

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 04/29/2026, Surveyor began a verification visit at Pine Ridge Assisted Living. Data was collected through 04/30/2026. Eight of 10 violations from Statement of Deficiencies (SOD) 3U2C14, dated 03/28/2025, were corrected. Two repeat violations were identified. One new violation was identified. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 38	{N 000}			
{N 230}	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees	{N 230}			

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 230}	Continued From page 1 received all the required orientation training before performing job duties. This is a repeat violation. See Statement of Deficiencies (SOD) 3U2C14, dated 03/28/2025. Findings include: On 04/29/2026, Surveyor reviewed training records for Caregiver E, hired 09/08/2025; and Caregiver D, hired 02/07/2026. Caregiver E's record included training in job responsibilities, abuse and neglect, resident care, and recognizing changes in resident condition. Caregiver E's record did not include documentation of training in emergency and disaster plan and evacuation procedures, and community-based residential facility (CBRF) policies and procedures. Caregiver D's record included training in abuse and neglect. Caregiver D's training record did not include documentation of training in job responsibilities, emergency and disaster plan and evacuation procedures, CBRF policies and procedures, and recognizing changes in resident condition. At approximately 3:37 PM, Surveyor interviewed Director B. Director B stated Caregiver D had taken his/her orientation training checklist home with him/her. Director B attempted to contact Caregiver D while Surveyor was on-site. Director B was unsuccessful at contacting Caregiver D during the duration of the on-site visit. Director B stated Caregiver D was still in training and onboarding but did work at the facility doing training shifts.	{N 230}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 230}	Continued From page 2 On 04/30/2026 at approximately 3:00 PM, Surveyor interviewed Director B and Nurse Manager (NM) A. Director B stated Caregiver D had worked approximately 8 shifts at the facility since starting. The provider did not ensure all employees received the required orientation training prior to performing job duties.	{N 230}		
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 3 of 4 residents received all medications as prescribed. Resident 1, Resident 2, and Resident 3 went without scheduled doses of prescribed medications multiple times from December 2025 to April 2026. Findings include: On 04/29/2026, Surveyor reviewed resident records. Records for Resident 1, admitted 11/17/2025, included the following: - A medication administration record (MAR) for December 2025, which indicated the following:	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 3 - Resident 1 was prescribed a chewable multivitamin to be administered daily. The MAR indicated doses of the vitamin had not been administered on 12/13/2025 and 12/14/2025 for a total of 2 missed doses. - A MAR for January 2026, which indicated the following: - Resident 1 was prescribed pregabalin 75 mg orally 2 times a day for pain. The MAR indicated doses had not been administered on 01/03/2026, 01/04/2026, and 01/05/2026, for a total of 5 missed doses. - Resident 1 was prescribed budesonide-formoterol fumarate inhalation aerosol 2 puffs orally 2 times a day for asthma. The MAR indicated doses had not been administered on 01/29/2026 and 01/30/2026 for a total of 2 missed doses. - A MAR for March 2026, which indicated the following: - Resident 1 was prescribed azithromycin 250 milligrams (mg) orally 1 time per day for chronic obstructive pulmonary disease (COPD) exacerbation. The MAR indicated doses had not been administered on 03/14/2026 and 03/15/2026, for a total of 2 doses. - Resident 1 was prescribed pregabalin 75 mg orally 2 times a day for pain. The MAR indicated doses had not been administered on 03/08/2026 and 03/09/2026 for a total of 4 doses. - Resident 1 was prescribed benzonatate 100 mg orally three times a day for COPD exacerbation. The MAR indicated doses had not been administered on 03/18/2026, 03/26/2026, 03/27/2026, 03/28/2026, and 03/29/2026, for a total of 11 missed doses.	N 352			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 4 - Progress notes, dated from 11/01/2025 to 04/29/2026. There were a total of 28 notes indicating doses of Resident 1's medications were not administered due to being out of stock, unavailable, or not in the medication cart: - 12/13/2025 at 7:54 AM, "did not see in cart" - 12/14/2025 at 7:48 AM, "Don't see med (medication) in cart" - 01/03/2026 at 8:26 PM, "Pregabalin Oral Capsule 75 MG Give 75 mg by mouth two times a day for pain Out" - 01/04/2026 at 9:00 AM, "Waiting on delivery" - 01/04/2026 at 7:41 PM "Pregabalin Oral Capsule 75 MG Give 75 mg by mouth two times a day for pain Out" - 01/05/2026 at 8:51 AM, "Waiting for delivery" - 01/05/2026 at 7:17 PM, "all out" - 01/29/2026 at 7:25 PM, "Medication out of facility" - 01/30/2026 at 7:28 PM, "Medication out of facility" - 02/02/2026 at 8:09 PM, "None available" - 02/02/2026 at 8:15 PM, "Used albuterol because none of the scheduled inhaler left" - 02/05/2026 at 8:09 AM, "Not available" - 02/05/2026 at 7:37 PM, "Pregabalin Oral Capsule 75 MG Give 75 mg by mouth two times a day for pain Out" - 03/03/2026 at 7:23 AM, "Out of med" - 03/08/2026 at 8:08 AM, "Med not available. Will have to order." - 03/08/2026 at 7:09 PM, "Medication out" - 03/09/2026 at 8:48 AM, "Not available" - 03/09/2026 at 7:25 PM, "Pregabalin Oral Capsule 75 MG Give 75 mg by mouth two times a day for pain Out" - 03/14/2026 at 9:47 PM, "Azithromycin Oral Tablet 250 MG Give 1 tablet by mouth at bedtime"	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 5 for COPD Exacerbation until 03/15/2026 23:59 Not there" - 03/15/2026 at 7:25 PM, "Azithromycin Oral Tablet 250 MG Give 1 tablet by mouth at bedtime for COPD Exacerbation until 03/15/2026 23:59 Out" - 03/18/2026 at 8:17 AM, "Med not available" - 03/26/2026 at 1:04 PM, "Not available" - 03/26/2026 at 7:18 PM, "Medication out of facility" - 03/27/2026 at 8:07 AM, "Out of this med." - 03/27/2026 at 1:13 PM, "Out of this med." - 03/27/2026 at 7:24 PM, "Resident out of medication" - 03/28/2026 at 7:48 PM, "Benxonatate Oral Capsule 100 MG Give 1 capsule by mouth three times a day for COPD Exacerbation for 41 Administrations...Out" - 03/29/2026 at 7:27 PM, "Benxonatate Oral Capsule 100 MG Give 1 capsule by mouth three times a day for COPD Exacerbation for 41 Administrations...Out" Records for Resident 2, admitted 12/02/2024, included the following: - A MAR for January 2026, which indicated the following: - Resident 2 was prescribed lisinopril 2.5 mg orally 1 time daily. The MAR indicated a daily dose of this medication was not administered on 01/22/2026. - A MAR for February 2026, which indicated the following: - Resident 2 was prescribed sennosides-docusate sodium 2 times daily for constipation. The MAR indicated doses of this medication were not administered on 02/01/2026, 02/02/2026, 02/03/2026, 02/04/2026, 02/05/2026,	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 6 and 02/06/2026, for a total of 11 doses. - Resident 2 was prescribed metoprolol succinate ER 25 mg orally 1 time a day for hypertension. The MAR indicated a daily dose of this medication was not administered on 02/02/2026. - Resident 2 was prescribed gabapentin 100 mg orally 2 times daily for pain. The MAR indicated a dose of this medication was not administered on 02/07/2026. - A MAR for March 2026, which indicated the following: - Resident 2 was prescribed sennosides-docusate sodium 2 times daily for constipation. The MAR indicated doses of this medication were not administered on 03/08/2026 and 03/09/2026, for a total of 2 doses. - Resident 2 was prescribed furosemide 10 mg orally 1 time daily for edema. The MAR indicated doses of this medication were not administered on 03/19/2026 and 03/20/2026, for a total of 2 doses. - A MAR for April 2026, which indicated the following: - Resident 2 was prescribed fluticasone propionate nasal spray 1 time daily. The MAR indicated 1 dose of this medication was not administered on 03/17/2026. - Resident 2 was prescribed wheat dextrin powder orally 1 time daily for constipation. The MAR indicated 1 dose of this medication was not administered on 03/24/2026. - Progress notes, dated from January 2026 to April 2026. The progress notes included instances of Resident 2's medications not being administered due to being out of stock and/or unavailable:	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 7 - 01/22/2026 at 7:43 AM, "Med not available" - 01/31/2026 at 7:01 PM, "Resident out of medication" - 02/01/2026 at 8:23 AM, "Medication not here" - 02/01/2026 at 7:02 PM, "Resident out of medication" - 02/02/2026 at 8:42 AM, "Out of med" - 02/02/2026 at 8:47 AM, "Out of meds" - 02/02/2026 at 7:02 PM, "Medication out of facility" - 02/03/2026 at 8:20 AM, "Med currently not available" - 02/03/2026 at 7:00 PM, "Medication out of facility" - 02/04/2026 at 7:25 AM, "Waiting on delivery" - 02/04/2026 at 7:12 PM, "Out" - 02/05/2026 at 7:44 AM, "Med not available" - 02/05/2026 at 7:16 PM, "Medication not here" - 02/06/2026 at 9:19 AM, "Waiting for order to come in" - 02/07/2026 at 8:18 AM, "Out" - 03/08/2026 at 7:01 PM, "Medication out of facility" - 03/09/2026 at 9:05 AM, "Out" - 03/19/2026 at 8:41 AM, "Med not in yet" - 03/20/2026 at 7:47 AM, "Waiting for order to come in" - 04/17/2026 at 9:20 AM, "Waiting on order" - 04/24/2026 at 10:02 AM, "Medication not here" Records for Resident 3, admitted 07/09/2025, included the following: - A MAR for January 2026, which indicated the following: - Resident 3 was prescribed atorvastatin	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 8 calcium 20 mg orally 1 time daily for "high amounts of fat in the blood." The MAR indicated daily doses of this medication were not administered on 01/06/2026, 01/07/2026, 01/08/2026, 01/09/2026, 01/10/2026, 01/11/2026, and 01/12/2026, for a total of 7 doses. - Resident 3 was prescribed diclofenac sodium to be applied topically 2 times a day for rheumatoid arthritis. The MAR indicated doses of this medication were not administered on 01/15/2026 and 01/18/2026. - A MAR for February 2026, which indicated the following: - Resident 3 was prescribed leflunomide 20 mg orally once daily for polymyalgia rheumatica. The MAR indicated doses of this medication were not administered on 02/01/2026, 02/02/2026, 02/03/2026, 02/04/2026, and 02/05/2026 for a total of 5 doses. - Resident 3 was prescribed carbamide peroxide ear drops to be administered twice daily. The MAR indicated a dose of this medication was not administered on 02/12/2026. - A MAR for March 2026, which indicated the following: - Resident 3 was prescribed apixaban 5 mg 2 times daily for paroxysmal atrial fibrillation. The MAR indicated doses of this medication were not administered on 03/21/2026, 03/22/2026, and 03/23/2026, for a total of 5 doses. - Resident 3 was prescribed oseltamivir phosphate 30 mg 2 times daily for influenza A. The MAR indicated 1 dose of this medication was not administered on 03/12/2026. - Resident 3 was prescribed diclofenac sodium to be applied topically 2 times a day for rheumatoid arthritis. The MAR indicated doses of this medication were not administered on	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 9 03/02/2026, 03/03/2026, 03/12/2026, and 03/26/2026, for a total of 4 doses. - Resident 3 was prescribed benzonatate 100 mg 3 times daily for cough. The MAR indicated doses of this medication were not administered on 03/12/2026, 03/13/2026, 03/21/2026, 03/22/2026, and 03/23/2026 for a total of 5 doses. - A MAR for April 2026, which indicated the following: - Resident 3 was prescribed pantoprazole sodium 40 mg orally once daily for gastroesophageal reflux disease (GERD). The MAR indicated doses of this medication were not administered on 04/22/2026, 04/23/2026, and 04/24/2026, for a total of 3 doses. - Resident 3 was prescribed vitamin D3 50 mcg once daily. The MAR indicated that a dose of this medication was not administered on 04/12/2026. - Resident 3 was prescribed mometasone furoate aerosol to be administered orally twice daily for asthma. The MAR indicated doses of this medication were not administered on 04/25/2026 and 04/26/2026 for a total of 2 doses. - Resident 3 was prescribed diclofenac sodium to be applied topically 2 times a day for rheumatoid arthritis. The MAR indicated doses of this medication were not administered on 04/14/2026, 04/23/2026, and 04/28/2026, for a total of 3 doses. - Progress notes, dated from January 2026 to April 2026. The progress notes included instances of Resident 3's medications not being administered due to being out of stock, being "unable" to, and/or unavailable: - 01/06/2026 at 7:10 PM, "Resident out of medication"	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 10 - 01/07/2026 at 7:10 PM, "Medication out" - 01/08/2026 at 7:08 PM, "Atorvastatin...Out" - 01/09/2026 at 7:18 PM, "Atorvastatin...Out" - 01/10/2026 at 8:12 PM, "Medication out" - 01/11/2026 at 7:53 PM, "Medication out" - 01/12/2026 at 7:33 PM, "Atorvastatin...Out" - 01/15/2026 at 7:12 PM, "Medication out of facility" - 02/01/2026 at 7:02 AM, "Not available" - 02/03/2026 at 7:11 AM, "Out" - 02/04/2026 at 7:06 AM, "Med not available" - 02/12/2026 at 7:16 PM, "Medication out of facility" - 02/20/2026 at 1:57 PM, "Not available" - 03/02/2026 at 7:49 PM, "Did not have" - 03/05/2026 at 7:25 AM, "Not available" - 03/06/2026 at 7:16 AM, "Waiting on delivery" - 03/07/2026 at 7:14 AM, "Med not currently available" - 03/12/2026 at 7:13 PM, "Medication out of facility" - 03/12/2026 at 7:14 PM, "Medication is not yet at facility" - 03/13/2026 at 7:21 PM, "Medication out of facility" - 03/16/2026 at 1:57 PM, "Unable" - 03/16/2026 at 8:00 PM, "Do not have" - 03/21/2026 at 7:45 AM, "Med not available" - 03/21/2026 at 7:46 AM, "Out of this med" - 03/21/2026 at 7:03 PM, "Medication out" - 03/22/2026 at 8:19 AM, "Med not available" - 03/22/2026 at 7:01 PM, "Medication out" - 03/23/2026 at 7:31 AM, "Not available" - 03/26/2026 at 7:39 PM, "Medication out of facility" - 04/07/2026 at 7:16 AM, "Not available" - 04/12/2026 at 7:15 AM, "Hasn't arrived from pharmacy" - 04/22/2026 at 8:00 AM, "Out of this med"	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 352	Continued From page 11 currently" - 04/23/2026 at 8:07 AM, "Not available" - 04/23/2026 at 7:16 PM, "Medication out of facility" - 04/24/2026 at 7:31 AM, "Med not available" - 04/25/2026 at 7:44 PM, "Asmanex...Resident out of medication" - 04/26/2026 at 7:47 PM, "Asmanex...Out of the medication" At approximately 2:38 PM, Surveyor interviewed Nurse Manager (NM) A. Surveyor asked why so many doses of medications had not been administered to residents. NM A stated the provider recently switched to a new pharmacy and there had been issues. NM A stated the facility medication aides were to be checking medication stock weekly. At approximately 3:37 PM, Surveyor spoke with NM A again, who stated resident progress notes corresponded to resident MARs. On 04/30/2026 at approximately 3:00 PM, Surveyor interviewed NM A and Director B. Director B stated the provider had notified residents in December 2025 that the provider would be switching to a new pharmacy. Director B stated there were residents who had not responded to the letter and were still receiving medications through the pharmacy previously used regularly by the provider. Director B stated the old pharmacy had issues being on time with delivering resident medications. The provider did not ensure residents received their medications as prescribed.	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 416}	Continued From page 12	{N 416}		
{N 416}	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure unlicensed staff were delegated by a registered nurse (RN) prior to administering medications or treatments via injection, nebulizer, stomal/enteral routes, or vaginal/rectal routes. Two of 3 caregivers sampled who administered these types of medications did not complete delegation. This is a repeat violation. See Statement of Deficiencies (SOD) 3U2C14, dated 03/28/2025. Findings include: On 04/29/2026, at approximately 11:32 AM, Surveyor observed Medication Passer (MP) F administer sliding-scale insulin via injection to Resident 4. Surveyor asked MP F if s/he had been delegated by a nurse to complete this medication administration task. MP F stated s/he had been trained in medication administration by the facility's previous RN as well as Nurse Manager (NM) A. At approximately 12:50 PM, Surveyor interviewed Director B. Director B stated the facility had recently hired RN G, who had been working at the	{N 416}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 416}	Continued From page 13 facility for a few weeks. Director B stated the facility's previous RN had resigned on 09/02/2025. Surveyor asked who had delegated staff during the time period between 09/02/2025 and when RN G had started. Director B stated RN H was delegating staff in the interim. Surveyor requested to see nurse delegation for Caregiver C, Caregiver E, and MP F. Staff records included the following: - Caregiver C had no nurse delegation documented in his/her file. Director B provided a credential summary document for Caregiver E, which indicated s/he had been an LPN. The document indicated his/her credentials expired on 09/18/2025. The document read, in part, "Status: License is not current (Expired)..." - MP F had no nurse delegation documented in his/her file. Surveyor reviewed facility records, which included a policy titled, "RN Delegation." The policy read, in part, "...A written record of training and delegation shall be maintained by the Director or designee..." From approximately 2:38 PM to 3:37 PM, Surveyor interviewed Director B and NM A. Director B stated Caregiver C's LPN license had expired, and that s/he had not completed nurse delegation. Director B was unable to provide documentation of MP F's nurse delegation. NM A stated Caregiver C did administer medications which required RN or LPN delegation. Surveyor requested MP F's delegation documentation be provided by 10 AM on 04/30/2026. As of 05/06/2026, Surveyor did not receive the requested documents. The provider did not ensure all non-licensed	{N 416}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINE RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WISCONSIN ST HUDSON, WI 54016		
(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 416}	Continued From page 14 employees had completed RN delegation prior to completing tasks requiring nurse delegation.	{N 416}			