STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020088	A. BUILDING: _____ B. WING _____	C 09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE VIEW MANOR	111 COMMERCIAL DR FOOTVILLE, WI 53537

(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 09/04/2025, the bureau of assisted living southern regional office conducted 3 complaint investigations at Prairie View Manor a CBRF located in Footville, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. Three complaints were substantiated. Census: 58	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.	N 406		

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

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N 406	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the CBRF shall developed and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws and the medication name, strength and amount. FINDINGS INCLUDE: On 08/29/2025, the Department received a complaint regarding medication administration practices. On 09/04/2025, Surveyor arrived at the facility for a complaint investigation. OBSERVATION: On 09/04/2025 at 11:45 AM, Surveyor observed the facility medication cart with Caregiver D. Surveyor observed the pill destruction solution bottle was open in the medication room sink. Surveyor asked Caregiver D if s/he had destroyed any medication that morning. Caregiver D stated there were 4 pills in the top drawer of the medication cart, and s/he had disposed of them in the pill destruction solution bottle. Caregiver D stated s/he didn't know what pills had been destroyed because they had been left over from a previous shift. Surveyor and Caregiver D went to Executive Director A and explained the situation with the unidentified pills in the medication cart. Executive Director A stated s/he had not been made aware of pills awaiting destruction that morning. Executive Director A stated the facility had a medication disposition log but that it was stored in his/her office. Executive Director A	N 406		

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N 406	Continued From page 2 agreed the medication disposition record would be more useful in the medication room where medications were disposed of. Executive Director A called the 2 previous staff members to pass medications, and neither staff member could recall leaving pills in the medication cart for destruction. Executive Director A acknowledged Caregiver D had disposed of medication without documenting the destruction of the medications. RECORD REVIEW: On 09/04/2025, Surveyor reviewed facilities disposition of medication policy. The policy was titled, "Medication Destruction and Disposal." At the top the following was documented, "Any expired or discontinued medications must be removed from the cart and given to management for proper destruction. Medications that cannot be returned to the distributing pharmacy shall be destroyed. Only designated staff may destroy medications ..." The policy procedure below did not describe how staff were to document the disposition of medications. EXIT INTERVIEW: On 09/04/2025 at 2:30 PM, Surveyor discussed the above concern with Executive Director A and Regional Director C. Executive Director A acknowledged that Caregiver D did not document the destruction of 4 pills that morning. Executive Director A and Regional Director C acknowledged the facility medication destruction policy did not describe how to document the destruction of medication per DHS Chapter 83 regulations.	N 406		
N 452	83.41(3)(b) Food safety.	N 452		

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N 452	Continued From page 3 Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food and/or drinks were stored in a safe, sanitary manner. Juice and milk were left out on a cart for hours. Findings include: On 09/04/2025 at 9:15 AM, Surveyor observed the kitchen. There was a cart with 1 gallon jug of milk, and 3 containers of fruit juice on a cart in the back of the kitchen outside of the walk-in cooler (refrigerator). On 09/04/2025 at 10:00 AM, Surveyor interviewed Resident 2. Resident 2 stated that s/he noticed that when milk is served, "it is always cool or warm, not cold like it should be. They	N 452		

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N 452	Continued From page 4	N 452		

leave milk sit outside the cooler from breakfast till lunch and serve it warm. It tastes really nasty. We complain about it, but nothing ever happens."

On 09/04/2025 at 10:35 AM, Surveyor observed the cart with milk and juice still sitting outside the walk-in cooler.

On 09/04/2025 at 11:15 AM, Surveyor observed the cart with milk and juice still sitting outside the walk-in cooler.

On 09/04/2025 at 11:45 AM, lunch was being served, and staff was serving milk from the cart that had been sitting outside the walk-in cooler.

On 09/04/2025 at 2:00 PM, Surveyor interviewed Executive Director A. Executive Director A acknowledged that milk and juice should be stored in a refrigerator/cooler and containers should be placed in ice when being served or sitting for long periods of time. Executive Director A stated that s/he did not know that milk and juice was being stored without being cooled.

Johnson, Rhonda R.
On 09/04/2025 at 10:13 AM, Surveyor interviewed Resident 8 who stated hot food was often served cold and s/he recently experienced undercooked hamburger.

On 09/04/2025 at 10:36 AM, Surveyor interviewed Resident 7 who stated hot food was served cold.

On 09/04/2025 at 11:09 AM, Surveyor interviewed Resident 3 who stated s/he has experienced undercooked meat.

On 09/04/2025 at 12:18 PM, Surveyor observed

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N 452	Continued From page 5 the 3-compartment dry heat electric steam table. Each compartment had its own temperature control. Cook E was serving food from steam table's compartments to resident's plates. The 1st compartment held kielbasa. The temperature control was set halfway between medium and high. The orange indicator light was lit (Photo 2). The 2nd compartment held rice with corn and carrots. The temperature control was set between medium and high, closer to high, and the orange indicator light was not lit (Photo 3). The 3rd compartment held pea pods. The temperature control was set between medium and high, closer medium. The orange indicator light was not lit (photo 4). Per Surveyor's request, Cook E placed each food item on a plate directly from compartments and Surveyor immediately measured their temperatures: -kielbasa was 125.4° F -rice was 140.5° F -pea pods were 118°F Surveyor interviewed Cook E who stated the orange lights next to the temperature controls lit when the heat was at the desired temperature. On 09/04/2025 at 2:00 PM, Surveyors discussed concern of food temperatures with Executive Director A and Regional Director C. Executive Director A stated they had tried adjustments to keep the food warm enough in the kitchen for a couple of months.	N 452		