Wisconsin Department of Health Services

| 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 _____ | R-C 05/11/2026 |

| 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 |
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| {N 000} | Initial Comments<br><br>On 05/11/2026, surveyor conducted a complaint investigations and a verification visit at Primrose of Pleasant Prairie.<br>One of 1 complaint was unsubstantiated.<br>Two deficiencies were identified.<br>Two of 2 deficiencies were repeat violations (see Statement of Deficiency 6S4C11, dated 08/20/2025).<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 88 | {N 000} | | |
| {N 220} | 83.17(2)(a) Employees screened for communicable disease.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>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 | {N 220} | | |

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

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| {N 220} | Continued From page 1<br>clinically apparent communicable disease, within 90 days before the start of employment for 2 of 2 caregivers reviewed (Caregiver H and Caregiver I).<br><br>This is a repeat deficiency. See Statement of Deficiency 6S4C11, dated 08/20/2025.<br><br>Findings include:<br><br>On 05/11/2026, at 11:00 AM, Surveyor reviewed staff files and identified the following:<br><br>Caregiver H was hired on 02/22/2024, Caregivers H's employee file did not contain a communicable disease screening.<br>Caregiver I was hired on 08/27/2018, Caregivers I's employee file did not contain a communicable disease screening.<br><br>On 05/11/2026 at 12:30 PM, Surveyor interviewed Director of Nursing (DON) B. DON B confirmed both staff files did not contain communicable disease screenings. DON B stated s/he would reach out to human resources to start performing communicable disease screenings. | {N 220} | | |
| {N 499} | 83.45(3) Toxic substances.<br><br>Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 1 of 2 areas. | {N 499} | | |

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| {N 499} | Continued From page 2<br>Cleaning compounds and toxic substances were not securely stored in the kitchenette areas.<br><br>This is a repeat deficiency. See Statement of Deficiency 6S4C11, dated 08/20/2025.<br><br>Findings include:<br><br>The facility is licensed to serve up to 120 residents in client groups of advanced aged, terminally ill and irreversible dementia/Alzheimer's.<br><br>On 05/11/2026, at 10:00 AM, Surveyor toured the building with Executive Director (ED) G. The facility had a secured memory care unit, which was separated into 2 wings, east and west. Surveyor observed the following:<br><br>Silver Lace East<br><br>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 located under the sink: Ecolab disinfecting acid bathroom cleaner, Ecolab bio-enzymatic odor eliminator, Monogram Clean Force Peroxide disinfectant and glass cleaner, and Flash II foaming germicidal cleaner.<br><br>On 05/11/2026, at 12:30 PM, Surveyor interviewed ED G and Director of Nursing (DON) B. DON B confirmed the code requirement. DON B reported that s/he would be following up with caregivers on Silver Lace East to ensure the toxic substances are locked away, as they are on Silver Lace West. ED G reported they would look | {N 499} | | |

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| {N 499} | Continued From page 3<br>into possibly moving the chemicals to an area that requires a fob to access. | {N 499} | | |