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
	0017029	A. BUILDING: _____ B. WING _____	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE	N844 CRAWFISH RD IXONIA, WI 53036

(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
M 000	INITIAL COMMENTS On 11/11/2025, Surveyors conducted a standard survey at Pine Ridge. One (1) deficiency was identified. Census: 4	M 000		
M 286	88.05(3)(e)2 HEATING SYSTEM INSPECTIONS The heating system shall be inspected as follows, with written documentation of the inspections maintained in the home: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the facility gas furnace was inspected every 3 years. The facility gas furnace was last inspected 01/05/2022. Repeat violation from statement of deficiency (SOD) M6L014, dated 07/24/2023. Findings include: On 11/11/2025, Surveyor conducted a standard survey which included a review of the facility records. At approximately 9:30 a.m., Licensee A provided Surveyor with the most recent furnace inspection, dated 01/05/2022. Licensee A looked at the date of the last inspection and stated s/he would have to schedule another one since the last one is past due.	M 286		

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