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 04/06/2026

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 04/06/2026, Surveyor conducted 2 complaint investigations and a verification visit at Prairie Ridge Assisted Living Mayville. Two deficiencies were identified. All previous deficiencies from Statement of Deficiency (SOD) KLSS13, dated 12/04/2025 were substantially corrected. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 33	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 3	N 163		

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

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 04/06/2026

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 163	Continued From page 1	N 163		

days when a resident's (Resident 7) whereabouts were unknown on 02/13/2026 and 02/27/2026.

Findings Include:

On 03/23/2026, the Department received a complaint alleging concerns with a resident elopement.

On 04/06/2026, Surveyor reviewed Resident 7's record and identified the following:

Resident Record Review:

Resident 7 was admitted to the facility on 12/30/2025 with a diagnosis of dementia. Resident 7 had an activated healthcare of attorney. Resident 7 discharged to a memory care unit on 03/13/2026. Resident 7's individual service plan (ISP) dated 02/26/2026 documented: "Supervision: Needs some supervision. Please specify: Resident does wander around community. Is on safety checks.
Risk-Wandering/Elopement: [Resident 7's] [son/daughter] report that prior to admission, [Resident 7] routinely walked to the post office daily and returned home independently without incident. [Resident 7] has a diagnosis of dementia with behavioral disturbance and experiences occasional confusion; however [s/he] remains physically capable and ambulatory without assistance. At times, [Resident 7] requires prompting and cueing regarding the time of day and [his/her] current location. Due to [his/her] cognitive impairment and history of independent ambulation, [Resident 7] is considered at risk for wandering. Upon admission, [Resident 7] presents with increased confusion and demonstrates non-acceptance of [his/her] move to the community. [S/he] is assessed to be at

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 04/06/2026

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 163	Continued From page 2 increased risk for wandering and/or exit seeking behaviors. Staff will provide supervision, prompting, and cueing as needed to support [Resident 7's] safety and orientation to time and location. Increased supervision will be provided during the transition period due to confusion and non-acceptance of move. Staff will monitor for signs of wandering and/or exit seeking behaviors, provide redirection as needed, maintain [Resident 7's] safety, and promptly report any concerns or incidents to the immediate supervisor. 30 Min Safety Checks: Staff will check in with [Resident 7] at least 30mins to ensure safety, comfort, and that all needs are met. Staff will promptly communicate any changes in condition or concerns to management. Care staff to do 30-minute checks for location and what resident was doing." Resident 7's incident report documented the following elopement: -"02/13/2026: Staff members were gathering residents for dinner, and med passer was passing meds on the south hallway around 4:50pm. Staff members reentered the commons area and noticed a [man/woman] walking on the sidewalk through the window around 4:55 pm. Since resident has a history of exit seeking behaviors, staff members checked dining room and realized [s/he] was not there. Staff immediately went outside and realized it was the resident walking towards the road. Staff members immediately ran to catch up to resident who was all the way to the stop sign. Resident stated '[s/he] was going back to Kekoskee.' Staff redirected resident back to the building where [s/he] is now eating dinner. Staff notified POA, [s/he] stated [s/he] may come visit, first shift team lead, and director were both notified of incident."	N 163		

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 04/06/2026

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 163	Continued From page 3 Resident 7's progress note dated 02/27/2026 documented the following elopement: "During 12:30am safety check writer and other staff member on shift were unable to locate resident in apartment or anywhere else in building (both staff were assisting other resident that requires assist of 2 staff and were unable to hear alarms that are in place to alert staff to residents activities.) While exiting building to search surrounding area writer observed resident in parking lot attempting to open care doors on vehicles parked in lot. Resident easily redirected back into building to apartment due to c/o being very cold but did not wish to stay in their [sic]. Resident instead wandered the building entering or attempting to enter other residents apartments. Staff will be one on one with resident when able in attempt to maintain safety." On 04/09/2026, Surveyor reviewed the department file and determined a written report had not been submitted by the provider for Resident 7's elopements. On 04/06/2026 at 12:18 PM, Surveyor interviewed Administrator S regarding Resident 7's elopements. Surveyor reviewed the progress note entry from 02/27/2026. Administrator S stated s/he was unaware Resident 7 had eloped on the above date, and s/he would review his/her record for more information. At 12:22 PM, Administrator S stated after looking, there was no incident report and staff did not share that Resident 7 had eloped. On 04/06/2026 at 1:51 PM, Surveyor conducted an exit conference and shared findings with Administrator S, Consultant T, and Nurse U. Surveyor informed the staff s/he had reviewed the department file and did not observe a self-written	N 163		

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 04/06/2026

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 163	Continued From page 4 report for Resident 7's elopements on 02/13/2026 and 02/27/2026. Administrator S reported there was a previous administrator in place when Resident 7 eloped on 2/13 and s/he was unaware of the elopement on 2/27, therefore we did not submit a self-report. Consultant T stated the provider had retrained staff on elopement procedures. Cross Reference: N0426 83.38(1)(b) Supervision	N 163		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure adequate supervision to meet the needs of Resident 7 was provided. From 12/30/2025 to 03/13/2026, Resident 7 eloped 3 times. Staff recorded frequent occurrences of exit seeking behavior and elopement attempts. The provider did not increase supervision which created a risk to the health and safety of Resident 7 by allowing	N 426		

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 04/06/2026

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 426	Continued From page 5	N 426		

him/her to continue to reside in the facility without appropriate interventions to mitigate his/her risk of elopement.

Findings include:

On 03/23/2026, the Department received a complaint alleging concerns with a resident elopement.

On 04/06/2026, Surveyor reviewed Resident 7's record and identified the following:

Resident Record Review:

Resident 7 was admitted to the facility on 12/30/2025 with a diagnosis of dementia. Resident 7 had an activated healthcare of attorney. Resident 7 discharged to a memory care unit on 03/13/2026. Resident 7's individual service plan (ISP) dated 02/26/2026 documented: "Supervision: Needs some supervision. Please specify: Resident does wander around community. Is on safety checks.
Risk-Wandering/Elopement: [Resident 7's] [son/daughter] report that prior to admission, [Resident 7] routinely walked to the post office daily and returned home independently without incident. [Resident 7] has a diagnosis of dementia with behavioral disturbance and experiences occasional confusion; however [s/he] remains physically capable and ambulatory without assistance. At times, [Resident 7] requires prompting and cueing regarding the time of day and [his/her] current location. Due to [his/her] cognitive impairment and history of independent ambulation, [Resident 7] is considered at risk for wandering. Upon admission, [Resident 7] presents with increased confusion and demonstrates non-acceptance of [his/her] move

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 04/06/2026

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 426	Continued From page 6	N 426		

to the community. [S/he] is assessed to be at increased risk for wandering and/or exit seeking behaviors. Staff will provide supervision, prompting, and cueing as needed to support [Resident 7's] safety and orientation to time and location. Increased supervision will be provided during the transition period due to confusion and non-acceptance of move. Staff will monitor for signs of wandering and/or exit seeking behaviors, provide redirection as needed, maintain [Resident 7's] safety, and promptly report any concerns or incidents to the immediate supervisor. 30 Min Safety Checks: Staff will check in with [Resident 7] at least 30mins to ensure safety, comfort, and that all needs are met. Staff will promptly communicate any changes in condition or concerns to management. Care staff to do 30-minute checks for location and what resident was doing."

Resident 7's pre-admission assessment dated 12/02/2025 documented: " ...Diagnoses: Dementia, Wandering-scored "1": wanders in house, needs reminders and time to find areas, Decision Making-scored "1": does not always recognize when to make decisions, but follows directions; needs occasional reminders. Notes included at the end of the report "lots of prompting."

Resident 7's incident reports documented the following elopements:
-"02/13/2026: Staff members were gathering residents for dinner, and medpasser was passing meds on the south hallway around 4:50pm. Staff members re entered the commons area and noticed a [man/woman] walking on the sidewalk through the window around 4:55 pm. Since resident has a history of exit seeking behaviors, staff members checked dining room and realized

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 04/06/2026

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 426	Continued From page 7 [s/he] was not there. Staff immediately went outside and realized it was the resident walking towards the road. Staff members immediately ran to catch up to resident who was all the way to the stop sign. Resident stated '[s/he] was going back to Kekoskee.' Staff redirected resident back to the building where [s/he] is now eating dinner. Staff notified POA, [s/he] stated [s/he] may come visit, first shift team lead, and director were both notified of incident." The temperature on 02/13/2026 at 4:55 PM was 46 degrees Fahrenheit. (Source: National Weather Service website, https://www.wunderground.com/history (retrieval date - 04/07/2026).) -"02/23/2026: Staff was assisting other residents with dinner and resident got up from [his/her] table to head back to [his/her] room. Writer was passing other staff members in the north hallway when care staff was notified by kitchen staff that resident was attempting to get into the maintenance room. When staff went to look for resident, resident was not able to be located in the building. Staff checked every room, bathroom, closet, kitchen, etc. in the facility. Staff contacted Admin, police, and POA. Staff also did 4 on foot perimeter checks and 2 around the block drives to find resident. After 30 minutes resident's [son/daughter] contacted staff and stated [s/he] was on County Road Y heading to Kekoskee. Resident is currently in [his/her] room with family, warming up and relaxing. No bruises or cuts seen on resident. Resident just stated that [s/he] was cold." The temperature on 02/23/2026 at 4:55 PM was 23 degrees Fahrenheit. (Source: National Weather Service website, https://www.wunderground.com/history (retrieval date - 04/07/2026).)	N 426		

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 04/06/2026

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 426	Continued From page 8 Resident 7's progress note dated 02/27/2026 documented the following elopement: "During 12:30am safety check writer and other staff member on shift were unable to locate resident in apartment or anywhere else in building (both staff were assisting other resident that requires assist of 2 staff and were unable to hear alarms that are in place to alert staff to residents activities.) While exiting building to search surrounding area writer observed resident in parking lot attempting to open car doors on vehicles parked in lot. Resident easily redirected back into building to apartment due to c/o being very cold but did not wish to stay in their [sic]. Resident instead wandered the building entering or attempting to enter other residents apartments. Staff will be one on one with resident when able in attempt to maintain safety." The temperature on 02/27/2026 at 1:15 AM was 29 degrees Fahrenheit. (Source: National Weather Service website, https://www.wunderground.com/history (retrieval date - 04/07/2026).) Resident 7's progress notes dated 12/30/2025 to 03/11/2026 documented: -Staff recorded 33 occurrences of exit seeking behavior (01/02 8x, 01/03, 01/27, 01/28 4x, 02/04, 02/22 2x, 02/25, 02/26 5x, 03/02, 03/04, 03/05, 03/07, 03/08 4x, 03/09, 03/11). -Staff recorded 7 occurrences of elopement attempts: "-01/02/2026 at 6:15 PM: Before dinner resident was found wandering the south hallway, when staff asked where [s/he] was going, [s/he] stated again that [s/he] was leaving and going to find [his/her] truck. Staff attempted to redirect resident, and resident proceeded to leave through	N 426		

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 04/06/2026

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 426	Continued From page 9 south left-wing outside door. Staff members followed resident outside and after resident realized that [his/her] truck was not outside, [s/he] followed staff members back to the front doors and came back inside. -01/02/2026 at 9:15 PM: ....Resident is still wandering the hallways and trying to leave the community out the front entrance doors. After multiple attempts of redirection resident proceeded to leave through front doors and resident was quickly redirected inside by staff after realizing it was cold out. Resident is now wandering around the commons area and still persistent [s/he] is going to leave. -02/28/2026 at 1:30 PM: Resident has been attempting to leave facility throughout the day, stating [s/he] is going home and looking for [his/her] truck. Resident observed ambulating up and down north hall repeatedly and going to front entrance to look outside. Aides intercepted resident attempting to exit through north side door and were able to successfully redirect ...Aides report resident's legs/knees appear fatigues, and resident noted to have unsteady gait with occasional loss of balance. Multiple attempts made to encourage resident to sit and rest; however, resident does not remain seated. -03/01/2026 at 10:45 AM: Aides found resident sitting on [his/her] couch attempting to change [his/her] clothes. Upon assessment, resident was noted to be wearing three pairs of pants and five shirts/sweaters. Clothing was saturated with urine. Aides provided incontinence care, assisted resident with hygiene, and changed [him/her] into clean clothing .....Following care, resident observed ambulating up an down the north and south hallways. Resident attempted to exit through the south side door; aides were able to successfully redirect [him/her] away from the exit. -03/03/2026 at 11:45 AM: I was doing north side	N 426		

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 04/06/2026

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 426	Continued From page 10 laundry heard the door alarm go off I ran to check and [s/he] was walking outside. [S/he] came back in saying it was to cold outside [s/he] was by the patio. -03/04/2026 at 6:15 PM: Resident continues to attempt to leave the facility. Resident has made multiple attempts to exit through the front door. Staff were able to redirect the resident back inside; however, the resident becomes upset during redirection. -03/08/2026 at 4:15 PM: Staff has witnessed resident leaving through the dinning room door 2 times, staff redirected resident back into the building immediately, resident continues to attempt to elope from building after multiple redirections such as folding towels, sitting with staff members, having a snack, going to [his/her] room and watching tv." Surveyor Resident 7's elopement risk assessment dated 02/27/2026 (completed 14 days after the first elopement on 02/13/2026). The following was documented: "Resident is a high risk for elopement and wandering. Resident has diagnosis of dementia and has had more increased confusion, anxiety, restlessness and weakness. Resident has had couple incident with leaving the community form [sic] exit doors. We have 30 minute checks into place with location and activity of resident, updates to care plan care meeting with family, increased monitoring of hydration and medication adjustments." Surveyor reviewed Resident 7's 30-minute check documentation dated 02/14/2026 to 03/12/2026. The evidence showed inconsistencies with staff not documenting every 30 minutes. From the records reviewed, Surveyor was unable to verify that checks occurred every 30 minutes on the following occasions:	N 426		

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 04/06/2026

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 426	Continued From page 11 -02/14/2026: 12:48 PM to 8:55 PM -02/15/2026: 5:01 AM to 9:05 AM 1:32 PM to 9:13 PM -02/16/2026: 5:20 AM to 9:26 AM 10:35 AM to 1:08 PM 1:12 PM to 5:11 PM -02/18/2026: 5:20 AM to 9:37 AM 11:24 AM to 1:45 PM 4:15 PM to 6:41 PM -02/26/2026: 5:33 AM to 9:26 AM 10:40 AM to 12:45 PM 1:42 PM to 7:38 PM -02/27/2026: 5:51 AM to 9:28 AM 11:33 AM to 1:47 PM 3:09 PM to 7:45 PM -02/28/2026: 5:30 AM to 9:12 AM 11:12 AM to 1:16 PM 1:18 PM to 8:32 PM -03/01/2026: 5:06 AM to 9:32 AM 11:40 AM to 2:13 PM 4:04 PM to 9:07 PM -03/02/2026: 5:37 AM to 9:40 AM	N 426		

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 04/06/2026

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 426	Continued From page 12 10:30 AM to 1:57 PM 3:22 PM to 6:27 PM -03/03/2026: 12:00 AM to 3:05 AM 5:24 AM to 11:23 AM 1:42 PM to 7:55 PM -03/04/2026: 5:24 AM to 9:37 AM 1:42 PM to 6:18 PM -03/05/2026: 5:31 AM to 9:45 AM 11:08 AM to 1:33 PM 1:53 PM to 5:02 PM -03/06/2026: 12:04 AM to 2:38 AM 5:46 AM to 9:35 AM 1:31 PM to 7:23 PM -03/07/2026: 5:27 AM to 9:21 AM 11:17 AM to 1:43 PM 2:01 PM to 5:05 PM 5:30 PM to 10:28 PM -03/08/2026: 5:26 AM to 9:14 AM 1:52 PM to 5:16 PM -03/09/2026: 5:38 AM to 8:13 AM 1:03 PM to 7:30 PM 8:20 PM to 11:29 PM -03/10/2026: 12:00 AM to 4:16 AM 5:43 AM to 9:29 AM	N 426		

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 04/06/2026

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 426	Continued From page 13 1:46 PM to 8:04 PM -03/11/2026: 5:40 AM to 8:20 AM 10:21 AM to 1:31 PM 2:59 PM to 6:38 PM -03/12/2026: 5:36 AM to 10:09 AM 1:34 PM to 5:01 PM 6:14 PM to 8:28 PM Interviews: On 04/06/2026 at 12:18 PM, Surveyor interviewed Administrator S regarding Resident 7's elopements. Surveyor reviewed the progress note entry from 02/27/2026. Administrator S stated s/he was unaware Resident 7 had eloped on the above date, and s/he would review his/her record for more information. At 12:22 PM, Administrator S stated after looking, there was no incident report and staff did not share that Resident 7 had eloped. On 04/06/2026 at 1:51 PM, Surveyor conducted an exit conference and shared findings with Administrator S, Consultant T, and Nurse U. Consultant T reported they took over as the management company at the end of February and after learning/seeing Resident 7's behaviors we acknowledged that s/he needed a more secure setting. Consultant T reported after the first elopement on 2/13, the provider implemented 30-minute checks. Surveyor reported after reviewing the 30-minute check documentation, there were many dates/times where the Surveyor was unable to verify that checks occurred every 30 minutes. Administrator S reported the expectation for staff would be to document in their	N 426		

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 04/06/2026

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 426	Continued From page 14 electronic health record every 30 minutes signing off that the check was completed. Surveyor questioned the effectiveness of the 30-minute checks as Resident 7 eloped 2 more times after they were started. In addition, the provider did not conduct an assessment until 02/27 (approximately 2 weeks) after the first on 02/13. The staff acknowledged a change of condition assessment should have been completed immediately after Resident 7's first successful elopement but added the former administrator would have been responsible for completing that assessment. Surveyor noted with Resident 7's willingness to elope, the unsecured setting of the facility, and the inconsistencies with the 30-minute checks, a higher level of supervision should have been implemented. The management staff acknowledged an understanding of the above concerns. Consultant T reported after Resident 7's elopement on 2/23, we started retraining all staff on elopements and started the process of moving Resident 7 to a sister facility that was secured. Cross Reference: N0163 83.12(4)(a) Reporting When Resident's Whereabouts Unknown	N 426		