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 07/26/2024

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 On 07/25/2024, with information obtained through 07/26/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and standard licensing survey at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Beaver Dam, WI. As a result of the survey, 9 deficiencies were identified. Four deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022, and SOD EU9I11, dated 10/22/2021. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 28	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.	N 230		

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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N 230	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 staff reviewed completed orientation training in all the required topics. This is a repeat deficiency. See Statement of Deficiency (SOD) EU9I11, dated 10/22/2021. Findings include: On 07/25/2024, Surveyor conducted a review of 2 employees to verify compliance with orientation training requirements. Surveyor requested all training records since time of hire for Caregivers G and H from Administrator A, Care Coordinator C, and Operations Manager F. The record for Caregiver G, hired 06/16/2023, did not contain evidence of training in emergency and disaster plan and evacuation procedures as well as recognizing and responding to resident changes of condition. Training in preventing and reporting resident abuse, neglect, and misappropriation of resident property was completed on 02/11/2024 (approximately 8 months after his/her hire). The record for Caregiver H, hired 06/10/2024, did not contain evidence of training in emergency and disaster plan and evacuation procedures; recognizing and responding to resident changes of condition, or preventing and reporting resident abuse, neglect, and misappropriation of resident property. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A confirmed that Caregiver H did not have any orientation	N 230		

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	0012224	A. BUILDING: _____ B. WING _____	R 07/26/2024

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N 230	Continued From page 2 training in the above required topics and that Caregiver G did not have any other training records.	N 230		
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 that 1 of 2 employees reviewed obtained all department approved training as required.	N 239		

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 07/26/2024

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N 239	Continued From page 3 Caregiver G did not have training in fire safety or first aid and choking within 90 days after starting employment. Findings include: On 07/25/2024, Surveyor conducted a review of 2 employees to verify compliance with department-approved training requirements. Surveyor requested all training records for Caregiver G from Administrator A, Care Coordinator C, and Operations Manager F. Fire Safety The record for Caregiver G, hired 06/16/2023, showed that s/he completed training in fire safety on 02/13/2024 (approximately 8 months after hire / 5 months after it would have been due). At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A confirmed being aware that Caregiver G's fire safety training was late and that this was due to difficulties the provider had in retaining a nurse who was responsible for training staff. First Aid and Choking The record for Caregiver G, hired 06/16/2023, did not show evidence of training or evidence of meeting an exemption for first aid and choking. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A reported that Caregiver G had just recently completed first aid and choking training and so his/her training	N 239		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 239	Continued From page 4 record was not yet on the Community-Based Care and Treatment training registry. Administrator A acknowledged Surveyor's concern that this training was late. On 07/26/2024, Surveyor reviewed an additional record, provided by Administrator A. The record showed a Community-Based Care and Treatment training class roster, which verified that Caregiver G completed first aid and choking training on 07/10/2024 (approximately 13 months after hire / 10 months after it would have been due).	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and	N 243		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 243	Continued From page 5	N 243		

vocational abilities. Client group specific training shall be completed within 90 days after starting employment.
Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.
Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 1 of 1 employees reviewed obtained all training as required within 90 days after starting employment.

Caregiver G did not have training in resident rights, required client groups, or recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment.

This is a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022.

Findings include:

On 07/25/2024, Surveyor conducted a review of 1 employee to verify compliance with all employee

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 243	Continued From page 6 training requirements. Surveyor requested all training records since time of hire for Caregiver G from Administrator A, Care Coordinator C, and Operations Manager F. Resident Rights The record for Caregiver G, hired 06/16/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights training. On 07/25/2024, at approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A reported Caregiver G was initially hired as a dietary aide before s/he moved into a caregiving role a few months ago and s/he was unaware that resident rights training was initially applicable for him/her. Administrator A confirmed the provider did not have evidence that Caregiver G completed or met an exemption for resident rights training. Recognizing, Preventing, Managing, and Responding to Challenging Behaviors The record for Caregiver G, hired 06/16/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A reported Caregiver G was initially hired as a dietary aide before s/he moved into a caregiving role a few months ago and s/he was unaware that challenging behaviors training was initially applicable for him/her. Administrator A confirmed the provider did not have evidence that Caregiver G completed or met an exemption for challenging behaviors training.	N 243		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 243	Continued From page 7 Client Group The provider is licensed to provide care and services to residents within the client groups of advanced aged and irreversible dementia/Alzheimer's. The record for Caregiver G, hired 06/16/2023, showed that s/he completed client group training on 02/25/2024 (approximately 8 months after hire / 5 months after it would have been due). At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A reported Caregiver G was initially hired as a dietary aide before s/he moved into a caregiving role a few months ago and s/he was unaware that resident rights training was initially applicable for him/her. Administrator A confirmed that Caregiver G's client group training was late.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training	N 247		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 247	Continued From page 8 topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed obtained all task specific training as required. Caregiver G, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver H, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties.	N 247		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 247	Continued From page 9 Findings include: On 07/25/2024, Surveyor conducted a review of 2 employees to verify compliance with task specific training requirements. Surveyor requested training records from Administrator A, Care Coordinator C, and Operations Manager F for Caregivers G and H. The record for Caregiver G, initially hired on 06/16/2023 as a dietary aide but shown from the staff schedule working routine caregiving shifts as early as 01/30/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A confirmed that Caregiver G was initially hired as a dietary aide but at some point had transitioned to being a caregiver and is responsible for providing personal cares. Administrator A confirmed the provider did not have evidence that Caregiver G completed or met an exemption for provision of personal care training prior to assuming these job duties. The record for Caregiver H, hired 06/10/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A confirmed that Caregiver H is responsible for providing personal cares. Administrator A confirmed the provider did not have evidence that Caregiver G completed or met an exemption for provision of personal care training prior to assuming these job duties.	N 247		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 277	Continued From page 10	N 277		
N 277	83.25 Continuing education 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 that 1 of 1 employee reviewed obtained all continuing education as required. Caregiver I did not complete any continuing education in 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) EU9I11, dated 10/22/2021. Findings include: On 07/25/2024, Surveyor conducted a review of 1 employee to verify compliance with continuing education requirements. Surveyor requested 2023 training records for Caregiver I from Administrator A, Care Coordinator C, and Operations Manager F. The record for Caregiver I, hired 08/06/2019, did	N 277		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 277	Continued From page 11 not contain evidence of any training completed in 2023. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A confirmed the provider did not have evidence that Caregiver I completed any continuing education in 2023.	N 277		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider failed to update the individual service plan (ISP) when there was a change in the resident's needs, abilities, or physical or mental condition. Resident 3's ISP was not updated to include changes in his/her behaviors. Findings include:	N 389		

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 389	Continued From page 12	N 389		

On 07/25/2024 at 10:23 AM, Surveyors interviewed Resident 4. Resident 4 and Resident 3 shared an apartment at the facility. Surveyor noted a motion alarm that was attached to these residents' door. Resident 4 explained that it was put up for staff to monitor Resident 3's wandering. Resident 4 explained the provider was trying to get Resident 3 moved to an affiliated facility due to his/her mental condition. Resident 4 stated that Resident 3 slept most of the day and was awake in the evening and throughout the night. Resident 4 also explained that Resident 3 wandered out of the room, down/across the hall and into other residents' private rooms. Resident 4 said Resident 3 rummaged through and rearranged the personal affects in the apartment. Resident 4 stated s/he put a stick in the patio door track at night to prevent Resident 3 from opening that door and wandering outside.

On 07/25/2024 Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the facility on 04/18/2024 with diagnosis including moderate dementia with anxiety, hypertension, osteoporosis, falls at home, and previous fracture of neck of right femur.

Resident 3's observation notes documented:

"05/09/2024- Aid went to go check on [Resident 3], while aid went in aid noticed [Resident 3] was freaking out looking for [husband/wife] ... [Resident 3] grabbed the stick from the patio door and unlocked the door. Aid did try saying that [husband/wife] was no other there but just tried hitting aid to get out the way ...

"05/15/2024- [Resident 3] came out into hallway

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 07/26/2024

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 389	Continued From page 13	N 389		

with one [his/her] rolling chair from the kitchen with the cat on top of it, trying to go in to [Resident 5's] apartment. [Resident 5] ringed [his/her] button to let us know that [Resident 3] was trying to get into [his/her] apartment ... [Resident 3] stated that [s/he] was trying to go to the restroom, aid explained to [Resident 3] that the apartment [s/he] was trying to go in isn't [his/her] bathroom ...

"06/01/2024- [Resident 3] came down to lunch, with [husband/wife]. ... [Resident 3] was very confused ... [Resident 3] walked back to [his/her] room, but refused to go into the room, because [s/he] did not know who the [man/woman] was in the room, with the cat. [Resident 3] was told it was [his/her] [husband/wife], [Resident 4]. [Resident 3] will not listen to any of [husband/wife]'s suggestions or attempts to help [him/her].

"06/07/2024- [Resident 3] came out of [his/her] room to the common area and asked staff how to get back to [his/her] room. [Resident 3] did not have a walker with [his/her]. Staff helped resident back to [his/her] room.

"06/20/2024- [Resident 3] was found wondering [sic] hallway. Staff asked [Resident 3] what [s/he] was doing [Resident 3] stated [s/he] was trying to find the bathroom. Staff took [Resident 3] back to room and to the bathroom assisted [Resident 3] with brief and put [Resident 3] back into bed.

"06/22/2024- Staff noticed cat was out of the room went down to put cat back in room. [Resident 3] was by kitchen sink getting food to feed cat. Staff told [Resident 3] its almost 3 am its time to go back to bed [Resident 3] was angry with staff and started trying to shut the door on

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 07/26/2024

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 389	Continued From page 14	N 389		

staff and told staff to get out. [Resident 3] was put back to bed by another staff member. [Resident 3] told the staff member to tell the other staff member [s/he] pays rent and to mind your business.

"06/23/2024- [Resident 3] is in [his/her] apartment by [him/herself] due to [Resident 3] [son/daughter] and [husband/wife] going to get some food. Writer went into [Resident 3] apartment to see what [s/he] was doing, due to them being gone and not telling staff anything. [Resident 3] had [his/her] patio door open all the way, standing by it looking for [his/her] [son/daughter]. When staff was leaving [Resident 3] stated that [s/he] was waiting for the pizza man.

"06/26/2024- At approximately 6:45 am [Resident 3] was wandering around in the hallway with [his/her] nightgown on. [S/he] attempted to open the back door. When writer approached [him/her], and asked what [s/he] was doing, [s/he] stated [s/he] was checking to see is [sic] there was school, or not ... [Resident 3] was reluctant to enter [his/her] room, saying [s/he] was still looking for [son/daughter] ...

"07/08/2024- [Resident 3] was walking down the hall with just a shirt on, and [his/her] brief ...

"07/08/2024- [Resident 3] had the patio door open and was looking out of the patio door looking for [his/her] [son/daughter] stated [s/he] didn't know where [s/he] was.

"07/09/2024- ...[Resident 3] was by the patio door with [his/her] head out yelling for [his/her] [son/daughter] ... Five minutes later, [Resident 3] was walking down the hallway asking for [his/her]

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N 389	Continued From page 15 [son/daughter]. ... "07/10/2024- [Care Coordinator] was informed that [Resident 3] went into another residents [sic] room and use [his/her] restroom another resident notified us due to [s/he] saw [Resident 3] coming out of [his//her] apartment and [Resident 3] thank [him/her] for letting [him/her] use [his/her] restroom." Surveyor reviewed Resident 3's current ISP dated with signatures on 07/18/2024. The ISP documented: "Behavior/Mental Status: [Resident 3] takes behaviors and anxiety and agitation medication. Takes quetiapine for behaviors, lorazepam for anxiety or agitation, and Haldol as needed for agitation ... Safety: [Resident 3] will be on hourly checks ... [Resident 3] will be on hourly checks during the night ..." Resident 3's ISP did not include a description of his/her behaviors or interventions. The safety checks did not indicate what need was being monitored. On 07/25/2024 at 4:42 PM, Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A and Care Coordinator C agreed that Resident 3's ISP required additional details regarding resident's wandering behaviors.	N 389		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on	N 408		

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N 408	Continued From page 16 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 the individual service plans (ISPs) for 2 of 2 residents included a rationale for use and a detailed description of the behaviors which indicated the need for administration of their as needed (PRN) psychotropic medication. There was no information about Resident 2's PRN lorazepam use in his/her current ISP. There was no information about Resident 3's behaviors that warrant the use of PRN haloperidol or PRN lorazepam in his/her current ISP. Findings include:	N 408		

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N 408	Continued From page 17 Example 1 - Resident 2 On 07/25/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/27/2018 with diagnoses including anxiety and depression. Resident 2's prescriptions included 4 scheduled psychotropic medications as well as lorazepam 0.5 mg tablets with instructions to, "Take 1 tablet by mouth every hour as needed for anxiety or agitation." The last refill of his/her PRN lorazepam was documented as occurring on 06/11/2024. Surveyor reviewed Resident 2's current ISP, most recently signed as reviewed on 06/19/2024. Under the "Behavior/Mental Status" heading, Surveyor observed the following: "[Resident 2] is on antipsychotics [sic] medications due to hallucinations delusions and anxiety." There was no information about Resident 2's PRN lorazepam or a detailed description of the behaviors which indicated the need for its use documented in the ISP. At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. All confirmed Surveyor's observation that required information regarding Resident 2's PRN lorazepam was not documented in his/her ISP. Example 2- Resident 3 On 07/25/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 04/18/2024 with diagnosis including moderate dementia with anxiety. Resident 3's prescriptions included scheduled psychotropic medications, as well as haloperidol 1 mg tablet with instructions to "Take 1 tablet by mouth every 8 hours as needed	N 408		

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N 408	Continued From page 18 for agitation" and lorazepam 0.5 mg tablet, with instructions to "Take 1 tablet by mouth every 8 hours as needed for anxiety or agitation." Surveyor reviewed Resident 3's current ISP, dated with signatures of 07/18/2024. The ISP documented: "Behavior/Mental Status: [Resident 3] takes behaviors and anxiety and agitation medication. Takes quetiapine for behaviors, lorazepam for anxiety or agitation, and Haldol as needed for agitation, staff are to monitor any side effects ..." There was not a detailed description of the behaviors which indicated the need for use documented in the ISP. On 07/25/2024 at 4:42 PM, Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Administrator A and Care Coordinator C agreed that Resident 3's ISP required additional details regarding behaviors that warrant the use of the haloperidol and lorazepam.	N 408		
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	N 525		

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N 525	Continued From page 19	N 525		

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 that quarterly fire evacuation drills were conducted on 5 of 6 occasions that they would have been due from 01/01/2023 - 07/25/2024.

This is a repeat deficiency. See Statement of Deficiency (SOD) UNM512, dated 10/26/2022.

Findings include:

On 07/25/2024, Surveyors conducted a review of fire drill records to verify compliance with quarterly fire evacuation drill requirements. Surveyors requested all fire drill records from 01/01/2023 - 07/25/2024 from Care Coordinator C.

One record was provided, showing a fire evacuation drill completed on 11/07/2023 at 10:40 (morning or evening was not specified).

At approximately 11:15 a.m., Surveyor interviewed Care Coordinator C. Surveyor confirmed that only 1 fire evacuation drill record was received. When asked if the provider had any other fire evacuation drill records for 2023 or 2024, Care Coordinator C replied, "Probably not."

At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and

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N 525	Continued From page 20 Operations Manager F. Care Coordinator C confirmed there was no evidence of other fire evacuation drills having been completed in 2023 and 2024.	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 that semi-annual evacuation drills were conducted on 2 of 3 occasions that they would have been due from 01/01/2023 - 07/25/2024. Findings include: On 07/25/2024, Surveyors conducted a review of emergency or disaster drill records to verify compliance with semi-annual evacuation drill requirements. Surveyors requested all semi-annual evacuation drill records from 01/01/2023 - 07/25/2024 from Care Coordinator C. One record was provided, showing a tornado drill completed on 05/05/2023 at 10:03 (morning or evening was not specified). At approximately 11:15 a.m., Surveyor interviewed Care Coordinator C. Surveyor confirmed that only 1 semi-annual evacuation drill record was received. When asked if the provider had any other emergency or disaster evacuation drill records for 2023 or 2024, Care Coordinator C	N 526		

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N 526	Continued From page 21 replied, "Probably not." At approximately 4:42 p.m., Surveyor interviewed Administrator A, Care Coordinator C, and Operations Manager F. Care Coordinator C confirmed there was no evidence of other disaster or emergency evacuation drills having been completed in 2023 and 2024.	N 526		