STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(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 05/06/2026, the Bureau of Assisted Living, Southern Regional Office, conducted 2 complaint investigations at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI. As a result of the survey, 3 deficiencies were identified. Two deficiencies are repeat deficiencies. See Statement of Deficiencies (SOD) X5CD15, dated 10/03/2025, SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. One complaint was substantiated, one complaint was unsubstantiated. Census: 18	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 residents reviewed received all prescribed medications at intervals prescribed by their practitioners. Resident 2's olanzapine was not administered at	N 352		

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

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its directed administration time on 7 occasions.

Resident 3's quetiapine was not administered at its directed administration time on 8 occasions. On 6 occasions, staff administered Resident 3's doses of buspirone 26 minutes or less apart.

This is a repeat deficiency. See Statement of Deficiencies (SOD) X5CD15, dated 10/03/2025, SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023.

Findings include:

On 05/06/2026, Surveyor investigated a complaint allegation that resident medications were not being administered in a timely manner.

Example 1 - Resident 2

On 05/06/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/14/2025 with diagnoses including major depressive disorder unspecified dementia with behavioral disturbance, and congestive heart failure. Resident 2 was documented as having an activated power of attorney for healthcare. Resident 2's record identified that staff administered his/her medications. Resident 2 was prescribed olanzapine 5 mg tablets, active from 03/19/2026 - 04/22/2026 and since 04/27/2026, with instructions to, "Take 1/2 tablet (2.5 mg) by mouth 2 times a day at 8am and 12pm for agitation ..."

Surveyor reviewed Resident 2's MARs from 03/01/2026 - 04/30/2026 and observed the following 7 administrations of his/her olanzapine

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N 352	Continued From page 2 that were 60 minutes or more outside of the directed administration times: - 04/08/2026: 8:00 a.m. dose administered at 9:41 a.m. (101 minutes after scheduled time) - 04/11/2026: 8:00 a.m. dose administered at 9:36 a.m. (96 minutes after scheduled time) - 04/17/2026: 8:00 a.m. dose administered at 9:24 a.m. (84 minutes after scheduled time) - 04/21/2026: 8:00 a.m. dose administered at 9:09 a.m. (69 minutes after scheduled time) - 04/27/2026: 8:00 a.m. dose administered at 9:29 a.m. (89 minutes after scheduled time) - 04/28/2026: 8:00 a.m. dose administered at 9:28 a.m. (88 minutes after scheduled time) - 04/30/2026: 8:00 a.m. dose administered at 9:25 a.m. (85 minutes after scheduled time) Neither Resident 2's MARs or observation notes provided information as to why his/her olanzapine was administered outside of its directed time. Example 2 - Resident 3 On 05/06/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 12/10/2024 with diagnoses including dementia with behavioral disturbance, depression, other mixed anxiety disorders, and adjustment disorder. Resident 3 was documented as having an activated power of attorney for healthcare. Resident 3's record identified that staff administered his/her medications. Resident 3 was prescribed the following medications: - Quetiapine 25 mg tablets, active since 02/15/2026, with instructions to, "Take 1/2 tablet (12.5 mg) by mouth 2 times a day at 12pm and 6pm for Alzheimer's"	N 352		

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- Buspirone HCl 10 mg tablets, active since 02/15/2026, with instructions to, "Take 1 tablet by mouth 3 times a day morning, evening, and bedtime."

Surveyor reviewed Resident 3's MARs from 03/01/2026 - 04/30/2026 and observed the following 8 administrations of his/her quetiapine that were 60 minutes or more outside of the directed administration times:

- 03/02/2026: 6:00 p.m. dose administered at 7:12 p.m. (72 minutes after scheduled time)
- 03/05/2026: 6:00 p.m. dose administered at 7:04 p.m. (64 minutes after scheduled time)
- 03/08/2026: 6:00 p.m. dose administered at 7:05 p.m. (65 minutes after scheduled time)
- 03/11/2026: 6:00 p.m. dose administered at 7:01 p.m. (61 minutes after scheduled time)
- 03/15/2026: 6:00 p.m. dose administered at 4:11 p.m. (109 minutes prior to scheduled time)
- 03/19/2026: 6:00 p.m. dose administered at 7:04 p.m. (64 minutes after scheduled time)
- 03/22/2026: 6:00 p.m. dose administered at 7:01 p.m. (61 minutes after scheduled time)
- 04/29/2026: 6:00 p.m. dose administered at 7:01 p.m. (61 minutes after scheduled time)

Neither Resident 3's MARs or observation notes provided information as to why his/her quetiapine was administered outside of its directed time.

In reviewing Resident 3's MARs, Surveyor observed that staff scheduled Resident 3's buspirone administrations, which directed for morning, evening, and bedtime administrations, for 8:00 a.m., 5:00 p.m., and 8:00 p.m. On the following 6 occasions, staff administered Resident 3's evening and bedtime buspirone doses within a 30 minute or less interval:

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N 352	Continued From page 4 - 03/02/2026: Administered at 7:12 p.m. and at 7:16 p.m. (4 minutes apart) - 03/05/2026: Administered at 7:04 p.m. and at 7:24 p.m. (20 minutes apart) - 03/08/2026: Administered at 7:05 p.m. and at 7:31 p.m. (26 minutes apart) - 03/11/2026: Administered at 7:01 p.m. and at 7:04 p.m. (3 minutes apart) - 03/19/2026: Administered at 7:04 p.m. and at 7:18 p.m. (14 minutes apart) - 03/22/2026: Administered at 7:01 p.m. and at 7:08 p.m. (6 minutes apart) According to Mayo Clinic, doses of buspirone should not be doubled. In fact, if a dose of buspirone is missed and it is almost time for the next dose, it is directed to skip the missed dose (Source: Mayo Clinic, Buspirone (oral route), May 2026, https://www.mayoclinic.org/drugs-supplements/buspirone-oral-route/description/drg-20062457 (retrieval date - 05/06/2026).). On 05/06/2026, at approximately 1:08 p.m., Surveyor interviewed Registered Nurse (Nurse) B regarding Resident 3's buspirone. Nurse B reported that staff should not have administered his/her buspirone doses that close together. OTHER INTERVIEW: On 05/06/2026, at approximately 2:15 p.m., Surveyor interviewed Administrator A, Nurse B, and Caregiver C. All acknowledged Surveyor's concern that the above medications for the above residents were not administered at the times directed in their prescription instructions. All 3 denied having follow up questions about Surveyor's concern.	N 352		

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N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure that for 2 of 3 residents reviewed, Resident 1 and Resident 2, their individual service plan (ISPs) included the rationale for use and detailed description of the behaviors indicating the need for administration of their PRN psychotropic medication. Findings include: Example 1 - Resident 1 On 05/06/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider	N 408		

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N 408	Continued From page 6 on 03/13/2026 with diagnoses including unspecified dementia with behavioral disturbance. Resident 1 was documented as having an activated power of attorney for healthcare. Resident 1's PRN psychotropic medications included the following: - Trazodone 50 mg tablet with instructions to, "Take 1/2 tablet (25 mg) by mouth every 6 hours as needed for anxiety/agitation" - Haloperidol 0.5 mg tablet with instructions to, "Take 1 tablet by mouth every 4 hours as needed for agitation" In reviewing Resident 1's medication administration records (MARs) from 03/01/2026 - 04/30/2026, Surveyor observed the following 21 total administrations of his/her PRN psychotropic medication: - Trazodone (8 administrations): 03/25/2026 (9:49 a.m.), 04/04/2026 (3:50 p.m.), 04/11/2026 (7:39 p.m.), 04/13/2026 (9:27 a.m. and 4:02 p.m.), 04/17/2026 (5:16 p.m.), 04/19/2026 (2:03 a.m.), and 04/22/2026 (7:31 p.m.) - Haloperidol (13 administrations): 04/14/2026 (12:16 p.m.), 04/15/2026 (12:23 p.m.), 04/16/2026 (11:26 a.m. and 6:50 p.m.), 04/17/2026 (1:02 p.m.), 04/19/2026 (1:20 a.m. and 8:52 a.m.), 04/20/2026 (11:18 a.m.), 04/21/2026 (11:29 a.m.), 04/24/2026 (2:11 p.m.), 04/25/2026 (11:21 a.m.), 04/27/2026 (11:17 a.m.), and 04/28/2026 (2:20 p.m.) In reviewing Resident 1's ISP, dated the current day, Surveyor did not observe any information regarding his/her PRN trazodone or haloperidol, or by extension, detailed descriptions of the	N 408		

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behaviors indicating the need for administration of either.

On 05/06/2026, at approximately 1:08 p.m., Surveyor interviewed Nurse B. Nurse B acknowledged Surveyor's concern that there was no rationale for use or a detailed description of the behaviors indicating when staff were to administer Resident 1's PRN trazodone and haloperidol.

At approximately 2:15 p.m., Surveyor interviewed Administrator A, Nurse B, and Caregiver C. All acknowledged Surveyor's concern that there was no rationale for use or a detailed description of the behaviors indicating when staff were to administer Resident 1's PRN trazodone and haloperidol. Nothing further was said.

Example 2 - Resident 2

On 05/06/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/14/2025 with diagnoses including major depressive disorder and unspecified dementia with behavioral disturbance. Resident 2 was documented as having an activated power of attorney for healthcare. Resident 2's PRN psychotropic medications included the following:

- Olanzapine 5 mg tablet with instructions to, "Take 1 tablet by mouth as needed ..."

- Lorazepam 0.5 mg tablet. The first order contained instructions to, "Take 1 tablet by mouth 2 times per day as needed ..." while the second order contained instructions to, "Take 1 tablet by mouth 2 times per day as needed for anxiety ..."

In reviewing Resident 2's MARs from 03/01/2026

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- 04/30/2026, Surveyor observed the following 3 total administrations of his/her PRN psychotropic medication:

- Olanzapine (1 administration): 03/13/2026 (10:26 a.m.)

- Lorazepam (2 administrations): 04/14/2026 (1:22 p.m.) and 04/17/2026 (5:44 p.m.)

In reviewing Resident 2's ISP, dated the current day, Surveyor observed the following information under a heading titled, "Scheduled Psychotropic Medication" - "[Resident 2] receives Divalproex Sod[ium], Olanzapine, Lorazepam for mood and behavioral management. [S/he] presents with mood and behavioral disturbances, including verbal outbursts with foul language and name-calling directed at staff and peers, destructive behaviors, such as throwing items and destroying briefs, physical aggression toward staff, and sexually inappropriate behavior toward peers ..." The ISP did not distinguish when his/her PRN olanzapine versus his/her lorazepam was to be administered for management of his/her behaviors.

On 05/06/2026, at approximately 1:08 p.m., Surveyor interviewed Nurse B. Nurse B acknowledged Surveyor's concern that there was no delineation of the behaviors that indicated use of Resident 2's PRN lorazepam versus the use of his/her PRN olanzapine in his/her ISP. When asked if there was guidance for when staff were to use one or the other, Nurse B reported s/he would reach out to the medical provider and get clarification.

At approximately 2:15 p.m., Surveyor interviewed Administrator A, Nurse B, and Caregiver C. All

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N 408	Continued From page 9 acknowledged Surveyor's concern that there was no delineation of the behaviors that indicated use of Resident 2's PRN lorazepam versus the use of his/her PRN olanzapine in his/her ISP. All 3 denied having follow up questions about Surveyor's concern. Cross Reference: N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 408		
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 that for 3 of 3 residents reviewed, the need for any as needed (PRN) medication and the resident's response was documented. This is a repeat deficiency. See Statement of Deficiencies (SOD) X5CD11, dated 09/15/2023.	N 415		

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Findings include:

Example 1 - Resident 1

On 05/06/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 03/13/2026 with diagnoses including unspecified dementia with behavioral disturbance. Resident 1 was documented as having an activated power of attorney for healthcare. Resident 1's medication administration records (MARs), reviewed from 03/01/2026 - 04/30/2026, showed that s/he was prescribed and administered the following PRN medications, with either the need for and/or response to them missing on 20 occasions:

- Lorazepam 0.5 mg tablet (instructions to, "Take 1 tablet by mouth 2 times per day as needed."): Administered 03/19/2026 (1:10 p.m.), no response documented.

- Trazodone 50 mg tablets (instructions to, "Take1/2 tablet (25 mg) by mouth every 6 hours as needed for anxiety/agitation), administered on:

1. 04/04/2026 (3:50 p.m.) - No need for or response documented
2. 04/11/2026 (7:39 p.m.) - No response documented
3. 04/13/2026 (9:27 a.m. and 4:02 p.m.) - No need for or response documented
4. 04/17/2026 (5:16 p.m.) - No need for or response documented
5. 04/22/2026 (7:31 p.m.) - No need for or response documented

- Haloperidol 0.5 mg tablets (instructions to, "Take 1 tablet by mouth every 4 hours as needed for agitation), administered on:

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N 415	Continued From page 11 1. 04/14/2026 (12:16 p.m.) - No need for or response documented 2. 04/15/2026 (12:23 p.m.) - No need for or response documented 3. 04/16/2026 (11:26 a.m. and 6:50 p.m.) - No need for or response documented 4. 04/17/2026 (1:02 p.m.) - No need for or response documented 5. 04/19/2026 (8:52 a.m.) - No need for or response documented 6. 04/20/2026 (11:18 a.m.) - No need for or response documented 7. 04/21/2026 (11:29 a.m.) - No need for or response documented 8. 04/24/2026 (2:11 p.m.) - No need for or response documented 9. 04/25/2026 (11:21 a.m.) - No need for or response documented 10. 04/27/2026 (11:17 a.m.) - No need for or response documented 11. 04/28/2026 (2:20 p.m.) - No need for or response documented - Loperamide 2 mg tablet (instructions to, "Take 1 tablet by mouth every 4 hours as needed for loose stools ..."): Administered 04/27/2026 (1:30 p.m.), no response documented. Surveyor reviewed Resident 1's observation notes during the same period but did not observe information regarding the need for and response to the above occasions of PRN medication administration. Example 2 - Resident 2 On 05/06/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/14/2025 with diagnoses including major	N 415		

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depressive disorder and unspecified dementia with behavioral disturbance. Resident 2 was documented as having an activated power of attorney for healthcare. Resident 2's MARs, reviewed from 03/01/2026 - 04/30/2026, showed that s/he was prescribed and administered the following PRN medications, with either the need for and/or response to them missing on 2 occasions:

- Olanzapine 5 mg tablet (instructions to, "Take 1 tablet by mouth as needed ..."): Administered 03/13/2026 (10:26 a.m.), no need for or response documented

- Lorazepam 0.5 mg tablet (instructions to, "Take 1 tablet by mouth 2 times per day as needed for anxiety ..."): Administered 04/17/2026 (5:44 p.m.), no response documented

Surveyor reviewed Resident 2's observation notes during the same period but did not observe information regarding the need for and response to the above occasions of PRN medication administration.

Example 3 - Resident 3

On 05/06/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 12/10/2024 with diagnoses including dementia with behavioral disturbance, depression, other mixed anxiety disorders, and adjustment disorder. Resident 3 was documented as having an activated power of attorney for healthcare. Resident 3's MARs, reviewed from 01/01/2026 - 04/30/2026, showed that s/he was prescribed and administered lorazepam 0.5 mg tablets (instructions to, "Take 1 tablet by mouth 2 times a day as needed.") with either the need for and/or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(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
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response to them missing on 17 occasions:

1. 01/01/2026 (7:06 p.m.): No need for or response documented
2. 01/31/2026 (11:56 a.m.): No need for or response documented
3. 02/01/2026 (10:59 a.m.): No need for or response documented
4. 02/06/2026 (10:41 a.m.): No need for or response documented
5. 02/08/2026 (11:23 a.m.): No need for or response documented
6. 02/10/2026 (7:58 a.m.): No need for or response documented
7. 02/11/2026 (8:04 a.m.): No need for or response documented
8. 02/18/2026 (8:16 a.m.): No need for or response documented
9. 02/20/2026 (11:27 a.m.): No need for or response documented
10. 02/23/2026 (8:14 a.m.): No need for or response documented
11. 02/24/2026 (8:11 a.m.): No need for or response documented
12. 03/05/2026 (1:18 p.m.): No need for or response documented
13. 03/17/2026 (11:33 a.m.): No need for or response documented
14. 03/23/2026 (2:13 p.m.): No need for or response documented
15. 04/08/2026 (2:10 p.m.): No need for or response documented
16. 04/18/2026 (1:43 p.m.): No need for or response documented
17. 04/25/2026 (11:38 a.m.): No need for or response documented

Surveyor reviewed Resident 3's observation notes during the same period but did not observe information regarding the need for and response

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(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 415	Continued From page 14 to the above occasions of PRN medication administration. INTERVIEWS: On 05/06/2026, at approximately 1:08 p.m., Surveyor interviewed Nurse B. Nurse B acknowledged Surveyor's concern that staff were not consistently documenting the need for or response to residents' PRN medication administration. At approximately 2:15 p.m., Surveyor interviewed Administrator A, Nurse B, and Caregiver C. All acknowledged Surveyor's concern that staff were not consistently documenting the need for or response to residents' PRN medication administration. All 3 denied having follow up questions about Surveyor's concern. Cross Reference: N0408 DHS 83.37(1)(i) PRN Psychotropic Medication	N 415		