STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011906	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VIEW TERRACE	404 COUNTY RD R BLACK RIVER FALLS, WI 54615

(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 11/04/2025, Surveyor conducted two complaint investigations and an abbreviated survey at Pine View Terrace. Data collection continued through 11/12/2025. Both complaints were unsubstantiated. One deficiency was identified. Census: 34 tenants; 36 apartments	U 000		
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 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 1 of 1 tenant comprehensive assessments were reviewed annually when there was a change in the service or risk agreement for Tenant 1. Findings include: On 11/04/2025 at approximately 9:45 AM, Surveyor interviewed Administrator A and inquired about Tenant 1's care needs. Administrator A stated Tenant 1 had been given a 30-day discharge notice as s/he was diagnosed with	U 171		

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

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Lewy Body dementia within the past 6 months and had a history of increased hallucinations and increased care needs related to incontinence, management of blood sugars and diabetic oversight.

On 11/04/2025, Surveyor requested to review Tenant 1's record and requested the most current comprehensive assessment on file. Surveyor reviewed a document with the title, "Assessment/Level of Care Determination" provided by Administrator A. Tenant 1 had an admission date of 12/01/2017. The assessment was dated 09/15/2020.

The assessment, dated 09/15/2020 documented the following:

-Mental Function: Forgetful/needs cueing
-Transfers: Independent, with walker or cane
-Dressing: Independent
-Personal Care: Independent
-Elimination: Independent
-Mood Behavior: Anxiety/agitation
-Diabetic: Monitor BS daily (3-4 times), (insulin dependent was not checked)

On 11/04/2025 at approximately 12:15 PM, Administrator A informed Surveyor Tenant 1's care needs increased to a "Level C" from "Level B" on 12/04/2023. Administrator A stated Tenant 1 had signed a new service agreement at that time. The service agreement dated 12/04/2023 did not include evidence the comprehensive assessment was reviewed or updated.

On 11/04/2025, Surveyor reviewed the following current staff charting notes:

-10/15/2025: Tenant 1 attempted to enter the hall

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U 171	Continued From page 2	U 171		

and asked if staff made his/her lights flicker on and off. Staff informed Tenant 1 s/he may need a new light bulb.

-10/10/2025: At 4:00 AM, Tenant 1 was observed "scooting backwards through the building near exit to building" and stated s/he needed help understanding some papers.

-10/04/2025: Tenant called for help multiple times back-to-back and informed staff "I was trying to turn the red light off". Staff explained the red light was an indicator that the batteries were working.

-10/03/2025: Tenant called to ask staff where his/her parents were.

-10/01/2025: Tenant found "rolling through the hallway on [his/her] walker in just a shirt and Depends (incontinence briefs)." Staff informed Tenant 1 s/he needed pants on.

-09/27/2025: Tenant 1 continues to wander with psychotic jabbering at 5:10 AM after return from emergency room (ER) at 12:00 AM. PCP prescribes new med for daily administration for Alzheimer's starting today. Continue to monitor and note behaviors. Return from ER reflects a continued UTI (urinary tract infection) ...

-09/27/2025: Tenant 1 had loose stools this afternoon. Staff cleaned him/her up and changed sheets. Loperamide offered and taken by tenant. Tenant confused and was in hall numerous times in underwear trying to carry a water glass, scissors, tv remote, phone, hairbrush, and scraps of paper. Staff redirected back to room.

-09/27/2025: At 12:00 AM, Tenant returned from ER and was pushed by wheelchair to room and

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assisted into bed. At 5:00 AM, staff heard yelling and Tenant 1 "jerked [his/her] walker into walls." Tenant went out into the hallway and towards the exit door. Tenant 1 paced in the dining room until staff was able to redirect him/her back to his/her room.

09/26/2025: Tenant 1 was found in another tenant's apartment. Multiple staff attempted to get Tenant 1 back into the hallway, but Tenant 1 started yelling at staff and grabbing/pulling on staff's arm. Tenant 1 was taken to the ER at 8:40 PM.

09/26/2025: At 5:30 AM, Tenant was upset and did not want to change out of soiled depends [sic] (incontinence product) or wet bed pads. Tenant reported seeing a "friendly dog" before shouting, "Go to [expletive] if you don't have Coke (cola)." Tenant 1 was found wandering the halls, knocking on doors, and barging into other tenant's apartments. Staff attempted to redirect Tenant 1 multiple times, but Tenant 1 got more aggressive each time. Tenant 1 began shouting at staff, swearing at them and batting his/her hand in staff's faces.

Tenant 1's record included a document with the title, "Statement of Incapacity", signed and dated 11/22/2024.

Tenant 1's record included a current medication administration record (MAR) with orders to administer sliding scale insulin up to 3 times per day at meals, and scheduled insulin at bedtime.

Tenant 1's comprehensive assessment was not reviewed annually since 2020, when there was a change in the service agreement in 2023, or when there was a change in Tenant 1's needs

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U 171	Continued From page 4 with elimination, mental status/incapacitation, behaviors, and diabetic needs. On 11/04/2025 at approximately 1:15 PM, Surveyor interviewed Administrator A and asked if it was common practice to update the comprehensive assessment at least annually. Administrator A stated s/he had been employed since May 2024 and had not updated comprehensive assessments annually for any tenant. Administrator A stated s/he was aware of the requirement at her previous employer where s/he worked in a Residential Community Apartment Complex (RCAC), but was not aware it was required at the RCAC s/he was currently employed at.	U 171		