STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010669	A. BUILDING: _____ B. WING _____	R 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX STREET WAUPUN, WI 53963

(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
{U 000}	INITIAL COMMENTS On 09/10/2025, with information obtained through 09/12/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and standard licensing survey at Prairie Ridge Assisted Living, a certified residential care apartment complex (RCAC) located in Waupun, WI. As a result of the survey, 4 deficiencies were identified. One deficiency is a repeat deficiency. See Statement of Deficiency (SOD) PO3P11, dated 02/09/2022. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 24	{U 000}		
U 138	89.23(5) SERVICES DOCUMENTATION. A residential care apartment complex shall document that the requirements for provider qualifications have been met. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that documentation ensuring that Caregiver O was qualified in terms of his/her criminal record history was maintained. Findings include: On 09/10/2025, Surveyor conducted a review of	U 138		

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

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U 138	Continued From page 1 employee records to verify compliance with background check requirements. Surveyor requested the complete background check for Caregiver O from Administrator P. In reviewing the background check for Caregiver O, who was hired on 07/03/2023, Surveyor observed a complete background information disclosure (BID) form, dated 08/29/2024, as well as a completed Governmental Findings Report, dated 09/02/2024. From the receipt attached to the background check, Surveyor verified that a Department of Justice (DOJ) check had been requested and paid for. However, no DOJ check was provided as part of Caregiver O's background check. At approximately 3:35 p.m., Surveyor interviewed Administrator P. Administrator P reported s/he would have to more into the records to see if a DOJ check was on file for Caregiver O. Surveyor gave a deadline of 09/11/2025 at 12:00 p.m. On 09/11/2025, at approximately 10:10 a.m., Surveyor received an e-mail from Administrator P. Administrator P reported s/he "was not able to recover the missing pages of the background that predated my employment here, so I ran new background checks for you." A DOJ check and Governmental Findings Report for Caregiver O, dated that day (09/11/2025) was attached to the e-mail.	U 138		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to	U 171		

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U 171	Continued From page 2	U 171		

determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant.
This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that Tenant 4's capabilities, needs, and preferences identified in his/her comprehensive assessment were reviewed at least annually.

Findings include:

On 09/10/2025, at approximately 11:05 a.m., Surveyor interviewed Tenant 4. Tenant 6, who was Tenant 4's spouse, was also in the apartment and took part in the interview. Tenant 6 reported that Tenant 4 received assistance from staff for getting in/out of bed, dressing, showering, and occasionally, transferring on/off the toilet. Tenant 4 confirmed that s/he received staff help for showering and dressing.

At approximately 2:25 p.m., Surveyor interviewed Caregiver O regarding Tenant 4's needs. Caregiver O reported that Tenant 4 was on a 2-hour toileting schedule consisting of checks and reminders due to him/her being incontinent. Caregiver O reported that Tenant 4 was full staff assistance for dressing and showering and that s/he required occasional assistance with transfers.

On 09/10/2025, Surveyor reviewed Tenant 4's record. Tenant 4 was admitted to the provider on 04/03/2023 and was identified as being his/her

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U 171	Continued From page 3 own legal representative. The most recent assessment for Tenant 4 was dated 05/30/2024 and completed by Former Administrator R. The assessment identified that Tenant 4 was independent with dressing other than needing assistance for donning/doffing his/her compression stockings, independent with bathing, independent with transferring, and independent with toileting, with the added comment, "Resident does have issues with incontinence but is able to handle on own." Surveyor noted that the assessment was approximately 15 months from the date of the survey and the levels of assistance that Tenant 4 required, as documented, were inconsistent with what was reported by Tenant 4, Tenant 6, and Caregiver O. At approximately 3:35 p.m., Surveyor interviewed Administrator P. Administrator P acknowledged Surveyor's concern that Tenant 4's assessment had not been reviewed since 05/30/2024.	U 171		
U 185	89.27(3)(c) Service Agreement (3) OTHER SPECIFICATIONS (c) The service agreement shall be presented in language and a format that make it possible for tenants to readily identify the type, amount, frequency and cost of services they receive, the qualifications of the staff providing those services and whether the services are provided directly by the facility or by subcontract. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the service agreements for 2 of 2 tenants reviewed were presented in language and a format that made it possible for them to readily identify the type,	U 185		

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amount, frequency, and cost of services they received.

Findings include:

Example 1 - Tenant 4

On 09/10/2025, at approximately 11:05 a.m., Surveyor interviewed Tenant 4. Tenant 6, who was Tenant 4's spouse, was also in the apartment and took part in the interview. Tenant 6 reported s/he and Tenant 4 recently received a notice that their monthly service rate was increasing. Tenant 6 reported s/he was frustrated because s/he wasn't sure why the rates were increasing or what services they should have been receiving for what they were paying. Tenant 6 reported s/he was independent with activities of daily living but Tenant 4 received assistance by staff for getting in/out of bed, dressing, showering, and occasionally, transferring on/off the toilet. Tenant 6 showed Surveyor letters that s/he and Tenant 4 were provided, dated 07/29/2025. The letters contained the heading of the provider's management company. The letter specifically addressed to Tenant 4 documented, "This letter is to inform you of upcoming changes to rent and care level rates, which will take effect on September 1, 2025...Your current rate is $2500 and will increase to $2600."

At approximately 2:25 p.m., Surveyor interviewed Caregiver O regarding Tenant 4's needs. Caregiver O reported that Tenant 4 was on a 2-hour toileting schedule consisting of checks and reminders due to him/her being incontinent. Caregiver O reported that Tenant 4 was full staff assistance for dressing and showering and that s/he required occasional assistance with transfers.

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U 185	Continued From page 5 On 09/10/2025, Surveyor reviewed Tenant 4's record. Tenant 4 was admitted to the provider on 04/03/2023 and was identified as being his/her own legal representative. The most recent assessment for Tenant 4 was dated 05/30/2024 and completed by Former Administrator R. The assessment identified that Tenant 4 was independent with dressing other than needing assistance for donning/doffing his/her compression stockings, independent with bathing, independent with transferring, and independent with toileting, with the added comment, "Resident does have issues with incontinence but is able to handle on own." The assessment documented that Tenant 4's "Assessed Level of Care" was at Level 1. Surveyor noted that Tenant 4's needs, as reported by his/her spouse and Caregiver O, were inconsistent with what was documented in his/her most recent assessment. Surveyor reviewed an individual service plan (ISP) for Tenant 4. There was a spot for Tenant 4 to have signed his/her ISP, but a signature for Person S was there instead. The ISP, dated 07/16/2024, documented the following: - "PM Cares": "Reviewed 05.30.2024 little assistance." - "Bathing": "Resident needs one assist with showering...Reviewed 05.30.2024 No Changes." - "Toilet Check": "Resident requires assistance with toileting...[Tenant 4] has more incontinence episodes, due to inability to use bathroom without assistance...Reviewed 05.30.2024 One assist toileting."	U 185		

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U 185	Continued From page 6 There was no information about needed dressing assistance other than that Tenant 4 required staff to don and doff his/her compression stockings. Surveyor reviewed the most current ISP for Tenant 4 which contained all of the same information as the ISP dated 07/16/2024 (as documented above). Surveyor reviewed Tenant 4's "Admission Agreement" which was dated 04/14/2023. The agreement identified that Tenant 4's "fees for service" were $65.57 per day or $2,000 for a 30-day month. There was no information within the agreement identifying any charges for individual services Tenant 4 was receiving. At approximately 3:35 p.m., Surveyor interviewed Administrator P. When asked if there was any documentation showing how Tenant 4's monthly charge was determined or how Tenant 4 was charged for the individual services s/he received, Administrator P reported s/he thought there might be an additional agreement showing this. Administrator P then showed Surveyor a documented titled, "Care Plan Projections." The document showed different care items (e.g. bathing, transferring) in a table with a corresponding number of hours. For Tenant 4, bathing, toileting, and "vitals" services were assessed at 4.33, 10.14, and 0.17 hours, respectively. Every other care item on the document showed 0 hours of service. Below the table, the following was documented: - "Level of Care: None Assigned" There was a spot for signatures on the document, but no evidence that it was viewed or signed by	U 185		

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Tenant 4. As part of the same interview, Administrator P reported s/he could not explain the differences between the care projection document, which did not assign a level of care, Tenant 4's last assessment that identified him/her as being at a level 1 care, his/her current care needs as based on report, and his/her total monthly service charge. Administrator P reported s/he didn't know the specifics about fees because s/he wasn't involved in the billing side of things. Administrator P reported that Admissions Coordinator Q worked more with financial information and so s/he would maybe have more information. Administrator P reported understanding Surveyor's concern that it wasn't clear from the service agreement how Tenant 4's total service fee was determined nor the fees for his/her services individually.

On 09/12/2025, at approximately 10:04 a.m., Surveyor interviewed Admissions Coordinator Q. In regards to general service agreement determination, Admissions Coordinator Q reported that the provider's base rate was $5,000 per month and then it was determined what that particular tenant's level of care was for what extra money would be charged above that. Admissions Coordinator Q reported that there was "nothing in writing" and no documented breakdown showing different fees tied to different care levels. Admissions Coordinator Q stated, "Most people are coming in at $5,000 and there is no rhyme or reason to it. I never go under $5,300." When asked how Tenant 4's service fees were determined, Admissions Coordinator Q reported that Tenant 4 received a discounted rate for having a shared room with his/her spouse. Admissions Coordinator Q reported that the discount was maybe calculated based on a percentage of his/her total monthly cost but s/he

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knew it wasn't calculated by dividing his/her entire service charge by half. Admissions Coordinator Q reported that $100 of Tenant 4's monthly charge was accounted for from a $100 price increase that occurred on 09/01/2025. (Surveyor noted that this was consistent with the letter Tenant 6 had previously shown Surveyor, as documented above.)

On 09/12/2025, Surveyor reviewed Tenant 4's "Admission Agreement" again. Addendum #1 identified information regarding multiple occupancy, documenting the following: "...The facility will complete an assessment on both residents. The resident with the higher care needs will be assessed at the full facility rate as the primary resident. The second resident will be charged a secondary occupancy rate of $1,500 per month or greater based on the assessment..."

Example 2 - Tenant 7

On 09/10/2025, at approximately 10:57 a.m., Surveyor interviewed Tenant 7. Tenant 7 reported s/he had just recently moved in. Tenant 7 reported staff administered his/her medications and cleaned his/her apartment but s/he was independent with all self-care tasks. Tenant 7 reported s/he had never required staff's assistance for self-care tasks since s/he had moved in. While interviewing Tenant 7, Surveyor observed him/her transfer him/herself twice from sitting to standing (and vice versa) and walk with modified independence using a 4-wheeled walker.

At approximately 2:25 p.m., Surveyor interviewed Caregiver O regarding Tenant 7's needs. Caregiver O reported that Tenant 7 was independent with all care tasks and did not

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require any staff assistance or supervision. Caregiver O reported that Tenant 7 had been independent with self-care tasks since s/he moved in.

On 09/10/2025, Surveyor reviewed Tenant 7's record. Tenant 7 was admitted to the provider on 07/10/2025 and was identified as being his/her own legal representative. An initial assessment for Tenant 7 was dated 07/14/2025 (4 days after his/her admission) and completed by Administrator P. The assessment identified largely that Tenant 7 was independent in self-care tasks, except for the following:

- Transferring: 1 person assistance. A box indicating "Current Status:" documented, "Tenant requires staff assistance to complete transfers. [Specify individual needs and any assistive devices used]."

- Bathing: 1 person assistance. A box indicating "Current Status:" documented, "Resident requires partial assistance from staff to complete bathing tasks." The following under the "Bathing" section was also documented: "...Resident will receive assistance with showering tasks for one year...Care staff will provide hands on assistance to complete all bathing/showering tasks. Care staff will complete a skin check and will notify community [registered nurse] of any changes or concerns."

- Dressing: 1 person assistance. A box indicating "Current Status:" documented, "Resident requires partial assistance from staff to complete dressing tasks." The following under the "Dressing" section was also documented: "...Resident will receive hands on assistance from staff to complete dressing tasks...Care staff will offer two seasonal

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appropriate [sic] clothing choices each morning...Care staff will provide hands on assistance to complete all dressing tasks in the morning and night."

- Grooming: Cueing assistance. A box indicating "Current Status:" documented, "Resident requires staff monitoring and/or reminders and cues to complete grooming tasks."

- Toileting: 1 person assistance. A box indicating "Current Status:" documented, "Tenant requires partial assistance from staff to complete toileting tasks. [Specify individual needs]."

The assessment documented that Tenant 7's "Assessed Level of Care" was at Level 1.

Since Tenant 7's admission, there was one observation note entry. The entry, dated 08/04/2025 (10:45 a.m.), documented, "Resident completed [his/her] independent shower this morning..."

Surveyor reviewed an ISP for Tenant 7. There was a spot for Tenant 7 to have signed his/her ISP, but no signature was present. The ISP, not dated, contained the same information as the assessment regarding Tenant 7's documented needs for transferring, bathing, dressing, and toileting.

Surveyor reviewed Tenant 7's "Residency Agreement" which was dated 07/10/2025. Page 2 of the agreement documented that Tenant 7's "Total Monthly Charge (determined by an assessment)" was $5,300. Within the agreement, Surveyor observed the following:

- "...Prior to admission, You will receive an

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evaluation / assessment by Community staff and the staff will develop a service plan for you based upon this evaluation. Upon admission, You will be reassessed by Community staff and the staff will develop a service plan upon this assessment within thirty (30) days of your admission..." (Page 3)

- "Level of Care Fee. Based upon the Community staff's initial assessment of You, You agree to pay to the Community a Level of Care during the term of your residency...Your level of care rate is added into the monthly room and board rate to determine a total monthly rate..." (Page 3)

- "Assistance with Activities of Daily Living. As part of your Level of Care Fee, the Community's staff will provide assistance or supervision to You with dressing, grooming, bathing and other activities of daily living as needed, to the extent allowed by applicable state law and as set forth in Exhibit C ('Resident Service Plan Addendum - Supplies and Services Covered in the Resident's Level of Care Fee'), which is attached to this Agreement and made a part of it (the 'Resident Service Plan'), and which may be amended from time to time..." (Page 3)

- Page 18 contained an overview of exhibits within the agreement. Of note, Exhibit A was identified as, "Supplies and Services Included in the Monthly Service Fee," Exhibit B was identified as, "Schedule of Additional Fees, Amenities and Services," and Exhibit C was identified as, "Care Plan/Level of Care."

- Exhibit A (as referenced above) identified that the "Basic Service Fee" included items such as three daily meals, toilet paper, activity programming, building and grounds maintenance,

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weekly housekeeping, cable, outdoor parking, window coverings, and 24-hour staff.

- Exhibit B (as referenced above) identified a list of additional charges that included pricing for items such as monthly storage, bathroom grab bars, light bulb replacement, and monthly wellness monitoring.

- Exhibit C (as referenced above) documented the following: "...The services provided in your Individual Service Plan and your Level of Care, which can be adjusted from time to time, will be included in your Monthly Service Fee...You will be notified in advance if the Community changes the service level rates as per the terms of this Agreement."

- Page 39 contained the following: "After an assessment with the [registered nurse] or designee, the level of care will be determined. Your monthly service fee will be based on that level of care needed. See our admission agreement for more details."

There was no information identifying the fees for the individual services that Tenant 7 was supposed to be receiving in accordance with his/her ISP (referenced as the model of service pricing from Exhibit C).

At approximately 3:35 p.m., Surveyor interviewed Administrator P. When asked if there was any documentation showing how Tenant 7's monthly charge was determined or how Tenant 7 was charged for the individual services s/he received, Administrator P reported s/he thought there might be an additional agreement showing this. Administrator P then showed Surveyor a documented titled, "Care Plan Projections." The

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document showed different care items (e.g. bathing, transferring) in a table with a corresponding number of hours. For Tenant 7, each service task showed a corresponding value of "0.00" hours. Below the table, the following was documented:

- "Level of Care: None Assigned"

- "Based on Assessed total, new Level of Care should be: CARE LEVEL 1. Monthly Cost: $1,950."

There was a spot for signatures on the document, but no evidence that it was viewed or signed by Tenant 7. As part of the same interview, Surveyor asked Administrator P how to reconcile the $1,950 monthly cost recommendation based on the document just reviewed with Tenant 7's monthly total fee of $5,300. Administrator P reported s/he didn't know the specifics about fees because s/he wasn't involved in the billing side of things. Administrator P reported that Admissions Coordinator Q worked more with financial information and so s/he would maybe have more information. When asked about the differences between Tenant 7's assessed needs and the actual services s/he was receiving, Administrator P reported that maybe Tenant 7 needed more assistance when s/he first moved in. Administrator P reported understanding Surveyor's concern that it wasn't clear from the service agreement how neither Tenant 7's total service fee nor the fees for his/her services individually were determined. Administrator P reported understanding Surveyor's concern that it wasn't clear whether Tenant 7's monthly service charge was based on services s/he was or wasn't receiving since his/her "Care Plan Projections" documented everything as 0.00 hours of services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010669	A. BUILDING: _____ B. WING _____	R 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX STREET WAUPUN, WI 53963

(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
U 185	Continued From page 14 On 09/12/2025, at approximately 10:04 a.m., Surveyor interviewed Admissions Coordinator Q. In regards to general service agreement determination, Admissions Coordinator Q reported that the provider's base rate was $5,000 per month and then it was determined what that particular tenant's level of care was for what extra money would be charged above that. Admissions Coordinator Q reported that there was "nothing in writing" and no documented breakdown showing different fees tied to different care levels. Admissions Coordinator Q stated, "Most people are coming in at $5,000 and there is no rhyme or reason to it. I never go under $5,300." When asked how Tenant 7's service fees were determined, Admissions Coordinator Q reported that Tenant 7 was charged the base rate ($5,000) and stated, "We just threw an extra $300 for med management."	U 185		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	Z 022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010669	A. BUILDING: _____ B. WING _____	R 09/12/2025

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Z 022	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a complete background check was completed for Caregiver F every 4 years. This is a repeat deficiency. See Statement of Deficiency (SOD) PO3P11, dated 02/09/2022. Findings include: On 09/10/2025, Surveyor conducted a review of employee records to verify compliance with background check requirements. Surveyor requested the complete background check for Caregiver F from Administrator P. In reviewing the background check for Caregiver F, who was hired on 09/26/2016, Surveyor observed a complete background information disclosure (BID) form, dated 02/10/2022, a Department of Justice (DOJ) background check, dated 04/24/2017, and an Integrated Background Information System (IBIS) background check, dated 04/24/2017. No evidence of more recent DOJ and IBIS/Governmental Findings Report (GFR) checks was provided. At approximately 3:35 p.m., Surveyor interviewed Administrator P. Administrator P reported s/he would have to look more into the records to see if there was a more recent DOJ and IBIS/GFR check for Caregiver F. Surveyor gave a deadline of 09/11/2025 at 12:00 p.m. On 09/11/2025, at approximately 10:10 a.m., Surveyor received an e-mail from Administrator P. Administrator P reported s/he "was not able to recover the missing pages of the background that predated my employment here, so I ran new	Z 022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010669	A. BUILDING: _____ B. WING _____	R 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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Z 022	Continued From page 16 background checks for you." DOJ and GFR checks for Caregiver F, dated that day (09/11/2025) were attached to the e-mail.	Z 022		