

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 510043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/23/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 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 03/18/2026, Surveyor conducted a standard licensure survey and verification visit at Prairie View. Data was collected through 03/23/2026. One deficiency was identified. The deficiency was a repeat deficiency. See Statement of Deficiency (SOD) 4OI411, dated 08/29/2023; SOD 4OI412, dated 01/23/2024; and SOD 4OI413, dated 12/02/2024. Census: 6 Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed.	{N 000}		
{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, interview, and record review, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. This requirement is being cited for the fourth time. See Statement of Deficiency (SOD) 4OI411, dated 08/29/2023; SOD 4OI412, dated 01/23/2024; and SOD 4OI413, dated 12/02/2024. Findings include:	{N 481}		

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: 510043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/23/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 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 481}	Continued From page 1 On 03/18/2026 at approximately 10:30 a.m., Surveyor toured the facility and made the following observations: Surveyor observed Resident 1's room. Resident 1's room had a foul odor in it. His/her bed did not have sheets covering mattress. There were piles of clothing and other items covering the majority of the floor. There was a stack of approximately 10 slices of bread on the floor. There were areas that appeared like something had spilled on the carpet. Administrator A arrived at the facility while Surveyor was observing Resident 1's room. Administrator A told Surveyor they provided clean sheets, pillows, and blankets, but Resident 1 did not keep them on his/her bed. Administrator A told Surveyor, Resident 1 did not allow staff to help clean his/her room. Administrator A told Surveyor Resident 1 was homeless prior to his/her placement at the facility and has a behavior of hoarding items. Surveyor observed Resident 2's room. Resident 2 told Surveyor s/he could open the window in his/her room, but s/he had to prop the window open with a board to keep it open. Resident 2 demonstrated this for Surveyor. Surveyor observed Resident 3's room. Resident 3 told Surveyor if s/he were to unlock the window the top pane of the window would slide down. Surveyor observed the dining area. One of the windows in the dining area, the top pane had slid down part way. On 03/23/2026 at approximately 11:00 a.m., Surveyor interviewed Administrator A and asked what the plans were for the windows.	{N 481}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 510043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/23/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 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 481}	Continued From page 2 Administrator A told Surveyor Maintenance D fixed the windows after the last survey. Administrator A explained to Surveyor that this was an old farmhouse and Maintenance D just had to fix the locks so they would stay in place. Administrator D said recently Manager B discovered the windows were again not staying open like before. Administrator D said s/he had reached out to window vendors, and they were planning on coming to the facility the week of 03/23/2026 to give estimates for new windows. Surveyor asked Administrator A if s/he requested an extension on the plan of correction. Administrator A said s/he did not as the windows were working properly until recently. On 03/18/2026, Administrator A emailed Surveyor. The email contained an email between Administrator A and Maintenance D, a screen shot of a message with a window company, and an email with a different window company. The email from last year, dated 03/10/2025, from Maintenance D to Administrator A read, in part: "I can replace the spring balances in the windows and they will stay in place just fine. I can do that this week after I finish at [other facility] bathroom. The locks just needed to be cleaned and moved around. Noone [sic] ever moves the locks so they were stuck but work good and windows lock good so I am not replacing the lock unless you say to, Screens are replaced for windows that needed. I had the screen replacement kits at the shop there so used those up ..." The screen shot of a text message, dated 03/11/2026, was from a window company and read, in part: "Thanks for your interest in new windows. Complimentary window estimates are available in Eau claire [sic] this week ... Schedule	{N 481}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 510043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/23/2026
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 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 481}	Continued From page 3 online at a time that works for you ..." The email from a different window company, dated 03/16/2026, read, in part: "We saw that you are interested in getting a free in-home consultation on windows and we would love to discuss how we can help you ..." On 03/23/2026 at approximately 10:45 a.m., Surveyor interviewed Assistant Manager (AM) C on the phone. Surveyor explained concerns that the environmental tag would not be corrected as the windows remained defective and Resident 1's room was not clean and homelike. AM C told Surveyor they did have a team meeting with Resident 1 and his/her case worker. AM C said Resident 1 told the team, s/he would try to be better at keeping his/her room clean. AM C said Resident 1 refused to allow staff to help him/her clean his/her room. The provider failed to maintain compliance with providing a living environment that was safe, clean, comfortable, and homelike.	{N 481}		