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 05/06/2026

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 05/05/2026 to 05/06/2026, Surveyor conducted a standard survey, verification visit and complaint investigation at Prairie Ridge Assisted Living, a CBRF in Beaver Dam. Six deficiencies were identified. Five deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) EU9I11, dated 10/22/2021, SOD UNM512, dated 10/26/2022, SOD 4JNG12, dated 07/26/2024 and SOD 4JNG13, dated 12/04/2024. Statement of Deficiency (SOD) 13TV12, dated 12/09/2025, was corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 23	{N 000}		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 injuries of an unknown source identified during record review of 3 residents were investigated.	N 161		

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

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N 161	Continued From page 1 Resident 3 was observed with a bruises on 01/25/2026 and 03/08/2026. The cause of the bruises were unknown and not investigated. Findings include: On 05/05/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 3's record, provided by Administrator A. Resident 3 was admitted to the provider's facility on 12/02/2025 with diagnoses of dysphagia, blindness and heart disease. Resident 3's progress notes, dated 12/02/2025 to 05/05/2026, documented the following: - 01/25/2026: "On 2am rounds when repositioning resident staff noted that resident has a bruise on [his/her] [left] forearm. Resident states [s/he] does not know what happened. Management was notified." - 03/08/2026: "Resident was noted to have a bruise on top of [his/her] [left] hand. Resident stated [s/he] is not sure what happened. Resident denies pain. Director notified. Resident 3's record did not include any follow up documentation to determine a cause of the 01/28/2026 and 03/08/2026 bruises. On 05/05/2026 at approximately 11:00 a.m., Surveyor requested documentation of any investigations related to the 01/25/2026 and 03/08/2026 bruises from Administrator A. On 05/05/2026 at 1:00 p.m., Nurse K followed up with Surveyor and stated s/he did not have any investigations related to Resident 3's bruises of an unknown cause to provide Surveyor.	N 161		

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N 239	Continued From page 2	N 239		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all department approved training as required. Caregiver J did not have training in fire safety within 90 days after starting employment.	N 239		

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N 239	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency (SOD) 4JNG12, dated 07/26/2024 and SOD 4JNG13, dated 12/04/2024. Findings include: On 05/05/2026 at 8:30 a.m., Surveyor requested training records from Administrator A for Caregiver J to verify compliance with department approved training requirements. On 05/05/2026 at 9:05 a.m., Surveyor reviewed records provided by Administrator A. The record for Caregiver J, hired 01/07/2026, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 05/05/2026 at approximately 11:30 a.m., Surveyor shared concern with Consultant I that Caregiver J's record did not include documentation of fire safety training. Surveyor verified with Consultant I that Caregiver J was not on the Community-Based Care and Treatment training registry for fire safety. On 05/05/2026, at approximately 12:00 p.m., Surveyor interviewed Consultant I. Consultant I confirmed the provider did not have evidence Caregiver J completed or met an exemption for fire safety training. Consultant I explained that Caregiver J had been scheduled for fire safety training on 03/25/2026 but was out ill. Consultant I stated the provider missed rescheduling Caregiver J, but that Caregiver J had just been sent home and would not work until training was completed.	N 239		
N 277	83.25 Continuing education	N 277		

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N 277	Continued From page 4 The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employees reviewed that required continuing education received at least 15 hours of continuing education in 2025. Caregiver G completed 4.5 hours of continuing education in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) EU9I11, dated 10/22/2021 and 4JNG12, dated 07/26/2024. Findings include: On 05/05/2026 at 8:30 a.m., Surveyor requested training records from Administrator A for Caregiver G to verify compliance with continuing education requirements. On 05/05/2026 at 9:05 a.m., Surveyor reviewed records provided by Administrator A. The record for Caregiver G, hired 10/04/2024, contained 4.5	N 277		

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N 277	Continued From page 5 hours of continuing education, which included topics of personal cares, job responsibilities, prompt and adequate treatment and assessed needs/individual services. On 05/05/2026 at 11:00 a.m., Surveyor requested any additional documentation of continuing education for Caregiver G from Administrator A. On 05/05/2026 at 12:00 p.m., Consultant I followed up with Surveyor and stated s/he did not have any additional documentation of continuing education for Caregiver G. Consultant I stated the previous management company, which left their role at the provider's facility in mid-February 2026, did not stay on top of employee trainings. Consultant I stated a plan had been put into place to ensure caregivers are assigned greater than 15 hours of continuing education beginning this year.	N 277		
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.	N 415		

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N 415	Continued From page 6 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 the response to the PRN medication was documented with each administration for 1 of 3 residents reviewed. Resident 1's Humalog 100 units/ml dosage was not documented with each administration from 03/01/2026 to 05/01/2026. Resident 1 was administered PRN medications 17 times from 03/01/2026 to 05/05/2026 without documenting the reason for administration or response to administration. This is a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022 Findings include: On 05/05/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record, provided by Administrator A. Resident 1 was admitted to the provider's facility on 02/13/2025 with diagnosis of diabetes. Resident 1's physician orders included the following: - Humalog 100 unit/ml (Start Date: 02/26/2026) - Inject per sliding scale 3 times per day - 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units, >401=Contact provider. - Acetaminophen 325 mg (Start Date: 02/12/2026) - Take 2 tablets every 6 hours as needed for pain. - Loperamide 2 mg (Start Date: 02/02/2026) - Take 2 capsules after 1st loose stool then 1 capsule after each loose stool thereafter.	N 415		

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N 415	Continued From page 7	N 415		

- Lorazepam .5 mg (Start Date: 10/30/2025) - Take 1 tablet every 4 hours as needed.
- Morphine Sulfate 20 mg/ml (Start Date: 03/05/2026) - Take .25 ml every 4 hours as needed for pain.

Resident 1's record identified the following documentation concerns:

Humalog:
The dose of Humalog administered to Resident 1 was not documented from 03/01/2026 to 05/01/2026. Resident 1's Medication Administration Record (MAR) identified 154 occurrences when Resident 1's blood sugar called for sliding scale, but the dose of Humalog was not documented. Resident 1's MAR identified 18 occurrences when Resident 1's Humalog sliding scale should have been held, but the medication was "signed off" as administered with no further documentation regarding if units were administered.

On 05/05/2026 at 11:43 a.m., Surveyor interviewed Caregiver H, who was administering medications. Surveyor observed Caregiver H document his/her medication administration in the provider's electronic charting program. Surveyor asked Caregiver H if s/he documented the number of units of insulin administered to Resident 1 with each insulin administration. Caregiver H stated the electronic charting program did not prompt caregivers to do so.

PRN Administration Reason:
Resident 1 was administered the following PRN medications without a reason documented on the following dates:
- Acetaminophen 325 mg PRN: 03/05/2026, 03/07/2026, 03/20/2026

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N 415	Continued From page 8 - Loperamide .5 mg PRN: 03/25/2026 - Lorazepam .5 mg PRN: 03/06/2026, 03/08/2026, 03/19/2026, 03/20/2026 x2, 03/21/2026 x2, 04/05/2026, 04/14/2026 - Morphine Sulfate 20 mg/ml PRN: 03/05/2026, 04/12/2026, 04/29/2026, 04/30/2026 PRN Administration Response: Resident 1 was administered the following PRN medications without a response documented on the following dates: - Acetaminophen 325 mg PRN: 03/05/2026, 03/07/2026, 03/20/2026 - Loperamide .5 mg PRN: 03/25/2026 - Lorazepam .5 mg PRN: 03/06/2026, 03/08/2026, 03/19/2026, 03/20/2026 x2, 03/21/2026 x2, 04/05/2026, 04/14/2026 - Morphine Sulfate 20 mg/ml PRN: 03/05/2026, 04/12/2026, 04/29/2026, 04/30/2026 On 05/05/2026 at 12:10 p.m., Surveyor requested documentation of insulin dose administration from Nurse K. Nurse K stated s/he was unable to provide documentation of insulin units administered prior to 05/01/2026 because the provider's electronic charting program was not prompting caregivers to document sliding scale insulin prior to 05/01/2026. Surveyor asked who was responsible for auditing Resident 1's diabetic management. Nurse K replied, "All of us. Once a month." Nurse K stated s/he started with the provider in January and was unsure why the lack of documentation for insulin administration was not identified prior to 05/01/2026. On 05/05/2026 at approximately 2:00 p.m., Surveyor reviewed concern with Administrator A, Consultant I, Nurse K and Assistant Administrator L that PRN administration reasoning and response was not documented consistently.	N 415		

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N 415	Continued From page 9 Administrator A nodded his/her head in understanding and wrote down Surveyor's concern.	N 415		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drills were conducted at least quarterly with both employees and residents. The provider did not complete a drill in the first quarter of 2026. This is a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022 and SOD 4JNG12, dated 07/26/2024.	N 525		

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N 525	Continued From page 10 Findings include: On 05/05/2026 at approximately 8:30 a.m., Surveyor reviewed the provider's environmental binder, provided by Administrator A. The binder included documentation of the following fire drills: - 02/15/2025 5:34 p.m. - 05/29/2025 9:36 a.m. - 08/12/2025 11:33 a.m. - 10/11/2025 7:45 a.m. - 10/13/2025 10:47 a.m. - 12/22/2025 12:30 p.m. On 05/05/2026 at approximately 10:30 a.m., Surveyor requested documentation of any fire drills conducted in 2026 from Administrator A. On 05/05/2026 at approximately 11:00 a.m., Surveyor interviewed Administrator A and shared that documentation did not include a fire drill completed in the first quarter of 2026. Administrator A stated s/he didn't believe a fire drill had been conducted yet in 2026.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drills, were conducted semi-annually.	N 526		

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N 526	Continued From page 11 The provider completed 1 tornado drill in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 4JNG12, dated 07/26/2024. Findings include: On 05/05/2026 at approximately 8:30 a.m., Surveyor reviewed the provider's environmental binder, provided by Administrator A. The binder included documentation of 1 non-fire drill, which was a tornado drill conducted on 03/12/2025 at 10:23 a.m. On 05/05/2026 at approximately 10:30 a.m., Surveyor requested documentation of any additional non-fire drills dated 01/01/2025 to present from Administrator A. On 05/05/2026 at approximately 11:00 a.m., Administrator A provided Surveyor with documentation of the 03/12/2025 tornado drill and stated s/he didn't have any other drills to provide.	N 526		