STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016659	A. BUILDING: _____ B. WING _____	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEW AT PINE RIDGE II (THE)	1030 PINE RIDGE COURT OCONOMOWOC, WI 53066

(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 10/09/2024, Surveyor conducted a complaint investigation at The View at Pine Ridge. One (1) deficiency was identified; the complaint was substantiated. Census: 38	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, record review and interview the provider did not ensure a living environment that was safe, clean, comfortable, and homelike. Findings include: On 11/06/2024, the department received a complaint alleging concerns of overall cleanliness in regards to the facility and residents. On 01/21/2025, Surveyor reviewed documentation of concerns Resident 1's power of attorney (POA) had brought to the provider from 2023-2024 including concerns about Resident 1's bathroom being dirty, Resident 1's clothing being soiled after meals, clean laundry left in common areas and concerns about personal cares.	N 481		

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

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N 481	Continued From page 1 On 01/22/2025, Surveyor conducted a complaint investigation. At approximately 3:00 PM, Surveyor toured the facility with Administrator A. The following was observed while on tour of the facility: -Resident 2's bathroom with a brown smear on the toilet seat, the floor near the toilet and the floor in front of the toilet. -Resident 3 was wearing a white shirt with brown marks and stains around the shirt collar as well as some food debris. -Resident 4's bathroom had a brown smear on the floor near the toilet. -Resident 5's bathroom floor had debris on the floor and brown splatter inside the toilet. -A full laundry hamper sitting on the floor in the common area. At approximately 3:30 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged that there were some environmental concerns on the tour and stated s/he would talk to the staff about not only cleaning, but taking a mindful moment while completing their job tasks. Surveyor asked about Resident 3's shirt. Administrator A stated that Resident 3 shakes when s/he eats and drinks his/her coffee. Surveyor asked if there was a reason Resident 3 couldn't be offered a clothing protector while eating or drinking or his/her clothing couldn't be changed after a meal so s/he is not sitting in soiled clothing. Administrator A stated no, that would be reasonable. Surveyor asked about the laundry on the ground where residents would have access to it. Administrator A stated s/he believes the laundry was clean and understands that it should have been put away and stated all of the concerns will be addressed with staff.	N 481		

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