STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018440	A. BUILDING: _____ B. WING _____	C 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW OROURKE DEMENTIA STABILIZATI(	N3150 HIGHWAY 81 MONROE, WI 53566

(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 03/17/2025, Surveyor conducted a standard survey and 3 complaint investigations at Pleasant View Orourke Dementia Stabilization Unit. One (1) deficiency was identified. One (1) complaint was substantiated; 2 were unsubstantiated. Census: 6	N 000		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's guardian was provided an admission agreement before or at the time of admission. Findings include: On 03/17/2025, Surveyors conducted an abbreviated survey and complaint investigation. At approximately 11:45 a.m., Surveyor reviewed the closed electronic record of Resident 1 with Manager A. Resident 1 was admitted to the provider with a chapter 55 protective placement order on 01/17/2025 with a diagnosis of dementia. Surveyor reviewed Resident 1's admission agreement, dated 01/17/2025, that was signed by an adult protective services	N 301		

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
	0018440	A. BUILDING: _____ B. WING _____	C 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW OROURKE DEMENTIA STABILIZATI(	N3150 HIGHWAY 81 MONROE, WI 53566

(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 301	Continued From page 1 member from his/her county of residence. Surveyor asked Manager A if Resident 1's guardian had signed his/her admission agreement. Manager A stated s/he would have to look into it. On 03/19/2025 at 3:22 p.m., Manager A stated, "To address your question about the admission agreement, I did include the Statement for Emergency Protective Placement (EPP), which explains that [Resident 1] was making verbal threats to [Guardian B], causing [him/her] to fear for [him/her] safety. Which I am only assuming as to why APS (adult protective services) took the lead. Until yesterday, I was unaware that [Guardian B], had not received a copy of the admission documents. As I mentioned earlier, APS was handling communications with [him/her]. Moreover, despite [his/her] visits to the DSU (facility) to see [Resident 1], [s/he] never requested the admission documents from me. [His/her] only request was for a psychiatry evaluation for [Resident 1], which was arranged and sent along with the discharge paperwork. [S/he] also has not sent me any emails or have I received any phone calls requesting this information, so I assumed [s/he] received all of the documents that [s/he] needed."	N 301		