026 at approximately 10:00 a.m., Surveyor reviewed resident records provided by Consultant M. Records identified the following concerns: Example 1 - Resident 4: Resident 4 admitted to the provider's facility on 01/11/2023. Resident 4's physician orders included Acetaminophen 325 mg (Start Date: 08/07/2026) - Take 2 tablets every 4 hours as needed for pain or fever. Resident 4's medication administration record (MAR), dated 08/07/2026 through 08/31/2026, did not document the need and/or response to the Acetaminophen for 13 of 22 PRN administrations. Surveyor identified documentation concerns with the following Acetaminophen PRN administrations: - 08/09/2026 11:19 p.m.: Need and response not documented. - 08/09/2026 2:19 a.m.: Need not documented. - 08/10/2026 10:01 p.m.: Need and response not documented.	{N 415}		

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{N 415}	Continued From page 2 - 08/11/2026 10:38 p.m.: Need and response not documented. - 08/13/2026 12:43 p.m.: Need and response not documented. - 08/15/2026 1:52 p.m.: Need and response not documented. - 08/18/2029 10:59 p.m.: Need and response not documented. - 08/19/2026 11:39 p.m.: Need and response not documented. - 08/20/2026 10:59 p.m.: Need and response not documented. - 08/21/2026 11:08 a.m.: Need and response not documented. - 08/24/2026 11:39 p.m. Need not documented. - 08/26/206 8:59 p.m.: Need and response not documented. - 08/30/20262:02 p.m. Need not documented. On 09/01/2026 at 11:15 a.m., Surveyor reviewed concern with Administrator L and Consultant M that Resident 4's record did not document the need and/or response to his/her Acetaminophen PRN administration 13 of 22 times. Consultant M reviewed Resident 4's record and confirmed s/he was unable to locate documentation of the responses. Surveyor asked Consultant M and Administrator L if the provider's electronic charting system would prompt a caregiver to record the response to PRN medications if there was a change in the medication passer. Consultant M replied, "Yes, but sometimes caregivers are hesitant to chart for a medication they didn't pass," and stated education would be provided. Example 2 - Resident 7: Resident 7 was admitted to the provider's facility on 03/29/2021. Resident 7's physician orders	{N 415}			

Wisconsin Department of Health Services

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{N 415}	Continued From page 3 included Novolog (Start Date: 04/17/2026) - Inject per sliding scale 3 times daily with meals 175-199= 1 unit, 200-224=2 units, 225-249=3 units, 250-299=4 unites, 300-349=5 units, 350-399=6 units. Resident 7's record did not document the amount of insulin administered from 08/06/2026 to 08/17/2026. Surveyor noted the following occurrences when Resident 7's blood sugar (BS) warranted the administration of sliding scale insulin, but the number of insulin units administered was not documented: - 08/07/2026 8:29 a.m. BS 229 - Per order, 3 units needed. - 08/07/2026 12:16 p.m. BS 323 - Per order, 5 units needed. - 08/07/2026 4:21 p.m. BS 224 - Per order, 2 units needed. - 08/08/2026 4:14 p.m. BS 207 - Per order, 2 units needed. - 08/09/2026 8:27 a.m. BS 179 - Per order, 1 unit needed. - 08/09/2026 12:16 p.m. BS 256 - Per order, 4 units needed. - 08/09/2026 4:25 p.m. BS 183 - Per order - 1 unit needed. - 08/10/2026 12:06 p.m. BS 204 - Per order, 2 units needed. - 08/10/2026 4:27 p.m. BS 232 - Per order, 3 units needed. - 08/11/2026 8:25 p.m. BS 205 - Per order, 2 units needed. - 08/11/2026 4:21 p.m. BS 199 - Per order, 1 unit needed. - 08/12/2026 8:33 a.m. BS 178 - Per order, 1 unit needed. - 08/12/2026 12:14 p.m. BS 200 - Per order, 2 units needed. - 08/12/2026 4:27 p.m. BS 259 - Per order, 4 units needed.	{N 415}		

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{N 415}	Continued From page 4 - 08/13/2026 12:35 p.m. BS 254 - Per order, 4 units needed. - 08/13/2026 4:24 p.m. BS 248 - Per order, 3 units needed. - 08/14/2026 8:15 a.m. BS 208 - Per order, 2 units needed. - 08/14/2026 11:45 a.m. BS 243 - Per order, 3 units needed. - 08/14/2026 4:26 p.m. BS 327 - Per order, 5 units needed. - 08/15/2026 12:18 p.m. BS 238 - Per order, 3 units needed. - 08/15/2026 4:14 p.m. BS 238 - Per order, 3 units needed. - 08/16/2026 8:19 a.m. BS 207 - Per order, 2 units needed. - 08/16/2026 12:24 p.m. BS 261 - Per order, 4 units needed. - 08/16/2026 4:21 p.m. BS 222 - Per order, 2 units needed. On 09/01/2026 at 11:15 a.m., Surveyor interviewed Consultant M and Administrator L regarding Resident 7's insulin administration documentation. Administrator L stated all insulin administration documentation should have been documented, but if the documentation were missing it would have been due to a pharmacy change. Administrator L and Consultant M were unable to locate documentation of insulin administration from 08/06/2026 to 08/17/2026 and requested more time to review records. On 09/01/2026 at 5:28 p.m., Consultant M emailed Surveyor and stated s/he was unable to locate record of Resident 7's insulin administration from 08/06/2026 to 08/17/2026.	{N 415}		

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N 450	Continued From page 5	N 450		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure a weekly written menu was available to residents and that deviations from the planned menu were documented on the menu. The provider did not have a weekly menu posted. Findings include: On 09/01/2026, Surveyor conducted a complaint investigation alleging dietary services concerns at the provider's facility. On 09/01/2026 at approximately 7:30 a.m., Surveyor toured the provider's facility. Surveyor observed the breakfast menu posted on a whiteboard in the dining room. Surveyor observed the lunch and supper menu was blank. Surveyor observed 6 tables that had a weekly menu set out on the table. Four of the tables had a "Week 3" menu, which documented that the menu was the for the week of 08/09/2026 and two tables had a "Week 4" menu, which documented that the menu was for the week of 08/16/2026. On 09/01/2026 at approximately 7:50 a.m.,	N 450		

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N 450	Continued From page 6 Surveyor interviewed Caregiver J. Caregiver J stated s/he was activities staff, but s/he and the activity director had been covering dietary duties for approximately 1 month. Surveyor asked if Caregiver J had a menu that s/he followed. Caregiver J provided Surveyor with a weekly menu titled "Week 5," which documented that it was for the week of 08/23/2026. Caregiver J stated the provider was a week behind on following the menu. On 09/01/2026 at 7:55 a.m., Surveyor interviewed Resident 5. Resident 5 stated the provider had been without a cook for a while and caregivers were responsible for dining tasks. Resident 5 stated s/he wasn't sure if a weekly menu was followed because s/he wasn't aware of a menu. On 09/01/2026 at 8:15 a.m., Surveyor interviewed Resident 6. Resident 6, who often ate in his/her room, stated s/he was unsure what was for breakfast. Resident 6 stated the facility had not had a cook and the menu hadn't been followed for a few weeks. Resident 6 had the weekly menus in his/her room; however, wasn't sure what week the provider would be on. Resident 6 stated the facility had been without a cook, so caregivers were responsible for dietary tasks and it wasn't going well. Resident 6 reported that one day caregivers asked Resident 6 to fix the chili they had prepared. Resident 6 stated s/he observed a lot of grease on the top of the chili, as if the meat had never been drained, and ended up dabbing grease out of the pot with paper towels. On 09/01/2026 at 11:15 a.m., Surveyor interviewed Consultant M and Administrator L regarding dietary services. Administrator L	N 450		

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N 450	Continued From page 7 confirmed the provider had been without a cook and reported s/he had just hired a cook the day prior to Surveyor's visit. Administrator L stated s/he attempted to cover dietary services between herself, activities staff and working with an affiliated facility's dietary staff. Administrator L confirmed the provider was a week behind on the menu schedule and did not have an accurate weekly menu posted. Administrator L confirmed deviations were made from the menu but thought that had improved as s/he and other staff gained more experience with dietary tasks. Administrator L stated s/he was unaware a resident had been asked to assist with dietary tasks.	N 450		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet and bathing areas were kept clean. Findings include: On 09/01/2026, Surveyor completed a complaint investigation alleging housekeeping concerns at the provider's facility. On 09/01/2026 at approximately 8:15 a.m., Surveyor interviewed Resident 6. Resident 6 verbalized concerns with the provider's housekeeping services stating his/her apartment had not been cleaned by staff for 2 weeks in a row multiple times. Resident 6 stated that left him/her to complete the cleaning tasks.	N 490		

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N 490	Continued From page 8 On 09/01/2026 at 10:45 a.m., Surveyor toured resident rooms and observed the following: - Resident 8 had a tied up bag of garbage on his/her bathroom floor (Photo 1), fecal matter in the toilet (Photo 2) and brown substance on his/her shower mat (Photo 3). - Resident 9 had grime brown/gray/orange build up in his/her toilet (Photo 4), brown/yellow streaks of hardened liquid running down the exterior of the toilet (Photo 5), and brown/yellow streaks of liquid on his/her bathroom wall. - Resident 4 had yellow/brown staining or hardened liquid on the bathroom floor near his/her toilet (Photo 6). On 09/01/2026 at 11:15 a.m., Surveyor interviewed Consultant M and Administrator L regarding housekeeping concerns. Administrator L stated s/he was aware of housekeeping concerns throughout the facility. Administrator L stated s/he had recently terminated a housekeeper due to performance and had just placed a prior housekeeper back on the schedule.	N 490		