STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012224	A. BUILDING: _____ B. WING _____	R-C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	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 From 12/03/2025 to 12/09/2025, Surveyor conducted a verification visit and complaint investigation at Prairie Ridge Assisted Living, a CBRF in Beaver Dam. Two deficiencies were identified. Statement of Deficiency (SOD) 13TV11, dated 08/25/2025, was corrected. The complaint was substantiated. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 23	{N 000}		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure employees in sufficient numbers were provided on a 24-hour basis to meet the needs of residents. The provider was staffed with only 1 caregiver present at times when 2 residents who required assistance of 2 for cares resided at the facility. Findings include: From 12/03/2025 to 12/08/2025, Surveyor conducted a complaint investigation alleging staffing concerns at the provider's facility.	N 396		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 396	Continued From page 1 On 12/03/2025 at approximately 8:10 a.m., Surveyor requested documentation of the staff schedule from 09/01/2025 to present from Administrator A. Administrator A stated s/he had just started at the facility 3 days prior and would need assistance from other management to fulfill Surveyor's request. On 12/03/2025 at 8:42 a.m., Surveyor met Director of Operations B and requested the staff schedule. On 12/03/2025 at 9:05 a.m., Surveyor interviewed Caregiver F. Caregiver F stated the provider had staffing issues in the recent past, but had been improving. Caregiver F identified Caregiver G as a caregiver that had to work 3rd shifts by him/herself. Caregiver F stated s/he told Caregiver G that Caregiver G may not be able to complete cares on residents that required assist of 2 when Caregiver G was the only caregiver present. On 12/03/2025 at 9:46 a.m., Surveyor received timecard punches from 09/01/2025 to 12/03/2025, as documentation of the provider's staff schedule. Surveyor reviewed time punches with Director of Operations B and shared concern that some dates did not include documentation of a caregiver working and some dates only had 1 caregiver working. Director of Operations B stated s/he was sure at least 1 caregiver was present at all times, but it was likely true that only 1 caregiver was present at times. On 12/04/2025 at 9:03 a.m., Surveyor sent an email to Administrator A and Director of Operations B identifying the following concerns: - Timecard reports identified the following	N 396		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	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 396	Continued From page 2 occurrences when only 1 caregiver was present: 09/06/2025 4:00 a.m. to 4:30 a.m., 09/16/2025 10:40 p.m. to 09/17/2025 3:00 a.m., 09/17/2025 10:41 p.m. to 09/18/2025 4:00 a.m., 09/18/2025 4:20 a.m. to 6:00 a.m., 09/18/2025 10:26 p.m. to 09/19/2025 6:00 a.m., 09/19/2025 10:17 p.m. to 11:00 p.m., 09/26/2025 5:30 a.m. to 6:30 a.m. , 09/29/2025 10:03 p.m. to 09/30/2025 6:00 a.m., 10/01/2025 10:30 p.m. to 10/02/2025 6:00 a.m., 10/03/2025 5:30 a.m. to 10/03/2025 6:00 a.m., 10/03/2025 10:10 p.m. to 10/04/2025 6:00 a.m., 10/04/2025 1:31 p.m. to 2:00 p.m., 10/05/2025 10:04 p.m. to 10/06/2025 6:00 a.m., 10/07/2025 2:00 a.m. to 5:50 a.m., 10/09/2025 2:12 a.m. to 6:00 a.m., 10/10/2025 5:31 a.m. to 6:00 a.m., 10/10/2025 10:15 p.m. to 10/11/2025 6:00 a.m., 10/11/2025 6:06 a.m. to 2:00 p.m., 10/12/2025 6:00 a.m. to 2:00 p.m., 10/13/2025 2:06 a.m. to 5:50 a.m., 10/13/2025 10:22 p.m. to 10/14/2025 5:50 a.m., 10/17/2025 2:05 a.m. to 6:00 a.m., 10/18/2025 11:57 a.m. to 2:00 p.m., 10/18/2025 10:08 p.m. to 10/19/2025 6:00 a.m., 10/23/2025 10:00 p.m. to 10/24/2025 12:00 a.m., 10/26/2025 2:00 a.m. to 4:00 a.m., 10/27/2025 2:00 a.m. to 3:50 a.m. , 10/28/2025 10:20 p.m. to 10/29/2025 6:00 a.m., 11/01/2025 10:03 p.m. to 11/02/2025 6:00 a.m. , 11/23/2025 6:12 a.m. to 1:50 p.m., 11/25/2025 2:10 p.m. to 10:05 p.m., 11/25/2025 10:05 p.m. to 11/26/2025 5:50 a.m., 11/29/2025 each shift. And 11/30/2025 10:11 p.m. to 12/01/2025 5:50 a.m. - Timecard reports did not include documentation of a caregiver present on the following dates: 09/14/2025 (the entire day), 09/15/2025 12:00 a.m. to 6:00 a.m., 09/27/2025 10:34 p.m. to 09/28/2025 5:50 a.m., 09/28/2025 10:29 p.m. to 09/29/2025 5:50 a.m. and 11/30/2025 10:17 a.m. to 2:00 p.m.	N 396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012224	A. BUILDING: _____ B. WING _____	R-C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	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 396	Continued From page 3 On 12/04/2025 at 4:18 p.m., Director of Operations B replied, "It is likely the salary director and assistant director worked on the floor in the absence of a caregiver on the dates they are short, but the schedule was not updated to reflect it." Director of Operations B was unable to provide any additional information. On 12/08/2025 at 3:45 p.m., Surveyor interviewed Former Staff C, who stated 3rd shift was a struggle to staff. Former Staff C acknowledged there were times only 1 staff member was present. Former Staff C identified Caregiver G as an individual who worked by him/herself. Former Staff C stated, "Upper management absolutely did not care ... Upper management stated it was okay if there was 1 caregiver at times. They didn't seem to have any issues with that. 'Oh well' was their attitude." Former Staff C clarified upper management was Chief Operating Officer D. On 12/09/2025 at 4:00 p.m., Surveyor reviewed the records of Resident 1 and Resident 2, who were identified during an interview with Caregiver H on 12/03/2025 at 8:57 a.m. as requiring assistance of 2. Records documented the following: - Resident 1 was admitted to the provider's facility on 02/13/2025. Resident 1's individual service plan (ISP), dated 11/22/2025, indicated s/he required assist of 2 for transfers and all in-bed positioning. The ISP documented Resident 1 required staff assistance with toileting and more frequently during periods of restlessness and throughout the night. - Resident 2 was admitted to the provider's facility on 02/13/2023. Resident 2's ISP, dated 08/27/2025, documented that s/he required assist	N 396		

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PRAIRIE RIDGE ASSISTED LIVING	212 EAST INDUSTRIAL DR BEAVER DAM, WI 53916

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N 396	Continued From page 4 of 2 for transfers with use of a hoyer lift. The provider did not ensure 2 caregivers were present at all times to provide care for residents that required assistance of 2. Cross Reference: N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule	N 396		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a written schedule for staffing the CBRF, including the time worked. The provider did not maintain a staff schedule documenting each employee's full name, job assignment and time worked. Findings include: From 12/03/2025 to 12/09/2025, Surveyor conducted a complaint investigation alleging staffing concerns at the facility. On 12/03/2025 at approximately 8:10 a.m., Surveyor requested documentation of the staff schedule from 09/01/2025 to present from Administrator A. Administrator A stated s/he had just started at the facility 3 days prior and would need assistance from other management to fulfill	N 399		

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N 399	Continued From page 5 Surveyor's request. On 12/03/2025 at 8:42 a.m., Surveyor met Director of Operations B and requested the staff schedule. On 12/03/2025 at 9:46 a.m., Surveyor received timecard punches from 09/01/2025 to 12/03/2025, as documentation of the provider's staff schedule. Surveyor noted there were occurrences when only 1 staff member was present and some occurrences when there was no caregiver documented as present. Surveyor reviewed staffing concern with Director of Operations B who replied, "That wouldn't surprise me if there was only 1 staff member present at times." Director of Operations B added that some of the occurrences with only 1 caregiver documented as present may have been covered by a 2nd individual who was salary and didn't punch in. Director of Operations B stated, "But that salaried person should have documented they were here. That's always supposed to be documented. If it isn't documented, it didn't happen." On 12/03/2025 at 11:00 a.m., Surveyor interviewed Payroll E regarding staffing concerns. Payroll E acknowledged the provider may not have thorough documentation of who worked and when. Payroll E stated one of the reasons prior management was terminated was due to poor record keeping. Payroll E stated s/he was unsure why there would be times when there was no caregiver documented as working. On 12/04/2025 at 9:03 a.m., Surveyor sent an email to Administrator A and Director of Operations B identifying the following concerns:	N 399		

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N 399	Continued From page 6 - Timecard reports identified the following dates when only 1 caregiver was present: 09/06/2025 4:00 a.m. to 4:30 a.m., 09/16/2025 10:40 p.m. to 09/17/2025 3:00 a.m., 09/17/2025 10:41 p.m. to 09/18/2025 4:00 a.m., 09/18/2025 4:20 a.m. to 6:00 a.m., 09/18/2025 10:26 p.m. to 09/19/2025 6:00 a.m., 09/19/2025 10:17 p.m. to 11:00 p.m., 09/26/2025 5:30 a.m. to 6:30 a.m. , 09/29/2025 10:03 p.m. to 09/30/2025 6:00 a.m., 10/01/2025 10:30 p.m. to 10/02/2025 6:00 a.m., 10/03/2025 5:30 a.m. to 10/03/2025 6:00 a.m., 10/03/2025 10:10 p.m. to 10/04/2025 6:00 a.m., 10/04/2025 1:31 p.m. to 2:00 p.m., 10/05/2025 10:04 p.m. to 10/06/2025 6:00 a.m., 10/07/2025 2:00 a.m. to 5:50 a.m., 10/09/2025 2:12 a.m. to 6:00 a.m., 10/10/2025 5:31 a.m. to 6:00 a.m., 10/10/2025 10:15 p.m. to 10/11/2025 6:00 a.m., 10/11/2025 6:06 a.m. to 2:00 p.m., 10/12/2025 6:00 a.m. to 2:00 p.m., 10/13/2025 2:06 a.m. to 5:50 a.m., 10/13/2025 10:22 p.m. to 10/14/2025 5:50 a.m., 10/17/2025 2:05 a.m. to 6:00 a.m., 10/18/2025 11:57 a.m. to 2:00 p.m., 10/18/2025 10:08 p.m. to 10/19/2025 6:00 a.m., 10/23/2025 10:00 p.m. to 10/24/2025 12:00 a.m., 10/26/2025 2:00 a.m. to 4:00 a.m., 10/27/2025 2:00 a.m. to 3:50 a.m. , 10/28/2025 10:20 p.m. to 10/29/2025 6:00 a.m., 11/01/2025 10:03 p.m. to 11/02/2025 6:00 a.m. , 11/23/2025 6:12 a.m. to 1:50 p.m., 11/25/2025 2:10 p.m. to 10:05 p.m., 11/25/2025 10:05 p.m. to 11/26/2025 5:50 a.m., 11/29/2025 each shift. And 11/30/2025 10:11 p.m. to 12/01/2025 5:50 a.m. - Timecard reports did not include documentation of a caregiver present on the following dates: 09/14/2025 (the entire day), 09/15/2025 12:00 a.m. to 6:00 a.m., 09/27/2025 10:34 p.m. to 09/28/2025 5:50 a.m., 09/28/2025 10:29 p.m. to 09/29/2025 5:50 a.m. and 11/30/2025 10:17 a.m. to 2:00 p.m.	N 399		

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N 399	Continued From page 7 On 12/04/2025 at 4:18 p.m., Director of Operations B replied, "It is likely the salary director and assistant director worked on the floor in the absence of a caregiver on the dates they are short, but the schedule was not updated to reflect it. Aside from that the timecard stands true. We do not have any other date to provide." On 12/08/2025 at 3:45 p.m., Surveyor interviewed Former Staff C, who Surveyor noted to be working by him/herself per timecard reports on 09/17/2025 and 09/18/2025 during 3rd shift. Former Staff C stated 3rd shift was a struggle to staff. Former Staff C acknowledged there were times only 1 staff member was present but stated s/he made sure there was always a 2nd person with him/her when s/he covered shifts so the timecard should have reflected a 2nd caregiver on each date s/he worked. Former Staff C stated s/he would seek assistance from a caregiver employed by an affiliated provider or the administrator. Former Staff C stated s/he wasn't sure why the schedule/timecards would have reflected that s/he was the only caregiver present at times. Cross Reference: N0396 DHS 83.36(1)(a) Adequate Staff To Meet Resident Needs	N 399		