STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017166	A. BUILDING: _____ B. WING _____	R-C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING MAYVILLE	1175 BRECKENRIDGE STREET MAYVILLE, WI 53050

(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 08/19/2025 to 08/21/2025, Surveyor conducted a complaint investigation and verification visit at Prairie Ridge Assisted Living Mayville. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement of Deficiency (SOD) 4BFW11, dated 08/15/2023 and SOD KLSS11, dated 04/25/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. The complaint was substantiated. Census: 34	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists	N 239		

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

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N 239	Continued From page 1 residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D obtained all department approved training as required. Caregiver D did not have training in first aid and choking within 90 days after starting employment. This is a repeat violation. See Statement of Deficiency (SOD) 4BFW11, dated 08/15/2023 and SOD KLSS11, dated 04/25/2025. Findings include: On 08/19/2025, Surveyor conducted a review of employee files to verify compliance with department approved training requirements. First Aid and Choking: The record for Caregiver D, hired 09/04/2022, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking. On 08/19/2025, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for first aid and choking. The provider submitted a training certificate for Caregiver D that documented:	N 239		

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N 239	Continued From page 2 "This certificate is awarded to [Caregiver D] by Matthews Senior Living for successfully completing 1st Aid & Choking. Description: 1st aid & choking with UWGB training materials. Trainer: [Trainer L]. Date-3/10/20." On 08/19/2025, Surveyor could not verify Trainer L was a certified instructor. On 08/21/2025 at 12:25 PM, Surveyor conducted an exit conference and shared findings with Acting Director J and Director K. Surveyor asked why the provider did not contact the UWGB training registry to get Caregiver D added with the above certificate. Director K reported Caregiver D was hired by a previous administrator and Administrator A did not follow up after the previous survey. Director K stated s/he would get Caregiver D signed up for first aid and choking.	N 239		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and interview, the individual service plan (ISP) was not updated for Resident 6 when there was a change in resident needs and abilities. Resident 6's ISP was not updated to include new interventions related to refusing medications resulting in ongoing skin concerns. Resident 6's ISP was not updated to include interventions such as using coffee filters/paper towels within Resident 6's abdominal folds to absorb moisture. Resident 6's ISP had not been reviewed and/or signed by the resident since 7/13/2023. Findings include: According to the National Institutes of Health (NIH), people "who have problems controlling their urine or bowels (called incontinence) are at risk for skin problems. The skin areas most affected are near the buttocks, hips, genitals, and between the pelvis and rectum (perineum). Excess moisture in these areas makes skin problems such as redness, peeling, irritation, and yeast infections likely." Excess skin moisture can be treated with an antifungal powder, such as nystatin or miconazole (Source: National Institutes of Health: National Library of Medicine, Skin Care and Incontinence, February 18, 2022, https://medlineplus.gov/ency/article/003976.htm (retrieval date - August 26th, 2025).). On 08/19/2025 at 10:47 AM, Surveyor interviewed Caregiver N. Caregiver N reported concerns related to Resident 6 not getting his/her showers, not changing him/her every 2 hours, and staff not applying his/her nystatin powder. Caregiver N reported s/he can get Resident 6 to comply with accepting his/her nystatin powder,	N 389		

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N 389	Continued From page 4	N 389		

but other staff will just mark refused without even trying. Caregiver N stated this had led to ongoing skin issues largely in Resident 6's abdominal folds and peri-area. Caregiver N reported before Administrator A was terminated, s/he informed them with pictures of Resident 6's rashes. Caregiver N stated in July 2025, Resident 6's rash was healed, but s/he was off for 4 days and upon coming back, the rash was very red. Caregiver N reported ongoing concerns with Caregiver G and Caregiver H not providing cares to Resident 6. Caregiver N showed the Surveyor a picture from a cellphone staff carries and directly talks with Administrator A. Surveyor observed a picture dated 07/23/2025 sent from Caregiver N to Administrator A that showed Resident 6's abdominal fold under the pannus on the right side, the skin was red, inflamed, and appeared wrinkled from prolonged moisture exposure. Caregiver N reported the skin concerns are ongoing and was currently red right now. Caregiver N stated staff were using Viva paper towels or coffee filters within Resident 6's abdominal folds to hopefully absorb moisture. Resident 6 stated the previous nurse told staff to use the paper towels or coffee filters as an intervention.

On 08/19/2025 at 12:30 PM, Surveyor interviewed Caregiver O. Caregiver O reported s/he was the medication passer for Resident 6 today. Caregiver O stated s/he applied Resident 6's nystatin powder today, but the rash between his/her abdominal folds and peri-area were still red. Caregiver O stated the rash comes and goes. Surveyor asked if Resident 6's care plan included any interventions to mitigate his/her skin concerns. Caregiver O stated s/he was unsure what Resident 6's care plan stated, but some staff used paper towels or coffee filters within

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N 389	Continued From page 5 Resident 6's abdominal folds to absorb moisture. Caregiver O showed the Surveyor Resident 6's nystatin powder from the med cart. The container included a pharmacy label including Resident 6's practitioner's prescription for nystatin powder including "apply topically to affected area of redness 2 times a day." The pharmacy label included a delivery date to the facility of 07/03/2025. Surveyor observed the container to be empty and Caregiver O verbally confirmed the container was empty. On 08/19/2025 at 1:30 PM, Caregiver N showed the Surveyor Resident 6's ongoing skin concerns. Surveyor observed symmetrical weeping rashes located within the left and right abdominal fold under the pannus. The rash was confined to the skin fold and the center of the fold showed macerated skin. Resident 6 reported s/he had removed the paper towel that was applied in his/her abdominal fold by staff this morning. On 08/19/2025, Surveyor reviewed Resident 6's record and identified the following: Resident 6 was admitted to the facility on 06/06/2023 with diagnoses including morbid (severe) obesity. Resident 6's signed ISP dated 07/13/2023 documented: "Medication administered by staff. Toileting: [Resident 6] does ring to help get changes. Facility staff are to monitor and contact administrator with any changes or concerns. Behavior/mental status: [Resident 6] gets upset with staff for trying to give [him/her] a shower, or just cares, and giving [him/her] medications. Staff try to redirect [him/her] so [s/he] understands the importance of healthy hygiene and taking medications. Impaired skin integrity: [Resident 6]	N 389		

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N 389	Continued From page 6 has a sore under breasts and stomach fold, wash with soap and water, put powder until heals. Monitor for any changes in skin integrity. Notify management and MD with any changes or concerns." Surveyor reviewed Resident 6's June to August 2025 Medication Administration Record (MAR). The following was noted: -June: Resident 6 refused his/her 8pm administration of Nystatin pwd 7/30 days. -July: Resident 6 refused his/her 8pm administration of Nystatin pwd 25/31 days. -August: Resident 6 refused his/her 8pm administration of Nystatin pwd 7/18 day. Resident 6 refused his/her 8am administration of Nystatin pwd 1/18 days. Resident 6's progress notes 06/26/2025 to 08/19/2025 documented: "-06/26/2025: Resident had a shower. [S/he] is very red under stomach folds and under [his/her] right breast is very red. Skin folds are open as well. Powder applied. -07/03/2025: Resident received shower, resident has redness under right breast, under stomach fold. It is starting to get a yeasty smell again, continue to wash [him/her] up and powder [him/her]. -07/06/2025: Resident continues to show signs of increased redness that is getting worse in diameter and depth on resident's belly, thighs, and breasts. Staff please continue to monitor. -07/07/2025: Resident had a shower, skin folds are red and sore. Powder was applied ...Please ensure proper peri care is being provided both AM and PM. Resident is very red in folds. Be sure to be using powders and creams. Continue to monitor and update with any changes or concerns.	N 389		

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N 389	Continued From page 7 -07/08/2025: Residents AM cares were completed by writer. Under belly folds, thighs, breasts, and peri area were washed and cleanser and powder applied. Sores and some areas of open skin noted. The redness seems to less and the resident stated [his/her] pain level to be a 4 this morning. -07/10/2025: Area of concern were checked at 730 am. Powder was applied along with absorbent materials (i.e. coffee filters). Redness has been reduced. Resident stated pain has decreased. -07/14/2025: [S/he] had [his/her] shower today. Skin folds are just a little pink powder applied. -07/16/2025: All washed up skin under folds is just a little red. Pants changed powder put on under fold and right breasts. -07/17/2025: Resident has a shower, skin folds look good, right side under stomach fold has a small sore, powder applied. -07/19/2025: Nystatin Pwd. No pass: Refused by Resident. Resident stated 'I don't need that done, staff did it this morning and I'm not doing it again.' -07/22/2025: Resident had a shower, no new skin issues, same skin redness under [his/her] breast and stomach fold. Powder was applied. -07/23/2025: Resident has an increased area of redness on [his/her] upper left thigh, lower belly, and folds. Both breasts have areas of redness that should be carefully monitored to prevent decline in healing. The right thigh area is the only area that seems to be maintaining a steady status at this time. Resident stated [s/he] would not refuse cares -07/24/2025: Left thigh, belly and fold are still very red. Breast areas have redness. Right thigh and fold are stable with continues monitoring. All areas were cleaned, then proper care and powder was applied. -07/28/2025: Had [his/her] shower today. Fire red	N 389		

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under both breast and stomach folds. Powder applied and laundry is in.
-08/02/2025: Resident allowed staff to provide cares during third shift. Resident is red and raw under both breast and in [his/her] groin area. Please apply powder to all areas, clean regularly with soap and water, use coffee filters to help reduce moisture in these areas if needed.
-08/04/2025: Resident has redness under both breasts. Open area on the left breast with weeping. Resident allowed 2nd and 3rd shifts to change [his/her] brief without issue. 1:45 PM: Resident received shower from other staff member, resident is extremely red under all [his/her] folds, continue to powder area.
-08/05/2025: Writer toileted resident, powder areas of concern. Improvement is noted in all areas, however there is still weeping under the left breast and open sores in the thigh region.
-08/12/2025: In the upcoming days resident may refuse cares in the news of [his/her] [brother/sister] passing, resident was told by family Tuesday night on 8/12."

On 08/21/2025 at 12:25 PM, Surveyor conducted an exit conference and shared findings with Acting Director J and Director K. Surveyor asked who was in charge of updating resident ISPs. Director K reported Administrator A would have been in charge of updating Resident 6's ISP. Surveyor asked about paper towels/coffee filters being used within Resident 6's folds to absorb moisture. Both staff stated they were unaware these were being used on Resident 6. Both staff acknowledged an understanding of the above concerns and stated they would have the nurse assess Resident 6's skin concerns.

The ISP did not identify updated interventions or approaches for staff to utilize in managing

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N 389	Continued From page 9 Resident 6's refusals of his/her nystatin powder, using coffee filters/paper towels for moisture control, and his/her ISP had not been reviewed and/or signed by Resident 6 since 7/13/2023.	N 389		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation.	Z 010		

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Z 010	Continued From page 10	Z 010		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not make every reasonable effort to obtain a copy of the criminal complaint and judgement of conviction related to 1 of 1 caregiver's (Caregiver M) conviction of battery within 5 years of employment.

Findings include:

On 08/19/2025, Surveyor reviewed employee records provided by Acting Director J.

Caregiver M's record indicated s/he was hired 05/08/2025. Caregiver M's record included a Department of Justice (DOJ) background check, dated 04/28/2025, that included a conviction of 940.19(1) Battery on 07/31/2024.

On 08/21/2025 at 12:25 PM, Surveyor conducted an exit conference and shared findings with Acting Director J and Director K. Surveyor asked if the provider had made an effort to obtain Caregiver M's criminal complaint and judgement of conviction related to his/her battery conviction on 07/31/2024. Acting Director J reported s/he had given the Surveyor everything that was in Caregiver M's file. Director K stated Administrator A hired Caregiver M and did not obtain Caregiver M's criminal complaint or judgement of conviction related to the battery convictions.