STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 08/20/2025, Surveyor completed a complaint investigation and standard survey. As a result, 7 deficiencies were identified. The complaint was unsubstantiated. Census: 86	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis (TB), within 90 days before the start of employment for 2 of 2 caregivers reviewed (Caregiver C and Caregiver D). Caregiver C did not have a communicable disease screening, and her/his TB test was completed 118 days after the start of	N 220		

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
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 220	Continued From page 1 employment. Caregiver D did not have a communicable disease screening. Findings include: On 08/20/2025, at 12:00 PM, Surveyor reviewed staff files and identified the following: Caregiver C was hired 03/21/2025. Caregiver C's record contained a TB test dated 07/17/2025, which was 118 days after her/his hire date. Caregiver C's record did not contain evidence s/he was screened for communicable diseases. Caregiver D was hired on 02/26/2025. Caregiver D's record contained a TB test dated 01/31/2025. Caregiver D's record did not contain evidence s/he was screened for communicable diseases. On 08/20/2025, at 12:40 PM, Surveyor interviewed Executive Director (ED) A and Director of Nursing (DON) B. ED A and DON B confirmed the code requirement. DON B reported they identified staff whose records did not contain TB tests and started to make the corrections. DON B reported they would ensure communicable disease screenings were completed on all staff.	N 220		
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	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 2 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 2 of 3 caregivers (Caregiver E and Caregiver F) reviewed received 15 hours annual training. Caregiver E did not receive continuing education training in 2024. Caregiver F did not receive any continuing education in medications and only received 12.38 hours of continuing education training in 2024. Findings include: On 08/20/2025, at 12:00 PM, Surveyor reviewed staff records and identified the following: Caregiver E was hired 12/12/2022. Caregiver E's record did not contain any evidence of continuing education training in 2024. Caregiver F was hired 12/01/2022 as a certified medication technician. Caregiver F's record indicated s/he had 12.38 hours of continuing education. Caregiver F's record did not contain evidence of continuing education in medications. On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A and Director of Nursing (DON) B. ED A and DON B confirmed the code requirement. DON B reported s/he was not employed with the provider during 2024 but would ensure staff received the required continuing education.	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 resident (Resident 1 and Resident 2) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. Findings include: On 08/20/2025, at 1:00 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 04/29/2025. Resident 1's record contained an evacuation assessment dated 06/16/2025, which was 48 days after admission. Resident 2 was admitted on 07/05/2025. Resident 2's record did not contain evidence of an evacuation assessment.	N 393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 393	Continued From page 4 On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A and DON B. ED A and DON B confirmed the code requirement. DON B reported they were in the process of completing audits on records and had completed the required paperwork they had found which had not been completed.	N 393		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 1 of 2 residents (Resident 3). Resident 3 was not evaluated in 2024. Findings include: On 08/20/2025, at 1:00 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 04/22/2023. Resident 3's record contained an evacuation evaluation assessment dated 06/13/2025. Resident 3's record did not contain evidence Resident 3 was evaluated annually in 2024 for evacuation. On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A and DON B. ED A and DON B confirmed the code requirement. DON B reported they were in the process of completing audits on records and had completed the required	N 394		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 394	Continued From page 5 paperwork they had found which had not been completed.	N 394		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 2 areas. Cleaning compounds and toxic substances were not securely stored in the kitchenette areas. Findings include: The facility is licensed to serve up to 120 residents in client groups of advanced aged, terminally ill and irreversible dementia/Alzheimer's. On 08/20/2025, at 10:05 AM, Surveyor toured the building with Director of Nursing (DON) B. The facility had a secured memory care unit, which was separated into 2 wings, east and west. Surveyor observed the following: Silver Lace East To enter the kitchenette, there was a saloon style swing door, which had a slide lock. Surveyor was able to disengage the slide lock and enter the kitchenette. The cabinet under the sink contained a locking mechanism. The locking mechanism was not engaged. The following chemicals were	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 499	Continued From page 6 located under the sink: Ecolab disinfecting acid bathroom cleaner, Ecolab bio-enzymatic odor eliminator, Monogram Clean Force rapid multi surface disinfectant cleaner Monogram Clean Force surface cleaner sanitizer, Flash II foaming germicidal cleaner, and Ecolab detergent/bactericide/tuberculocide/fungicide/virucide/deordorizer. Silver Lace West To enter the kitchenette, there was a saloon style swing door, which had a slide lock. Surveyor followed a staff member into the kitchenette. The cabinet under the sink contained a locking mechanism. The locking mechanism was not engaged. The following chemicals were located under the sink: Lysol disinfectant spray, Clorox toilet bowl cleaner, Ecolab bio-enzymatic odor eliminator, and Monogram Clean Force rapid multi surface disinfectant cleaner. On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A and DON B. ED A and DON B confirmed the code requirement. ED A and RN B reported they would ensure staff were locking up cleaning compounds.	N 499		
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	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 525	Continued From page 7 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 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 fire drills were conducted quarterly for 1 of 2 years. There were no fire drills conducted in 2024. Findings include: On 08/20/2025, at 11:40 AM, Surveyor reviewed the facility safety file. The safety files indicated fire drills were conducted on 01/23/2025, 05/29/2025 and 08/12/2025. The safety files did not contain evidence of fire drills conducted in 2024. On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A and Director of Nursing (DON) B. ED A confirmed the code requirement. ED A reported s/he was unsure if the fire drills were conducted in 2024 or not. Surveyor requested documentation to be sent by 4:30 PM. On 08/21/2025, at 3:15 PM, Surveyor did not receive any additional documentation.	N 525		
N 526	83.47(2)(e) Other evacuation drills.	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020006	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF PLEASANT PRAIRIE	9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

(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 526	Continued From page 8 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 tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 1 of 2 years. There were no other emergency or disaster drills conducted in 2024. Findings include: On 08/20/2025, at 11:40 AM, Surveyor reviewed the facility safety files. The safety files indicated a tornado drill was conducted on 06/11/2025. The safety files did not contain evidence of other emergency or disaster drills for 2024. On 08/20/2025, at 3:00 PM, Surveyor interviewed Executive Director (ED) A Director of Nursing (DON) B. ED A confirmed the code requirement. ED A reported s/he was unsure if the drills were conducted in 2024 or not. Surveyor requested documentation to be sent by 4:30 PM. On 08/21/2025, at 3:15 PM, Surveyor did not receive any additional documentation.	N 526		