STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	R 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(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 12/11/2024, the bureau of assisted living Southern regional office conducted a desk-review of Prairie Ridge Assisted Living a CBRF located in Waupun, WI. As a result of this survey, 1 violation of DHS chapter 83 was issued	N 000		
N 141	83.09 Biennial report and fees. Biennial report and fees. Every 24 months, on a date determined by the department, the licensee shall submit a biennial report on the form provided by department, and shall submit payment of the license continuation fees. This Rule is not met as evidenced by: Based on record review, the Licensee A did not ensure the biennial report, annual report and license fee were submitted to the department within 30 days prior to the license expiration date. Findings include: On 07/29/2024, the department sent a notice to Licensee A informing them the license for Prairie Ridge Assisted Living, would expire on 10/31/2024. The notice indicated the biennial report, annual report and license fee were due to the department by 10/01/2024. On 10/03/2024, the department sent a second notice to Licensee A and Administrator B by e-mail, indicating the biennial report, annual report and license fee were past due. The notice indicated if the biennial report, annual report and license fee were not received by 10/31/2024, the	N 141		

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
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N 141	Continued From page 1 Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 10/03/2024, the department received a confirmation of delivery of the email issued 10/03/2024. On 12/11/2024, Surveyor reviewed department records and found no evidence of a biennial report or license fees received from the provider.	N 141		