STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510043	A. BUILDING: _____ B. WING _____	C 08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE VIEW	6808 W CAMERON ST EAU CLAIRE, WI 54703

(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 08/25/2023, Surveyors conducted an abbreviated survey at Prairie View. Data collection continued through 08/29/2023. Three deficiencies were identified. Census: 6	N 000		
N 452	83.41(3)(b) Food safety. 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 all freezing units were maintained at 0°F or below. Surveyors found refrigerator temperatures above 40°F and freezer temperatures above 0°F. Findings include:	N 452		

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

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N 452	Continued From page 1 On 08/25/2023 at approximately 10:57 AM, Surveyors conducted a tour of the facility. Surveyors observed the left side combo refrigerator and freezer temperatures to be 38°F and 18°F. Surveyors reviewed the refrigerator/freezer temperature log sitting on a clipboard next to the kitchen combo refrigerator and freezers. The left upstairs refrigerator had the following temperatures above 40°F for 2023: -February 43°F -April 45°F - May 45°F. The right upstairs refrigerator had the following temperatures above 40°F for 2023: -February 41°F -June 48°F. The upstairs left refrigerator did not have a temperature taken for July 2023. No temperatures had been taken yet in August 2023 for both upstairs refrigerators and freezers. At 12:57 PM, Surveyors rechecked the upstairs refrigerator and freezer temperatures. The left side combo refrigerator and freezer had temperatures of 45°F and 19°F. At 2:16 PM, Surveyor interviewed Program Manager (PM) A about the above concerns. PM A stated s/he was not sure why the left combo refrigerator and freezer temperatures were off. PM A stated s/he would have staff monitor more frequently. On 08/29/2023 at 2:18 PM, Surveyors interviewed PM A and Regional Director (RD) C. PM A stated the left combo refrigerator and freezer dial had	N 452		

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N 452	Continued From page 2 been turned all the way over and was still having abnormal temperatures. RD A stated they would just replace both upstairs combo refrigerators and freezers.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike. The facility had multiple environmental concerns. Findings include: On 08/25/2023, at approximately 10:57 AM, during an environmental tour of the facility, Surveyors observed the following: 1. Multiple light fixtures within the facility, including at the entrance and Resident 2's bedroom, had dead bugs and grime in them. 2. Resident 3's bedroom ceiling had approximately an 18-inch-long crack with paint peeling around it. 3. A phone jack in the main living room area by the resident desk was coming off the wall. 4. The left combo refrigerator and freezer in the kitchen had food grime on the bottom. 5. Resident 2's bedroom in one corner had dried	N 481		

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N 481	Continued From page 3	N 481		

liquid stains going down the wall and stains in the carpet.
6. The downstairs laundry and bathroom had a window between the sink and toilet cracked in multiple areas.
7. Multiple windows in the older main part of the building upstairs and in the dining room area would not stay open and were difficult to re-lock. Resident 3's bedroom window and a dining room window would not stay in place once opened.

At approximately 11:30 AM, Surveyor attempted to open Resident 2's bedroom window. The window was supposed to slide up to open. When Surveyor unlocked the window to open it, the top section of the window came slamming down and off its track. It took Program Manager (PM) A and Surveyor to get the window back on its track and lock it back up into place.

At 1:02 PM, Surveyor interviewed Direct Support Professional (DSP) B. DSP B stated the laundry and bathroom window that was cracked had been that way since s/he started working in about 5 years ago. DSP B stated staff and residents were responsible to clean the facility. DSP B stated it was part of overnight shift's duties to do deeper cleaning of the facility.

At 2:16 PM, Surveyor interviewed PM A. PM A stated s/he did not know about the cracked laundry and bathroom window or crack in Resident 3's ceiling. PM A stated the phone jack in the main living room area had been coming off the wall for a while and their maintenance staff was aware. PM A stated they had 1 maintenance staff that attended to all their facilities. PM A stated s/he was aware the deeper facility cleaning had been slacking due to staffing issues. PM A stated s/he did not know what happened in

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N 481	Continued From page 4 Resident 2's bedroom corner but believed it to be an exploded soda can. PM A stated the windows in the upstairs and main part of the facility were probably original and should be replaced. PM A stated it would get drafty in the facility during the colder months and they would hang a blanket over the windows by the dining room. PM A stated s/he understood the concerns and would get them corrected as timely as possible.	N 481		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the driveway and parking areas of the facility were in good repair and free of hazards. The blacktop and gravel driveway were cracked, uneven, and rough. Findings include: On 08/25/2023 at 10:30 AM, while pulling into the facility driveway, Surveyors observed gravel full of potholes at the beginning of the driveway. At the gravel to blacktop transition, there was a significant bump (similar to a speed bump). The blacktop driveway to the facility was cracked, uneven, and rough. There were areas where rain had washed out parts of the driveway. At 1:02 PM, Surveyors interviewed Direct Support Professional (DSP) B. DSP B stated the driveway was filled in this spring but when it rained, the driveway would get washed out again. DSP B	N 492		

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N 492	Continued From page 5	N 492		

stated his/her biggest concern was with Resident 1 walking every day and the potential risk the driveway posed for him/her. DSP B stated s/he would like to see the driveway re-paved.

At 1:20 PM, Surveyors interviewed Resident 1. Resident 1 stated his/her biggest concern was the driveway. Resident 1 stated s/he had never had an accident in the driveway while walking but with it being uneven there was risk of tripping and falling. Resident 1 also stated s/he was concerned about the significant bump between the gravel and blacktop transition and outside drivers always made comments about it.

At 2:16 PM, Surveyors expressed concern to Program Manager (PM) A about the condition of the driveway. PM A stated the driveway had been in that condition since s/he started employment about 5 years ago. PM A stated s/he also had concern with residents and/or staff tripping in the driveway and parking areas. PM A stated s/he had requested the driveway to be re-paved a while ago and it had not been fixed yet.

On 08/29/2023 at 2:18 PM, Surveyors interviewed PM A and Regional Director (RD) C. RD C stated they had been trying to get the driveway fixed all summer and were struggling to get contractors out to do an estimate. RD C stated they had called numerous places and they were all booked out through the year.

The provider did not ensure the driveway of the facility was in good repair and free of hazards.