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 12/04/2025

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 12/04/2025, Surveyor conducted 2 complaint investigations and verification visit at Prairie Ridge Assisted Living Mayville. Four deficiencies were identified. Three of 4 deficiencies were repeat violations. See Statement of Deficiencies (SODs) 4BFW11, dated 08/15/2023, SOD KLSS11, dated 04/25/2025, and SOD KLSS12, dated 08/21/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. One complaint was substantiated. One complaint was unsubstantiated. Census: 30	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.	N 219		

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

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N 219	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed for 2 of 4 caregivers reviewed. Cook Q and Caregiver R did not have a background check completed upon hire. This is a repeat deficiency. See Statements of Deficiency (SODs) 4BFW11, dated 08/15/2023 and SOD KLSS11, dated 04/25/2025. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (GFR). On 10/10/2025, the Department received a complaint alleging concerns with a staff's background check. On 12/04/2025, Surveyor reviewed employee records. The staff roster indicated the following: -Cook Q was hired 09/06/2025. Cook Q's did not include a BID, DOJ, and GFR. -Caregiver R was hired 10/08/2025. Caregiver R's record did not include a BID, DOJ, and GFR.	N 219		

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N 219	Continued From page 2 On 12/04/2025 at 12:00 PM, Surveyor reviewed concern with Director of Operations (DOO) P. DOO P stated with this being his/her first day at the community, s/he could not provide an answer to missing background checks. DOO P acknowledged the provider did not have evidence of a complete background check for Cook Q. DOO P stated his/her supervisor was reviewing records to see if a background check existed for Caregiver R since s/he was a rehire. Surveyor noted evidence of a background check would need to be submitted no later than 5pm on 12/04/2025. On 12/04/2025 at 1:30 PM, DOO P sent the Surveyor the following email: "[Surveyor's name]- attached are two of the three additional backgrounds you requested. [Caregiver R] does not have a new one ran. Will be ran today."	N 219		
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	N 239		

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N 239	Continued From page 3 alleviate choking. Medication administration and management. Any employee who manages, administers or assists 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 Statements of Deficiency (SOD) 4BFW11, dated 08/15/2023, SOD KLSS11, dated 04/25/2025, and SOD KLSS12, dated 08/21/2025. Findings include: On 12/04/2025, 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 12/04/2025, Surveyor verified Caregiver D was	N 239		

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N 239	Continued From page 4 not on the Community-Based Care and Treatment training registry for first aid and choking. On 12/04/2025 at 10:23 AM, Surveyor interviewed Director of Operations (DOO) P. DOO P reported after the last survey in August 2025, Caregiver D was taken off the schedule for a period of time to complete the above course. DOO P reported after talking with staff, Caregiver D never completed first aid and choking and was added back to the schedule. DOO P stated Caregiver D would be taken off the schedule starting today and management would ensure s/he is signed up for first aid and choking in the near future.	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. This Rule is not met as evidenced by: Based on record review and interview, the individual service plan (ISP) was not updated for	N 389		

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N 389	Continued From page 5	N 389		

Resident 6 when there was a change in resident needs and abilities.

Resident 6's ISP was not updated to include interventions such as using coffee filters within Resident 6's abdominal folds to absorb moisture. Resident 6's ISP had not been signed by the resident since 7/13/2023.

This is a repeat deficiency. See Statement of Deficiency (SOD) KLSS12, dated 08/21/2025.

Findings include:

On 12/04/2025, 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 was his/her own legal decision maker.

Resident 6's ISP dated 11/06/2025 documented: "Impaired Skin Integrity: Resident frequently has redness under [his/her] [body part] and between stomach folds, wash thoroughly with soap and water and pat the area dry. Resident does frequently refuse personal cares and treatments making it hard for the area to fully heal. [S/he] will state that "it is always like that." Resident needs to be reminded of how important it is to take care of [his/her] skin. Monitor for any changes in skin integrity. Notify management and MD with any changes or concerns." The ISP did not contain a signature from Resident 6 or indicate using coffee filters as an intervention for skin integrity.

Resident 6's progress notes documented:

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N 389	Continued From page 6 "-11/17/2025: Resident skin folds assessed. Abdominal folds clean, dry, and intact; no open areas noted. Healed areas remain closed and without signs of breakdown. Redness observed under the right [body part]; skin intact with no drainage noted. Aide applied powder to the area and placing a clean coffee filter as a barrier. Aide also applied powder to abdominal folds to maintain dryness. Resident still has an open sore on the right buttock; area cleansed and left open to air. Will continue to monitor skin integrity. -11/29/2025: resident did refuse shower upon first attempt, but staff did reapproach and got resident to wash up under folds and [body parts] and wash peri area and bottom. Powder was applied to folds and Vaseline was applied to bottom. Folds are looking better. No open areas on folds but small open area on bottom. -12/01/2025: Had [his/her] shower today, hair washed. Still red under folds and left [body part]." On 12/04/2025 at 10:14 AM, Surveyor interviewed Director of Operations (DOO) P. Surveyor shared after reviewing Resident 6's record, staff continue to use coffee filters within Resident 6's abdominal folds to absorb moisture, but this intervention was not identified on his/her ISP. DOO P reported this was his/her first day at this community and was helping in the interim until the facility hired a new administrator. DOO P stated s/he was a nurse and never heard of caregivers using coffee filters within abdominal folds. On 12/04/2025 at 10:25 AM, Surveyor interviewed Caregiver H. Caregiver H reported s/he was the first shift lead caregiver. Caregiver H reported Resident 6's skin concerns are getting better but does go up and down due to Resident 6 refusing	N 389		

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N 389	Continued From page 7 creams/powders. Caregiver H stated the facility continues to use coffee filters within Resident 6's abdominal folds to absorb moisture. On 12/04/2025 at 12:00 PM, Surveyor interviewed DOO P. DOO P acknowledged an understanding of the concerns and stated s/he would work with staff.	N 389		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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N 431	Continued From page 8	N 431		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not monitor the health of Resident 6 and document changes in the record. Resident 6's vitals were not taken and recorded as ordered by his/her physician.

Resident 6's physician orders dated 09/23/2025 included monitoring blood pressure (BP)/heart rate (HR) daily and weekly weights. From 09/23/2025 to 11/16/2025 (54 days), there was no evidence of staff having taken Resident 6's daily BP/HR or weekly weight. Resident 6's physician orders dated 11/17/2025 included monitoring weekly BP, HR, and weights. From 11/17/2025 to 12/04/2025 (2 weeks), there was no evidence of staff having taken Resident 6's weekly BP, HR, and weight.

Findings include:

On 12/04/2025, Surveyor reviewed Resident 6's record. Resident 6 was admitted to the facility on 06/06/2023 with diagnoses including morbid (severe) obesity, hypertension, atrial fibrillation, congestive heart failure, COPD, and chronic kidney disease (stage 3b). Resident 6 was his/her own legal decision maker. Resident 6's individual service plan (ISP) dated 11/06/2025 documented: "Weights to be taken monthly and as needed. Staff to notify administrator of weight gain/loss of 5lbs of greater in one month time. Weights to be taken after breakfast and/or before lunch. Weekly Vitals and Weight: Sequoia has ordered weekly vitals and weight before breakfast for resident."

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N 431	Continued From page 9 Resident 6's physician orders dated 09/23/2025 documented: "BP and HR twice daily. Weekly weight AM before breakfast." Resident 6's physician orders dated 11/17/2025 documented: "Weekly BP, HR, temp, 02, resp, weight. If refuses, reapproach, try again next day or later. D/C daily vitals. Weight down 9lbs Oct." On 12/04/2025, Surveyor reviewed Resident 6's September to December 2025 medication administration record (MARs), where vitals are recorded. Resident 6's MAR did not include daily vitals or weekly weights from 09/23/2025 to 11/16/2025 (54 days). Resident 6's MAR did not include weekly vitals from 11/17/2025 to 12/04/2025 (2 weeks). On 12/04/2025 at 12:00 PM, Surveyor reviewed concern with Director of Operations (DOO) P. DOO P reported the previous director would have been responsible for inputting physician orders into their electronic health record. DOO P reported Caregiver H was given a company email and was helping out with day-to-day operations. Surveyor shared concern for lack of administrator oversight and physician orders not being inputted into the computer. DOO P acknowledged an understanding of the concern. DOO P stated the provider was actively recruiting an administrator and noted management would need to be present in the community more.	N 431		