Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017029	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE	N844 CRAWFISH RD IXONIA, WI 53036

(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
{M 000}	INITIAL COMMENTS On 10/04/2023. the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at verification visit at Pine Ridge, an AFH located in Ixonia, WI. As a result of the survey, 1 violations of Chapter DHS 88 were issued. One violation is a repeat violation from previous SOD# M6L014, M6L013 and M6L012. Three violations from previous SOD# M6L014 dated 07/24/2023 are corrected Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and homelike environment appropriate for residents. There were 2 large holes in the door leading from the kitchen to the living area. This is a repeat violation from previous Statement of Deficiency(SOD) # M6L014 dated 07/24/2023,	{M 276}		

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
	0017029	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE	N844 CRAWFISH RD IXONIA, WI 53036

(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
{M 276}	Continued From page 1 SOD #M6L013 dated 12/06/2022 and SOD# M6L012 dated 02/04/2022. Findings include: On 10/04/2023, Surveyor toured the physical environment. The door leading from the common living area and the kitchen had 2 large holes in the door. The bottom two panels of the door were completely missing from being kicked by a resident. On 10/04/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A stated that the holes in the door were a result of being kicked by multiple residents and Licensee A agreed that the door should be fixed or replaced. Licensee A stated, "I have the wood to replace the holes, but haven't gotten around to it yet."	{M 276}		