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-C 10/03/2025

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 09/24/2025, with information obtained through 10/03/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit, complaint investigation, and standard licensing survey at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI. As a result of the survey, 14 deficiencies were identified. Six deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was substantiated. Census: 18	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the CBRF and its operation complied with all laws governing it. This is a repeat deficiency. See Statement of	N 196		

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

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N 196	Continued From page 1 Deficiency (SOD) NPVS12, dated 11/15/2019. Findings include: Example 1 - Repeated noncompliance On 09/24/2025, with information obtained through 10/03/2025, Surveyor conducted a complaint investigation, verification visit for Statement of Deficiency (SOD) X5CD14, dated 12/19/2024, and a standard licensing survey. Fourteen citations of noncompliance were identified, 6 of which were repeat citations, as identified below: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws This requirement is being cited for a second time. See SOD NPVS12, dated 11/15/2019. N0220 DHS 83.17(2)(a) Employees Screened for Communicable Disease This requirement is being cited for a second time. See SOD X5CD11, dated 09/15/2023. N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0277 DHS 83.25 Continuing Education This requirement is being cited for a second time. See SOD X5CD11, dated 09/15/2023. N0283 DHS 83.26(1) Documentation of Required Employee Training N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication This requirement is being cited for the sixth time. See SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023,	N 196		

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N 196	Continued From page 2 and SOD NPVS12, dated 11/15/2019. N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes This requirement is being cited for the fifth time. See SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. N0396 DHS 83.36(1)(a) Adequate Staff to Meet Resident Needs N0397 DHS 83.36(1)(b) Qualified Staff in Charge, on Duty, and Awake N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule N0431 DHS 83.38(1)(g) Health Monitoring This requirement is being cited for the sixth time. See SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. N0433 DHS 83.38(1)(i) Behavior Management N0448 DHS 83.41(2)(a) Nutrition: Diet Example 2 - Special orders On 09/25/2025, Surveyor reviewed Department files for the provider, which included the most recently issued SOD, SOD X5CD14, and its corresponding "Notice and Order" letter. The "Notice and Order" letter was dated 03/12/2025	N 196		

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N 196	Continued From page 3 and documented the following special orders: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Prairie Ridge Assisted Living: "1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. "WITHIN 45 DAYS of receipt of this notice, the licensee shall audit the training records for each resident care staff and ensure compliance with all training requirements specified in Wis. Admin. Code ch. DHS 83. The licensee shall take immediate action to resolve any identified training deficiencies. "The licensee will retain written documentation of the training record audit to include the name and signature of the employee conducting the audit, name of the employee record reviewed, and the date the review was completed. "ADDITIONALLY, "WITHIN 45 DAYS of receipt of this notice, the licensee shall review the record for each resident receiving medication administration and management services. The review shall include, at a minimum, the evaluation of documentation for medication orders, and documentation for medication administration including compliance with ordered parameters for the medication	N 196		

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N 196	Continued From page 4	N 196		

administration. The licensee shall take immediate action to resolve any identified irregularities.

"The licensee will retain written documentation of the resident medication record audit to include the name and signature of the employee conducting the audit, name of the resident record reviewed, and the date the review was completed.

"Documentation required by Order #1 will be made available to department representatives upon request.

"2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide Resident 12's legal representative and the case manager (if any) with a copy of Statement of Deficiency X5CD14 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request."

On 09/26/2025, at approximately 2:57 p.m., Surveyor e-mailed Operations GG and Manager HH to request evidence of the special orders having been followed and gave a deadline of 09/29/2025 at 12:00 p.m. Nothing further was received.

On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG and Operations Manager Y. Operations Manager GG confirmed that staff were unable to find any

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N 196	Continued From page 5 evidence of compliance of the special orders. Cross Reference: N0220 DHS 83.17(2)(a) Employees Screened for Communicable Disease N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0277 DHS 83.25 Continuing Education N0283 DHS 83.26(1) Documentation of Required Employee Training N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes N0396 DHS 83.36(1)(a) Adequate Staff to Meet Resident Needs N0397 DHS 83.36(1)(b) Qualified Staff in Charge, on Duty, and Awake N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule N0431 DHS 83.38(1)(g) Health Monitoring N0433 DHS 83.38(1)(i) Behavior Management N0448 DHS 83.41(2)(a) Nutrition: Diet	N 196		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF	N 220		

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N 220	Continued From page 6	N 220		

shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 2 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment by a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023.

Findings include:

On 09/24/2025, Surveyor conducted a review of 2 employees to verify compliance with communicable disease screening requirements.

Example 1 - Caregiver CC

The record for Caregiver CC, hired 05/21/2025, did not contain evidence of him/her having undergone a communicable disease screen. His/her record contained evidence of a tuberculosis skin test and a "Communicable Disease / Tuberculosis Screening Questionnaire" form. The form contained Caregiver CC's signature and was dated 05/24/2025 but was otherwise blank. There was no other evidence of disease screening having been completed for Caregiver CC.

At approximately 11:30 a.m., Surveyor showed Operations GG the blank communicable disease

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N 220	Continued From page 7 screen for Caregiver CC. Operations GG reported that s/he assumed the provider did not have Caregiver CC screened for communicable diseases. At approximately 4:24 p.m., Surveyor discussed the above concern with Administrator FF and Operations GG. Both acknowledged Surveyor's concerns and said nothing further. Example 2 - Caregiver DD The record for Caregiver DD, hired 04/08/2025, did not contain evidence of him/her having undergone a tuberculosis skin test reading or evidence that the "Communicable Disease / Tuberculosis Screening Questionnaire" form that s/he completed was reviewed by a medical provider or registered nurse. At approximately 11:30 a.m., Surveyor interviewed Operations GG about the missing communicable disease screening for Caregiver DD. Operations GG agreed with Surveyor's observations that it did not appear that Caregiver DD's tuberculosis skin test was read or that his/her screen form was reviewed by a medical provider or registered nurse. At approximately 4:24 p.m., Surveyor discussed the above concern with Administrator FF and Operations GG. Both acknowledged Surveyor's concerns and said nothing further. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 220		

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N 239	Continued From page 8	N 239		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 employees reviewed obtained all department approved training as required. Caregiver QQ did not have training in first aid and choking or fire safety within 90 days after starting employment.	N 239		

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N 239	Continued From page 9 Caregivers QQ and RR, who had responsibilities that would create exposure to blood, body fluids, or other moist body substances, dd not have training in standard precautions prior to assuming these duties. Findings include: Fire Safety The record for Caregiver QQ, hired 06/17/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG. Operations GG confirmed the provider did not have evidence that Caregiver QQ completed or met an exemption for fire safety training. On 10/03/2025, Surveyor verified Caregiver QQ was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver QQ, hired 06/17/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG. Operations GG confirmed the provider did not have evidence that Caregiver QQ completed or met an exemption for first aid and choking training. On 10/03/2025, Surveyor verified Caregiver QQ was not on the Community-Based Care and Treatment training registry for first aid and choking training. Standard Precautions	N 239		

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N 239	Continued From page 10 The record for Caregiver QQ, hired 06/17/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG. Operations GG confirmed Caregiver QQ performed job tasks that may expose him/her to blood or other bodily fluids. Operations GG confirmed the provider did not have evidence that Caregiver QQ completed or met an exemption for standard precautions training. The record for Caregiver RR, hired 09/08/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG. Operations GG confirmed Caregiver RR performed job tasks that may expose him/her to blood or other bodily fluids. Operations GG confirmed the provider did not have evidence that Caregiver QQ completed or met an exemption for standard precautions training. On 10/03/2025, Surveyor verified Caregivers RR and QQ were not on the Community-Based Care and Treatment training registry for standard precautions training. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full	N 277		

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N 277	Continued From page 11 calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the continuing education for 1 of 1 resident care staff reviewed, Caregiver EE, included education in standard precautions and fire safety in 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023. Findings include: On 09/24/2025, Surveyor conducted a review of 1 employee to verify compliance with continuing education requirements. Surveyor reviewed the 2024 training records for Caregiver EE. The 2024 training record for Caregiver EE did not contain any evidence of continuing education in standard precautions or fire safety. At approximately 4:24 p.m., Surveyor discussed the above concern with Administrator FF and Operations GG. Both acknowledged Surveyor's concerns and said nothing further. Cross Reference:	N 277		

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N 277	Continued From page 12 N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 277		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the documentation of all employee training and applicable task-specific training for 1 of 2 employees reviewed contained the dates of training. Surveyor was unable to verify that Caregiver CC completed required trainings within their respective timeframes. Findings include: The provider is licensed to serve up to 24 residents within the client groups of irreversible dementia/Alzheimer's and advanced aged. On 09/24/2025, Surveyor reviewed the training record for Caregiver CC, hired 05/21/2025. Caregiver CC's training record consisted of 6 pages of training records. Different topics included on the record contained the following: 1) All employee training: Resident rights, client group training, and challenging behaviors	N 283		

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N 283	Continued From page 13 2) Multiple personal care training topics 3) Dietary training 4) Orientation training: Preventing and reporting resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom Caregiver CC was responsible, emergency and disaster plan and evacuation procedures, and recognizing and responding to resident changes of condition. For each of the above trainings, either a line was drawn through the training topic or the word "done" was handwritten next to the topic. There were no dates recorded for any of the trainings. Without the training date documentation, Surveyor was unable to verify that each training was completed by Caregiver CC within its respective required timeframe. At approximately 1:30 p.m., Surveyor interviewed Operations GG regarding the above concern. Operations GG agreed with Surveyor's concern and reported s/he would follow up with the provider and instruct management to document training dates. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 283		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed	{N 352}		

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(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
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medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that Resident 13 received his/her blood pressure and anticonvulsant medication at intervals prescribed by his/her practitioner.

From 08/01/2025 - 09/24/2024, staff documented administering Resident 13's midodrine despite his/her systolic blood pressure readings having been within parameters for holding it.

Resident 13 did not receive his/her prescribed divalproex sodium capsules on 5 days, from 09/08/2025 through 09/12/2025, in accordance with his/her tapering schedule.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019.

Findings include:

On 09/24/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 07/14/2025 with diagnoses including unspecified dementia with behavioral disturbance, hypertensive heart disease, history of right lower extremity acute embolism, and congestive heart failure. Resident 13 was identified as having an activated power of attorney (POA) for healthcare. Resident 13's

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{N 352}	Continued From page 15 individual service plan (ISP), not dated as reviewed, identified that Resident 13 required staff assistance to manage and administer medications. Example 1 - Resident 13's midodrine tablets Surveyor reviewed Resident 13's medications, which included a prescription for midodrine HCl 5 mg tablets with instructions to, "Take 1 tablet by mouth 2 times a day every morning and evening for hypotension *hold if [systolic blood pressure] greater than 130*" Surveyor reviewed Resident 13's medication administration records (MARs) from 08/01/2025 - 09/24/2025, and identified the following 6 occasions in which his/her systolic blood pressure was greater than 130 but staff documented administering his/her midodrine: - 08/02/2025 (morning dose): Systolic blood pressure recorded as 135, midodrine documented as administered - 08/24/2025 (morning dose): Systolic blood pressure recorded as 144, midodrine documented as administered - 08/29/2025 (morning dose): Systolic blood pressure recorded as 167, midodrine documented as administered - 09/04/2025 (morning dose): Systolic blood pressure recorded as 133, midodrine documented as administered - 09/07/2025 (morning dose): Systolic blood pressure recorded as 147, midodrine documented as administered	{N 352}		

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{N 352}	Continued From page 16 - 09/09/2025 (evening dose): Systolic blood pressure recorded as 143, midodrine documented as administered Example 2 - Resident 13's divalproex sodium capsules Surveyor reviewed Resident 13's medications, which included a prescription for divalproex sodium 125 mg delayed release sprinkle capsules. An initial prescription, active from 08/23/2025 through 08/29/2025, directed that Resident 13 was to receive 2 capsules (250 mg) three times daily at 8:00 am., 2:00 p.m., and 8:00 p.m. for the 7 days of the order. An updated prescription, active from 08/30/2025 through 09/05/2025, directed that Resident 13 was to receive 2 capsules (250 mg) twice daily at morning and bedtime for the 7 days of the order. An updated prescription, active from 09/06/2025 through 09/12/2025, identified that Resident 13 was to receive 2 capsules (250 mg) every morning. Surveyor observed that this series was consistent with a medication tapering schedule. Surveyor reviewed Resident 13's MARs from 08/01/2025 - 09/24/2025. In reviewing the MARs, Surveyor observed an initial entry for divalproex that showed 3 administrations (8:00 a.m., 2:00 p.m., and 8:00 p.m.) and was active from 08/23/2025 through 08/29/2025, consistent with the initial order. However, the 2 separate entries for his/her twice daily divalproex and his/her once daily divalproex showed both as starting on 08/23/2025 and continuing through their respective end periods. As a result, Resident 13's MARs showed all 3 separate divalproex entries as being active from 08/23/2025 through 08/29/2025 (when his/her 3x/daily divalproex was	{N 352}		

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stopped), and then 2 separate divalproex entries (his/her twice daily and his/her once daily divalproex) as being active from 08/30/2025 through 09/05/2025, thus showing concurrent administration instead of subsequent administration as the orders intended.

During the first set of overlapping entries, including on 08/25/2025, 08/26/2025, 08/27/2025, 08/28/2025, staff initialed off on all 3 divalproex entries for all administrations except for the evening administration of his/her twice daily divalproex. As a result, it was unclear if staff were following solely the order of Resident 13's 3x/daily divalproex, which was the only order active from 08/23/2025 - 08/29/2025, or if they were administering him/her additional divalproex capsules based on the other 2 orders.

During the second set of overlapping entries, including on 08/31/2025, 09/01/2025, 09/02/2025, 09/03/2025, 09/04/2025, and 09/05/2025, staff initialed off on both Resident 13's twice daily and once daily divalproex. As a result, it was unclear if staff were following solely the order of Resident 13's twice daily divalproex, which was the only order active from 08/30/2025 - 09/05/2025, or if they were administering him/her additional divalproex capsules based on his/her once daily order.

From 09/08/2025 through 09/12/2025 (5 potential administrations), Surveyor observed that staff documented not administering Resident 13's divalproex due to the following:

- 09/08/2025: "Other problems" (no additional annotations)

- 09/09/2025: "not in cart"

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{N 352}	Continued From page 18 - 09/10/2025: "medication not in cart" - 09/11/2025: "Other problems" (no additional annotations) - 09/12/2025: "this medication course was completed previously" According to Mayo Clinic, the gradual reduction in the amount of divalproex being taken by someone prior to stopping completely "may help prevent worsening of seizures and reduce the possibility of withdrawal symptoms." (Source: Mayo Clinic, Divalproex sodium (oral route), September 1, 2025, https://www.mayoclinic.org/drugs-supplements/divalproex-sodium-oral-route/description/drg-20072886 (retrieval date - September 30, 2025).). INTERVIEW: On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG and Operations Manager Y. Both acknowledged Surveyor's medication administration concerns. Operations Manager Y reported that Administrator FF's employment had been terminated during the course of the survey. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	{N 352}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative,	N 387		

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N 387	Continued From page 19 as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 13's legal representative signed Resident 13's individual service plan (ISP) acknowledging his/her involvement in, understanding of, and agreement with the plan. Findings include: On 09/24/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 07/14/2025 with diagnoses including dementia. Resident 13 was documented as having an activated power of attorney (POA) for healthcare. Surveyor reviewed Resident 13's ISP, which contained no signatures indicating that it was reviewed. The date of the ISP was 09/24/2025. At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG.	N 387		

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N 387	Continued From page 20 Administrator FF reported s/he had just provided Surveyor Resident 13's current ISP and would have to go back and look to see if there was a copy showing that it was signed and reviewed by Resident 13's POA. Surveyor gave a deadline of 09/25/2025 at 4:00 p.m. for additional records to be received. Nothing further was received. On 09/26/2025, at approximately 11:30 a.m., Operations GG e-mailed Surveyor and confirmed that s/he and Manager HH were unable to find evidence of a signed ISP for Resident 13. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the individual service	N 389		

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plans (ISPs) for 2 of 2 residents reviewed were reviewed at least annually with their respective legal representatives and signed by them to indicate their involvement in, understanding of, and agreement with the plans.

There was no evidence of Resident 2 or Resident 11 having any signed ISPs since their admissions in 2021 and 2020, respectively.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019.

Findings include:

Example 1 - Resident 2

On 09/25/2025, Surveyor reviewed the resident roster. Resident 2 was admitted to the provider on 07/01/2021. At approximately 3:33 p.m., Surveyor e-mailed Administrator FF and Operations GG and requested Resident 2's current ISP as well as his/her last reviewed one with signatures.

On 09/26/2025, at approximately 11:30 a.m., Operations GG replied to Surveyor's e-mail and reported that s/he and Manager HH had looked for Resident 2's last signed ISP but were unable to find any signed ISPs on file.

Example 2 - Resident 11

On 09/24/2025, Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider on 01/30/2020 with diagnoses including vascular dementia. Resident 11 was documented as

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N 389	Continued From page 22 having an activated power of attorney (POA) for healthcare. Surveyor reviewed an ISP for Resident 11 dated 10/31/2024. The ISP did not contain a signature from Resident 11's POA indicated that s/he had reviewed it. At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. Administrator FF acknowledged Surveyor's concern that Resident 11's last reviewed ISP did not appear to be reviewed by his/her POA. Administrator FF reported s/he would look for any signed ISPs for Resident 11. Surveyor requested Resident 11's last signed ISP to be provided no later than 09/25/2025 at 4:00 p.m. Nothing further was received. On 09/26/2025, at approximately 11:30 a.m., Operations GG e-mailed Surveyor and reported that s/he and Manager HH had looked for Resident 11's last signed ISP but were unable to find any signed ISPs on file. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 389		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that employees were provided on sufficient numbers on a 24-hour basis to meet the needs of residents.	N 396		

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N 396	Continued From page 23 On 27 occasions in August and September, the provider had only 1 staff working when Resident 13 alone was known to require at least 2 staff for cares throughout that period. Findings include: The provider is licensed to serve up to 24 nonambulatory residents in the client groups of irreversible dementia/Alzheimer's and advanced aged. On 09/24/2025, Surveyor conducted a complaint investigation into concerns that the facility was short-staffed. On 09/24/2025, Surveyor reviewed a resident roster, which showed a current census of 18 residents. Of the 18 residents, 8 were identified as being non-ambulatory. On 09/24/2025, at approximately 10:20 a.m., Surveyor interviewed Caregiver DD regarding Resident 13. Caregiver DD reported that Resident 13 was known to have aggressive behaviors. Caregiver DD reported that it could take up to 3 or 4 staff to manage his/her cares because of his/her behaviors. At approximately 3:30 p.m., Surveyor interviewed Caregiver EE. Caregiver EE reported that the provider was supposed to typically have at least 2 caregivers per shift to meet the needs of residents - specifically with incontinence cares. Caregiver EE reported concerns that over the past weekend there was only 1 caregiver, Caregiver MM, working at the CBRF during the first part of the morning shift. Caregiver EE reported that Caregiver MM had called Caregiver	N 396		

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JJ to let him/her know s/he was working alone, and then Caregiver JJ called Caregiver EE to come in and assist. Caregiver EE reported that first shift began at 6:00 a.m. and that Caregiver JJ began working around 7:30 a.m. Caregiver EE reported that Resident 15's spouse was at the facility that morning and was upset because Resident 15 had not been attended to. Caregiver EE reported that Resident 15's spouse was threatening to call the state to report his/her concerns. Caregiver EE reported that at times during the overnight shifts only 1 caregiver worked (as opposed to 2 that were supposed to be scheduled). Caregiver EE reported that sometimes the schedule showed 2 staff working but one was shown to leave partway through the shift, leaving only the one remaining staff member.

At approximately 3:50 p.m., Surveyor interviewed Caregiver JJ. Caregiver JJ reported s/he had concerns that the NOC shift staff were not assisting residents with incontinence cares. Caregiver JJ reported there were times when only 1 staff member was working. Caregiver JJ reported that during the past weekend Caregiver MM was alone at the CBRF. Caregiver JJ reported that s/he was called in to pass medications because Caregiver MM was not trained to pass medications. Caregiver JJ reported that s/he arrived onsite at approximately 8:34 a.m. and s/he observed Caregiver MM working alone. Caregiver MM reported that Resident 15's spouse, who was visiting at the facility, was upset because Resident 15 had to wait 2 hours to be changed due to the lack of staff. Caregiver JJ confirmed that s/he called in Caregiver EE to assist with cares.

On 09/24/2025, Surveyor reviewed text message

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exchanges between various staff and Administrator FF, which included the following:

- Message from Caregiver OO on 09/12/2025 at 10:35 p.m.: "No one has come in tonight, and I'm the only one here at the moment ..."

- Message from Administrator FF on 09/13/2025 at 11:57 a.m.: "Another huge thank you to [Caregiver OO] for pulling a double alone to cover call ins!"

- Message from Administrator FF on 09/20/2025 at 6:28 a.m.: "Can you come in on am today? [Caregiver MM] is alone!" Of note, Surveyor's review of the staff schedule that day identified Caregiver MM as the only staff who worked the morning shift.

At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. Administrator FF reported that it took 2-3 staff to handle Resident 13 and that Resident 13 was known to be very aggressive and combative. Administrator FF stated, "S/he moved in like this." Administrator FF reported that the CBRF was typically staffed with 3 staff each morning and evening shift, with 2 overnight (NOC) shift staff. Administrator FF reported s/he was unaware of any instances where one staff worked alone within the CBRF.

Surveyor noted that Administrator FF's report of being unaware of any time that staff worked alone was inconsistent with the text message exchanges, in which Administrator FF him/herself identified that both Caregiver OO and Caregiver MM had worked alone within the last 2 weeks.

On 09/25/2025, at approximately 2:41 p.m.,

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Surveyor interviewed Caregiver LL. Caregiver LL reported s/he could not imagine working alone with all the residents' needs. Caregiver LL reported s/he specifically heard Caregiver MM talking about working alone the past weekend. When asked if there were any residents who required more than 1 staff member for cares, Caregiver LL replied, "Yes, absolutely." Caregiver LL reported that Resident 13 required the assistance of at least 2 staff to manage his/her behaviors and that caring for him/her took "team effort." Caregiver LL reported that when it was time for any care to be done for Resident 13 or s/he rung his/her call light the entire team responded. When asked to clarify who was part of that response, Caregiver LL reported that at least the 2 working caregivers but also the medication technician would respond together. Caregiver LL reported that at times overnight shift staff stayed over to assist first shift staff with Resident 13's morning cares.

As part of the same interview, Caregiver LL reported that Resident 2 also required the assistance of 2 staff - specifically for Hoyer lift transfers. Caregiver LL reported that Resident 2's physical condition was frail and so 2 staff were required to ensure his/her transfer was safe.

On 09/25/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 07/14/2025 with diagnoses including unspecified dementia with behavioral disturbance, insomnia, and obesity. Resident 13's individual service plan (ISP), which was not dated as reviewed, identified that s/he required the assistance of 2 staff to ambulate, reposition him/herself, dress, bathe, and toilet. Observation notes for Resident 13 identified the following occasions in which s/he required more than 1

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staff for assistance:

- 07/15/2025 (2:45 p.m.): "5 staff members enter resident's room and cleaned [bowel movement] that [s/he] had thrown around [his/her] room. It took all 5 staff members to get [him/her] changed ..."

- 07/21/2025 (2:30 p.m.): " ...staff x3 went into room and went on to assist resident with getting out of bed and dressed. Resident was yelling at everyone in [his/her] room ...writer and staff x2 got resident changed and in bed for the night."

- 07/22/2025 (9:45 p.m.): "writer and staff went to try and assist resident with getting into bed ..."

- 07/30/2025 (9:15 a.m.): "two staff members got resident up for the day ..."

- 08/22/2025 (10:45 a.m.): "while doing am cares on resident it took 3 staff members to be in [his/her] room ..."

- 08/29/2025 (5:45 p.m.): "Upon entering the residents [sic] room with two other staff members ...Staff asked the resident to scoot toward the top of [his/her] bed so we could put a new brief on [him/her] ..."

- 09/04/2025 (2:30 a.m.): "while doing cares on resident, resident started hitting staff member [Caregiver NN] in the lower back on the left side. Resident was calling staff names and swearing at staff both [Caregiver CC] and [Caregiver NN]."

- 09/08/2025 (1:30 a.m.): "while performing cares on resident, resident was swearing at staff and hitting staff, hitting staff member [Caregiver CC] in the hand and hitting [Caregiver NN] in the

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back."

- 09/16/2025 (9:00 a.m.): "staff x2 and writer went to change residents [sic] brief and put [pajamas] on ...staff x3 had to help by picking resident up and moving up [his/her] bed. Staff x3 got [him/her] changed ..."

- 09/18/2025 (10:15 p.m.): " ...it takes 2-4 staff at a time to toilet and transfer resident based on mood and behavior ..."

On 09/25/2025, Surveyor attempted to obtain Resident 2's ISP to review his/her care needs. On 09/25/2025, at approximately 3:33 p.m., Surveyor e-mailed Administrator FF and Operations GG requesting Resident 2's current ISP as well as the last signed/reviewed one, due 09/26/2025 at 12:00 p.m. On 09/26/2025, at approximately 11:30 a.m., Operations GG e-mailed Surveyor back reporting that s/he and Manager HH were not able to find any signed ISPs on file for Resident 2. At approximately 1:54 p.m., Surveyor e-mailed Operations GG back and reported that despite Resident 2 not having a signed ISP his/her current ISP was still needed. At approximately 2:51 p.m., Operations GG e-mailed Surveyor back, with Manager HH copied. Operations GG reported, "I have included [Manager HH] the Assistant Director in Waupun to this e-mail to provide you with the above ISP you are asking for." Nothing further was received.

On 09/25/2025, Surveyor reviewed the staff schedule for August and September 2025 and identified the following 17 shifts across morning (AM), evening (PM), and NOC shifts in which staff were documented as working alone:

- 08/01/2025 (PM shift)

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N 396	Continued From page 29 - 08/11/2025 through 08/13/2025 (NOC shifts) - 08/16/2025 (PM shift) - 08/21/2025 (NOC shift) - 08/22/2025 (NOC shift) - 08/25/2025 through 08/27/2025 (NOC shifts) - 08/31/2025 (PM and NOC shifts) - 09/04/2025 (NOC shift) - 09/05/2025 (NOC shift) - 09/13/2025 (NOC shift) - 09/20/2025 (AM and PM shifts) On 09/25/2025, Surveyor reviewed timecard data for the month of September 2025, cross referenced with the staff schedule. Surveyor identified the following 15 occasions in which staff worked alone (only 3 of which corroborated the staff schedule as documented above): - 09/02/2025: Caregiver QQ worked alone from 2:17 p.m. - 2:47 p.m. then again from 9:11 p.m. - 9:48 p.m. Caregiver NN then worked the NOC shift alone. - 09/04/2025: Caregiver EE worked alone from 2:12 p.m. - 2:30 p.m. - 09/05/2025: Caregiver PP worked alone from 5:30 a.m. - 5:50 a.m. - 09/06/2025: Caregiver NN worked the NOC shift alone - 09/09/2025: Caregiver RR worked alone from 10:02 p.m. - 10:40 p.m. - 09/12/2025: Caregiver OO worked the NOC shift alone - 09/13/2025: Caregiver PP worked the NOC shift alone	N 396		

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N 396	Continued From page 30 - 09/16/2025: Caregiver NN worked alone from 4:13 a.m. - 5:50 a.m. - 09/18/2025: Caregiver SS worked the AM shift alone, Caregiver RR worked the NOC shift alone - 09/20/2025: Caregiver MM worked alone 6:09 a.m. - 7:30 a.m. - 09/22/2025: Caregiver RR worked the NOC shift alone - 09/23/2025: Caregiver RR worked the NOC shift alone On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG and Operations Manager Y. Both acknowledged Surveyor's concern related to adequate staffing. Operations Manager Y reported that Administrator FF's employment had been terminated during the course of the survey. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws N0397 DHS 83.36(1)(b) Qualified Staff in Charge, on Duty, and Awake N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule	N 396		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing	N 397		

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N 397	Continued From page 31 safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least one qualified resident care staff was present in the CBRF when one or more residents were present. From 09/01/2025 through 09/23/2025, there were 13 occasions in which unqualified staff worked alone. Findings include: According to Wis. Admin Code § DHS 83.02(42) "Qualified resident care staff" is defined as "an employee who has successfully completed all of the applicable training and orientation under subch. IV." Within subchapter IV, requirements for orientation training, department-approved training, all employee training, and task-specific training are described.	N 397		

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N 397	Continued From page 32 The provider is license to serve up to 24 nonambulatory residents in the client groups of irreversible dementia/Alzheimer's and advanced aged. On 09/24/2025, Surveyor reviewed a resident roster, which showed a current census of 18 residents. At approximately 3:50 p.m., Surveyor interviewed Caregiver JJ. Caregiver JJ reported there were times when only 1 staff member was working. Caregiver JJ reported that during the past weekend Caregiver MM was alone at the CBRF. Caregiver JJ reported that s/he was called in to pass medications because Caregiver MM was not trained to pass medications. Caregiver JJ reported that s/he arrived onsite at approximately 8:34 a.m. and s/he observed Caregiver MM working alone. On 09/24/2025, Surveyor reviewed department-approved training records for staff, including verifying training information from the Community-Based Care and Treatment training registry. From the records, Surveyor identified the following: - Caregiver MM was not trained in medication administration - Caregiver PP was not trained in fire safety or medication administration - Caregiver QQ was not trained in standard precautions, fire safety, first aid and choking, or medication administration - Caregiver RR was not trained in standard	N 397		

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precautions, fire safety, first aid and choking, or medication administration

- Caregiver VV was not trained in medication administration

On 09/25/2025, Surveyor reviewed the September staff schedule and cross referenced it with timecard data for September to verify who worked what times. From both sources, Surveyor identified the following 13 occasions in which either one or multiple of the above staff worked alone:

- 09/02/2025: Caregivers DD and TT (qualified staff) left at 2:15 p.m. From then until 3:42 p.m., Caregivers MM, QQ, and VV worked - none of whom were qualified.

- 09/05/2025: Caregiver PP, who was not qualified, worked alone from 5:30 a.m. - 5:50 a.m.

- 09/08/2025: Caregivers PP and RR worked NOC shift - neither of whom were qualified.

- 09/09/2025: Caregivers PP, RR, and VV worked NOC shift - none of whom were qualified.

- 09/10/2025: Caregivers PP and RR worked NOC shift - neither of whom were qualified.

- 09/13/2025: Caregiver PP, who was not qualified, worked NOC shift alone

- 09/14/2025: Caregivers PP and RR worked NOC shift - neither of whom were qualified.

- 09/18/2025: Caregiver RR, who was not qualified, worked NOC shift alone

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N 397	Continued From page 34 - 09/19/2025: Caregivers PP and RR worked NOC shift - neither of whom were qualified. - 09/20/2025: Caregiver MM, who was not qualified, worked alone from 6:09 a.m. - 7:30 a.m. - 09/21/2025: Caregivers MM and VV worked alone from 6:10 a.m. - 8:30 a.m. - neither of whom were qualified. - 09/22/2025: Caregiver RR, who was not qualified, worked NOC shift alone - 09/23/2025: Caregiver RR, who was not qualified, worked NOC shift alone On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG regarding qualified staffing concerns. Operations GG acknowledged Surveyor's concern and said nothing further. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws N0396 DHS 83.36(1)(a) Adequate Staff to Meet Resident Needs N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule	N 397		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked.	N 399		

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N 399	Continued From page 35 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a current written schedule accurately reflected the CBRF's staffing. From 09/01/2025 through 09/23/2025 (a period of 23 days), the staff schedule was inaccurate on 19 days. Findings include: On 09/24/2025, at approximately 3:30 p.m., Surveyor interviewed Caregiver EE. Caregiver EE reported that the provider was supposed to typically have at least 2 caregivers per shift to meet the needs of residents - specifically with incontinence cares. Caregiver EE reported that at times during the overnight shifts only 1 caregiver worked (as opposed to 2 that were supposed to be scheduled). Caregiver EE reported that sometimes the schedule showed 2 staff working but one was shown to leave partway through the shift, leaving only the one remaining staff member. At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. Administrator FF reported that the CBRF was typically staffed with 3 staff each morning and evening shift, with 2 overnight shift staff. Administrator FF reported s/he was unaware of any instances where one staff worked alone within the CBRF. On 09/25/2025, Surveyor reviewed the staff schedule for September 2025 and cross referenced the information with timecard data provided by Administrator FF. Surveyor observed the following 19 days in which the staff schedule	N 399		

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was inconsistent with the timecard data showing who worked various morning (AM), evening/afternoon (PM), and overnight (NOC) shifts:

- 09/01/2025: Caregiver LL did not work the AM shift as documented from the schedule and Caregiver OO worked only part of his/her assigned PM shift. Caregiver JJ worked the PM shift, and Caregiver EE worked a partial PM shift - neither of whom were on the schedule.

- 09/02/2025: Caregiver C did not work the AM shift as documented from the schedule, and Caregiver JJ only worked part of his/her assigned PM shift. Caregiver TT worked the AM shift and Caregiver EE worked a partial PM shift - neither of whom were on the schedule.

- 09/03/2025: Caregiver EE worked the PM shift and Caregiver JJ worked a partial PM shift - neither of whom were on the schedule.

- 09/04/2025: Caregiver DD did not work the AM shift as documented. Former Caregiver UU worked a partial AM shift and most of the NOC shift - neither of whom were on the schedule.

- 09/05/2025: Caregiver JJ only worked part of his/her assigned PM shift. Former Caregiver UU worked the NOC shift, which was not on the schedule.

- 09/06/2025: Caregiver JJ did not work the PM shift as documented and Caregiver CC did not work the NOC shift as documented.

- 09/09/2025: Caregiver C did not work the AM shift as documented and Caregiver JJ did not work the NOC shift as documented.

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N 399	Continued From page 37 - 09/10/2025: Caregivers C and SS did not work the AM shift as documented. Caregiver LL worked for approximately 35 minutes of the AM shift, and Caregiver TT worked the morning shift - neither of whom were on the schedule. - 09/11/2025: Caregiver QQ did not work the PM shift as documented. - 09/12/2025: Caregiver QQ did not work the PM shift as documented. - 09/13/2025: Caregiver LL did not work the AM shift as documented. - 09/14/2025: Caregivers LL and SS did not work the AM shift as documented. Caregiver VV worked the AM shift, which was not on the schedule. - 09/16/2025: Caregiver JJ did not work the PM shift as documented. - 09/17/2025: Caregiver JJ worked only part of his/her assigned PM shift. - 09/18/2025: Caregivers LL and DD did not work the AM shift as documented, and Caregiver PP did not work the NOC shift as documented. - 09/19/2025: Caregiver LL did not work the AM shift as documented. Caregiver SS worked the AM shift, which was not on the schedule. - 09/21/2025: Caregiver EE worked a partial AM shift and the PM shift - neither of which were documented on the schedule. - 09/22/2025: Caregiver SS did not work the AM	N 399		

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N 399	Continued From page 38 shift as documented, and Caregiver PP did not work the NOC shift as documented. - 09/23/2025: Caregiver PP did not work the NOC shift as documented. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG regarding staffing concerns. Operations GG acknowledged Surveyor's concern and said nothing further. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws N0396 DHS 83.36(1)(a) Adequate Staff to Meet Resident Needs N0397 DHS 83.36(1)(b) Qualified Staff in Charge, on Duty, and Awake	N 399		
{N 431}	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid	{N 431}		

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{N 431}	Continued From page 39 intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 13's health was monitored. Resident 13 was identified as having a daily fluid restriction, however, staff were not monitoring his/her fluid intake. Resident 13's record contained inconsistent information regarding the frequency with which his/her vitals were required to be monitored. Resident 13 experienced an episode of elevated blood pressure on 09/23/2025, however, there was no evidence of any follow up assessment or monitoring that was completed by staff to ensure s/he was not at risk for a hypertensive emergency. Staff documented around that same time that s/he had an onset of bilateral lower extremity edema that prevented application of his/her tubigrips. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019.	{N 431}		

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{N 431}	Continued From page 40 Findings include: On 09/24/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 07/14/2025 with diagnoses including unspecified dementia with behavioral disturbance, hypertensive heart disease, history of right lower extremity acute embolism, and congestive heart failure. Resident 13 was identified as having an activated power of attorney (POA) for healthcare. Resident 13's individual service plan (ISP), not dated as reviewed, identified that, "Resident has chronic illness(es) that require proper treatment and management ...Resident's [medical doctor] manages chronic illnesses. Care staff to notify community [registered nurse] of any changes or concerns." Example 1 - Resident 1's fluid intake monitoring Resident 13's ISP, under the "Nursing Procedures" heading, identified that s/he had a fluid restriction of 44-64 ounces per day. As part of Resident 13's record, Surveyor reviewed an admission record of Resident 13's admission at a skilled nursing facility where s/he was at prior to admission to the provider. The record contained a list of medical provider orders that were active during his/her admission, one of which identified the same fluid restriction as identified in Resident 13's ISP. In reviewing Resident 13's record, Surveyor did not observe any evidence of staff monitoring his/her fluid intake in accordance with his/her ISP. At approximately 4:24 p.m., Surveyor interviewed	{N 431}		

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Administrator FF and Operations GG. Administrator FF confirmed there was no evidence that staff were monitoring Resident 13's fluid intake to ensure s/he remained within his/her fluid restriction parameters.

Example 2 - Resident 13's inconsistent vitals monitoring needs

In one section of Resident 13's ISP, it was identified that Resident 13's vitals - including blood pressure, pulse, temperature, respirations, and weight - were to be taken by staff monthly. In another section of the ISP, it was identified that staff were to take weekly vitals for Resident 13 (specific vital signs not identified) and daily weights. The ISP documented that Resident 13's goal was to "maintain optimal cardiac output as evidenced by pulse between 60 to 100 beats per minute."

Surveyor reviewed Resident 13's vitals history from 09/01/2025 - 09/24/2025 and observed that staff assessed Resident 13's pulse, weight, temperature, respirations, and oxygen saturation on an approximate weekly basis for the first half of the month. His/her pulse was last recorded on 09/10/2025 (approximately 2 weeks prior to the survey), his/her temperature was last recorded on 09/12/2025 (approximately 1.5 weeks prior the survey), his/her respiration rate was last recorded on 09/10/2025 (approximately 2 weeks prior to the survey), and his/her oxygen saturation was last recorded on 09/10/2025 (approximately 2 weeks prior to the survey).

In reviewing Resident 13's observation notes, from 07/14/2025 - 09/24/2025, Surveyor observed 2 entries on 08/05/2025. The first documented, "writer noticed we have an order to

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obtain daily weights, however resident has been refusing these weights consistently for the last month. The report has been sent to the doctor and awaiting instructions on if we should continue to try or if we can [discontinue] these." The next entry documented, "we received [medical doctor] orders to [discontinue] daily weights and check monthly."

At approximately 2:30 p.m., Surveyor interviewed Administrator FF. Administrator FF reported that s/he thought Resident 13 required weekly weights which had been ordered by a medical provider. When asked for follow up documentation regarding Resident 13's weight monitoring orders, the only record Administrator FF provided to Surveyor was the order set from the skilled nursing facility s/he had been admitted to prior to being admitted to the provider. Within that order set, Resident 13 had been ordered to have daily weights taken.

At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. Both acknowledged Surveyor's concern that it wasn't clear from the various documents in Resident 13's record what his/her vitals monitoring needs were but said nothing further.

Example 3 - Resident 13's 09/23/2025 episode of elevated blood pressure and lower extremity swelling

Surveyor reviewed Resident 13's medications, one of which, metoprolol, had been prescribed due to Resident 13's hypertension and was discontinued on 08/22/2025. The prescription instructions included parameters for daily administration that were dependent on Resident 13's blood pressure. Another one of Resident

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13's medications, midodrine HCl, which was current and had started on 08/01/2024, contained prescription instructions for twice daily administration, also with parameters of administration dependent on his/her blood pressure. In accordance with the parameters, Surveyor confirmed through review of Resident 13's medication administration records (MARs) that staff were taking Resident 13's blood pressure daily.

In reviewing Resident 13's blood pressures, Surveyor observed an entry on 09/23/2025 at 6:59 a.m. where staff recorded Resident 13's blood pressure as 206/114. An entry for Resident 13's tubigrip application just 6 minutes later, at 7:05 a.m., documented, "Staff reports to writer that residents [sic] legs are quite swollen and they are unable to apply at this time." No other follow up was documented and his/her next recorded blood pressure was at 4:46 p.m. with the second scheduled administration of his/her midodrine. His/her blood pressure at that time was recorded as 172/99.

Surveyor reviewed Resident 13's vitals history from 09/01/2025 - 09/24/2025 and observed that the above 2 readings were the only blood pressure readings taken that day.

Surveyor reviewed Resident 13's observation notes from 09/23/2025 and 09/24/2025 but did not observe any information regarding his/her elevated blood pressure or any follow up assessment or monitoring completed by staff.

According to the American Heart Association (AHA), severe hypertension is characterized by systolic blood pressure higher than 180 and/or diastolic blood pressure higher than 120. It is

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{N 431}	Continued From page 44 recommended that if a person experiencing a blood pressure within those parameters does not have symptoms of a hypertensive emergency (chest pain, shortness of breath, back pain, numbness, weakness, change in vision, or difficulty speaking), a health care professional should be called. If a person is experiencing those symptoms, it is recommended to call emergency medical services (Source: American Heart Association, Understanding Blood Pressure Readings, August 14, 2025, https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings (retrieval date - September 30, 2025).). On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG and Operations Manager Y. Both acknowledged Surveyor's concern of the lack of staff follow up after Resident 13's episode of increased lower extremity swelling combined with his/her elevated blood pressure. Operations Manager Y reported that Administrator FF's employment had been terminated during the course of the survey. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	{N 431}		
N 433	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide	N 433		

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N 433	Continued From page 45 services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services to manage Resident 13's behaviors, which included sexual behaviors and aggression and had the potential to be harmful to others. Findings include: On 09/24/2025, at approximately 10:00 a.m., Surveyor interviewed Family Member II, who was the family member of Resident 13. Family Member II reported there was a lot of confusion between Resident 13's family members, who managed his/her affairs, because s/he had recently received a 30-day notice for discharge. Family Member II reported s/he wasn't sure what the discharge was for but that there was a meeting scheduled for the next day with management to discuss the discharge. Family Member II reported s/he thought the discharge maybe related to Resident 13's behaviors because s/he knew Resident 13 was difficult to work with. Family Member II stated, "They knew what [s/he] was like when they signed [him/her] up." At approximately 10:20 a.m., Surveyor interviewed Caregiver DD regarding Resident 13. Caregiver DD reported that Resident 13 was known to have aggressive behaviors. Caregiver DD reported that it could take up to 3 or 4 staff to manage his/her cares because of his/her behaviors. Caregiver DD reported that Resident 13 was known to hit and spank staff, scream at staff, threaten to kill staff, and swear at staff.	N 433		

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N 433	Continued From page 46 Caregiver DD reported that Resident 13 spanked him/her that morning. Caregiver DD reported that Resident 13 was known to say sexual things to certain staff members. Caregiver DD reported that Resident 13's behaviors disturbed other residents. Caregiver DD reported that Resident 13 demonstrated these behaviors since the day s/he moved in. At approximately 2:55 p.m., Surveyor interviewed Resident 14. Resident 14 reported s/he had concerns about a resident who was known to grab certain residents. Resident 14 reported this resident by the first name of Resident 13. Resident 14 reported that Resident 13 grabbed his/her arm before and that the touch was non-consensual. Resident 14 reported that it upset him/her. At approximately 3:13 p.m., Surveyor observed Resident 13 in the common area. Resident 13 was observed to grab Resident 5's hand and hold it. Resident 5 was not observed to engage with Resident 13 - either by conversation, eye contact, or reciprocating the handholding. While observing Resident 13, Surveyor interviewed Manager HH. Manager HH confirmed that Resident 5 was "very seldom" verbal and that when s/he did verbalize things they were "very limited." Manager HH then observed Resident 13 and Resident 5, and after, moved Resident 13, who was in a manual wheelchair, to a different common room. At approximately 3:22 p.m., Surveyor observed Resident 13 sitting next to Resident 5 again, holding his/her hand. Manager HH then observed Resident 13 and Resident 5, stated, "We need to respect [Resident 5]'s space," and moved Resident 13 to a different area of the facility.	N 433		

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N 433	Continued From page 47 At approximately 3:30 p.m., Surveyor interviewed Caregiver EE about Resident 13. Caregiver EE reported that Resident 13 was known to play with his/her feces, scream out, and be aggressive towards staff. Caregiver EE reported s/he was aware of one instance where Resident 13 tried to stab a staff member with a fork. Caregiver EE reported that Resident 13 had been like this since his/her move-in. Caregiver EE reported that the only strategy s/he was aware of for managing Resident 13's behaviors was redirection. Caregiver EE reported that this didn't always work, however. At approximately 3:50 p.m., Surveyor interviewed Caregiver JJ about Resident 13. Caregiver JJ reported that Resident 13 was known to hit staff, grab certain residents' hands, and rub certain residents' arms. Caregiver JJ reported that Resident 13 was known to exhibit sundowning behavior because his/her behaviors worsened in the evening hours. While interviewing Caregiver JJ, Surveyor heard a resident scream. Caregiver JJ confirmed that that was Resident 13 who screamed out. Caregiver JJ reported Resident 13's family wanted to explore potential pharmacological behavior management options but that Manager HH had refused and instead issued Resident 13 a 30-day involuntary discharge notice. On 09/24/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 07/14/2025 with diagnoses including unspecified dementia with behavioral disturbance, major depressive disorder, and insomnia. Resident 13's pre-admission assessment, dated 03/05/2025, identified that Resident 13 didn't exhibit any of the behaviors identified within the behaviors section, including	N 433		

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"verbal abuse," "physical abuse," and "sexually inappropriate behavior." Surveyor reviewed Resident 13's individual service plan (ISP), not dated as reviewed. The ISP identified the following related to Resident 13's behaviors:

- "Destructive" behaviors identified, with no additional clarification or specific interventions to manage.

- "Aggressive/combative" behaviors with no other information about the specific aggressive/combative behaviors Resident 13 had. Listed interventions included for staff to remind Resident 13 to respect peers' personal space and that staff were there to help, offer "doll/cat/stuffed animal therapy," and ensure that Resident 13's environment was free of items that could cause injury

- Information under the "Mood and Behavior Monitoring" heading identified that Resident 13 "required continues [sic] monitoring of mood and behavior due to prescribed psychotropic medications."

Surveyor reviewed Resident 13's observation notes from his/her admission, 07/14/2025 through 09/24/2025, entries from which documented occurrences of Resident 13 demonstrating the following behaviors:

1. Sexual behaviors including sexual advances towards other residents through language and/or touch: 08/13/2025, 08/16/2025, 08/17/2025, 09/05/2025, 09/11/2025, 09/17/2025, 09/18/2025

Specific examples included the following entries:

- 08/13/2025 (10:45 a.m.): "Resident has been

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approaching [gender] peers and making unwanted sexual advances. Resident will rub on [gender] peers [sic] upper thighs and rub their necks. Resident has also been observed to raise [his/her] [garment] to flash [gender] peers and tell them to follow [him/her] to [his/her] room."

- 08/16/2025 (2:30 p.m.): "Resident has been approaching [gender] peers and rubbing their legs. Resident also has been rubbing on a [gender] peer's arm and kissing [his/her] arms and hands. Staff attempted to redirect and relocate resident, but resident will not stop this behavior and gets verbally aggressive with staff when attempting to redirect."

- 08/17/2025 (9:15 a.m.): "Resident has been approaching a [gender] peer and holding [his/her] arm. Resident did put [his/her] hands up [his/her] pants. Staff attempted to redirect resident and let [him/her] know that was not okay and [s/he] responded with 'why? [s/he] likes it,'. Resident continues to approach [gender] peer."

- 09/05/2025 (4:00 p.m.): "Resident began expressing sexual behaviors towards other residents during our group activity, to which [s/he] was then redirected by staff ...Resident was redirected multiple times by staff, which became unsuccessful. Resident then became verbally aggressive towards staff, disrupting the group activity. Staff were able to make a final and successful attempt at redirecting resident by bringing [him/her] back to the dining area for a snack ..."

- 09/11/2025 (1:15 p.m.): "Resident found touching [gender] peer in the genital region over clothing in dining room - residents separated. Resident then removed [his/her] shirt and told

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N 433	Continued From page 50 staff to 'Go (expletive) yourself and let me have some (expletive) fun' Resident walked around facility with staff member singing you are my sunshine - mood improved - redirection effective." - 0917/2025 (12:30 p.m.): " ...Resident also continues to reach toward [gender] peers [sic] genitals. Prompt redirection is provided yet in effective [sic]. After several redirection attempts resident was lifting [garment] to showcase to peers, rubbing chest and making noises sexual in nature. Administration was made aware, administration then advised to move resident to a quieter area and [s/he] was placed in [his/her] apartment with [his/her] tv and remained quietly there entertained while being checked [every] 15-30 mins." - 09/18/2025 (10:15 p.m.): " ...It was shared with POA that resident has sexual behaviors, Strips [sic] in dining room, fails to respect peers' spaces ...POA indicated that resident has a very sexual history and uses violence and anger to get [his/her] way ..." 2. Unwanted touching and/or not respecting boundaries of other residents: 08/14/2025 (x2), 08/17/2025, 08/19/2025, 08/20/2025, 08/23/2025, 08/26/2025, 08/28/2025, 08/29/2025, 09/09/2025 (x2), 09/12/2025, 09/16/2025, 09/17/2025, 09/20/2025, 09/22/2025, 09/23/2025 Specific examples included the following entries: - 08/14/2025 (2:45 p.m.): "resident was in dining room with x2 residents and was touching another residents [sic] leg. Writer asked resident to keep [his/her] hands to [him/herself] x3. Writer then removed resident from the resident [s/he] was touching."	N 433		

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N 433	Continued From page 51 - 08/14/2025 (3:30 p.m.): " ...resident was in dining room ...and was touching another residents [sic] leg. Writer walked in and heard the [resident] say don't touch me, and writer went in and removed resident from touching [him/her]." - 08/17/2025 (11:15 a.m.): "Resident has been continuously approaching [gender] peers despite staff attempts to redirect. Resident gets verbally combative with staff when attempting to redirect and move resident to a different area. Resident does not listen to peers when they tell [him/her] to leave them alone." - 08/19/2025 (12:15 p.m.): " ...Resident is fixated on [gender] peers, not respecting their space. Staff is having to step in between resident and the multiple [gender] peers resident is fixating on. Resident is swearing at staff and making fist and threating [sic] to hit staff for getting in the way of [gender] residents. Resident stated to [gender] peer 'Hey baby, do you want to go home with me?' Writer reminded resident to respect their peers [sic] space. Multiple times, each resulting in resident getting frustrated with staff and swearing at staff and making fist and threating [sic] to hit staff for getting in the way of [gender] residents. Resident was very loud and disruptive to peers in the facility living room. Staff provided 1:1 supervision. Resident roamed halls. Staff offered to assist resident in finding interventions to assist resident. Resident became upset, yelling loudly 'Why don't you leave me the [expletive] alone [expletive]." - 08/20/2025 (4:30 p.m.): "resident was in the dining room with peers. Resident was approaching [gender] peer and wasn't respecting [his/her] personal boundaries. Writer asked	N 433		

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resident to please not touch other peers and to respect peers' space. Staff assisted back to dining table to finish coffee with peers before dinner ..."

- 08/23/2025 (5:15 p.m.): "Resident was in peers [sic] personal space all shift ..."

- 08/26/2025 (11:00 a.m.): "Resident was in group activity resident council. At the end of the meeting, resident got in [gender] peers [sic] personal space. Staff redirected resident, resident became angry and yelled at staff, 'you [expletive] [expletive], another staff assisted, resident stated, 'I will kill you.' A third staff member was able to redirect resident."

- 08/28/2025 (1:45 p.m.): "Resident was observed not giving two residents there [sic] personal space. Staff promptly intervened to redirect and maintain appropriate boundaries for the two residents involved."

- 08/29/2025 (10:45 a.m.): "resident is exhibiting adversarial behaviors such as touching residents and yelling at them in the living room ...resident was moved to [his/her] bedroom for relaxation, one on one attention given as distraction before lunch."

- 09/09/2025 (1:30 p.m.): "Resident was found in living room by staff touching other [gender] residents and not leaving them alone when they ask. Staff had to distract resident with a tv show."

- 09/09/2025 (3:15 p.m.): "Resident in living room with peers. Resident was fixated on [gender] peers and not respecting space. Staff intervened. Resident stated '[expletive] you, you [expletive] [expletive]. Writer assisted resident to a different

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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
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location in the common areas."

- 09/16/2025 (4:00 p.m.): "resident not respecting [resident identified by room number]'s personal space, writer redirected residents [sic] attention elsewhere."

- 09/17/2025 (1:15 p.m.): "Resident was witnessed harassing peers in the dining area, taking items from plates and cups, spilling other residents [sic] beverages and also drinking them. Resident was directed back to room multiple times and [s/he] came back out and was disturbing others ([gender] peers) ..."

- 09/20/2025 (1:30 p.m.): "Resident was not respecting another resident personal space. Staff intervened and removed resident from the area ..."

- 09/22/2025 (1:45 p.m.): " ...during lunch [s/he] was very touchy with the [gender residents] and staff had to redirect resident."

- 09/23/2025 (11:30 a.m.): "resident was inappropriately touching peers and gets adversarial when asked by staff to discontinue behavior. Staff tried to distract residents [sic] attention by taking [him/her] outside and turning the tv on in [his/her] room."

3. Verbal aggression towards staff: 07/14/2025, 07/15/2025 (x2), 07/20/2025, 07/21/2025, 07/22/2025, 07/28/2025, 07/30/2025, 08/19/2025, 08/20/2025, 08/22/2025, 08/23/2025 (x2), 08/26/2025, 08/27/2025, 08/29/2025 (x2), 08/30/2025, 09/04/2025, 09/05/2025, 09/07/2025, 09/08/2025 (x2), 09/09/2025 (x2), 09/11/2025, 09/14/2025, 09/16/2025, 09/22/2025, 09/23/2025

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N 433	Continued From page 54 Specific examples, besides noted in entries of other behaviors documented above and below, included the following entries: - 07/15/2025 (9:45 a.m.): "Resident was yelling out this AM and upon staff entering room, resident became verbally abusive towards staff ..." - 09/08/2025 (1:30 a.m.): " ...[s/he] was changed in bed but resident was swearing and yelling at writer." - 09/09/2025 (10:15 a.m.): " ...while doing cares patient was yelling and swearing at staff when we were trying to help [him/her]." - 09/16/2025 (9:00 p.m.): " ...when staff went to change resident [s/he] began yelling and screaming and not moving up the bed. Staff x3 had to help by picking resident up and moving up [his/her] bed. Staff x3 got [him/her] changed and in a new [pajama] shirt." - 09/22/2025 (12:45 p.m.): "Resident exhibited aggressive and threatening behaviors towards staff. Saying (I'm going to kill you.) [S/he] repeatedly used profane language, screamed during care interventions. When staff attempted to provide personal care, such as changing or repositioning [him/her], [s/he] responded by yelling, swearing, and physically resisting through hitting ..." 4. Physical aggression towards staff: 07/20/2025 (x2), 07/30/2025, 08/06/2025, 08/14/2025, 08/19/2025, 08/20/2025, 08/22/2025 (x2), 08/23/2025 (x2), 08/30/2025 (x2), 09/02/2025, 09/04/2025, 09/07/2025, 09/08/2025, 09/09/2025, 09/14/2025, 09/22/2025	N 433		

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 433	Continued From page 55 Specific examples included the following entries: - 07/30/2025 (9:15 a.m.): " ...resident was being combative and was yelling/calling staff names while doing cares and trying to change [him/her] ...while [s/he] was up in the air resident kept saying 'god f******* get me down you are hurting me and was trying to hit staff ..." - 08/06/2025 (6:45 p.m.): "Resident was very agitated trying to open the back patio door, writer was trying to shut off alarm and resident open hand slapped x3 and then took the sling handles and whipped them x3." - 08/14/2025 (4:45 p.m.): "resident was in dining room playing with silverware ...resident proceeded to throw the fork. Writer then removed resident from dining room and resident had dinner in [his/her] room." - 08/20/2025 (4:30 p.m.): " ...Resident picked up coffee cup and threw it onto the floor just barely missing another peer next to resident. Resident was swearing at staff, and peers were visibly and verbally upset about the incident." - 08/22/2025 (10:45 a.m.): "while doing am cares on resident it took 3 staff members to be in [his/her] room. Resident was yelling at staff telling us to leave [him/her] the f alone and was hitting staff while doing cares. Resident produced to yell the entire time ..." - 08/22/2025 (4:15 p.m.): "When staff was changing resident's brief in bed [s/he] got upset at staff saying that they were hurting [him/her], so [s/he] slapped writer on the arm ..."	N 433		

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N 433	Continued From page 56 - 08/23/2025 (5:15 p.m.): " ...while getting resident out of wheelchair and into bed resident swung and tried to hit x1 staff, and punched writer in the side of the head. Resident was transferred to bed where [s/he] continued to get more combative and yelling out at staff x3 ..." - 08/23/2025 (10:15 p.m.): " ...resident was very aggressive with staff while staff was assisting resident with cares. Resident was yelling and screaming swear words at staff as well as hitting staff while staff preformed [sic] cares. Resident was hitting staff in the back." - 09/02/2025 (11:00 a.m.): "resident was hitting staff member [staff initials] in the lower back area very hard while staff member was changing resident." - 09/04/2025 (2:30 a.m.): "while doing cares on resident, resident started hitting staff member [staff initials] in the lower back on the left side. Resident was calling staff names and swearing at staff both [staff initials] and [staff initials]." - 09/07/2025 (9:15 p.m.): " ...Resident was attempting to hit staff members. Writer brought resident a snack and resident attempted to throw it at writer ..." - 09/08/2025 (1:30 a.m.): "while preforming [sic] cares on resident, resident was swearing at staff and hitting staff, hitting staff member [staff initials] in the hand and hitting [staff initials] in the back." - 09/09/2025 (3:30 p.m.): "Writer changed resident's brief and using wet wipes to clean [him/her]. [S/he] was yelling at writer and other staff to stop touching [him/her] ...[S/he] again started yelling at staff and punched writer in the	N 433		

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 433	Continued From page 57 shoulder." 5. Exit seeking: 07/20/2025, 07/22/2025, 08/06/2025, 09/06/2025 Specific examples included the following entries: - 07/20/2205 (10:00 a.m.): "Resident became physically and verbally combative with staff with AM cares. Resident has been exit seeking and determined to leave the facility. Resident has been yelling at staff throughout the morning." - 07/22/2025 (10:30 a.m.): "Resident has been continuously attempting to open doors to leave facility and yells at staff attempting to redirect [him/her]." - 09/06/2025 (10:45 a.m.): "Resident is exit seeking at this time with redirects ineffective ...Resident again within 10 minutes began exit seeking via the front entry way, impeding a visitor from entering." 6. Touching, playing with, and/or throwing his/her feces: 07/15/2025, 07/17/2025, 07/20/2025, 07/21/2025 Specific examples included the following entries: - 07/15/2025 (2:45 p.m.): "5 staff members enter resident's room and cleaned up [bowel movement] that [s/he] had thrown around [his/her] room. It took all 5 staff members to get [him/her] changed, resident was covered in [bowel movement]. Resident would scream out at staff saying that we were hurting [him/her] and trying to kill [him/her] ..." - 07/17/2025 (10:45 p.m.): "Resident was full of	N 433		

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[bowel movement] including resident hand ...resident has multiple of areas on residents [sic] perineal area that are the start of sores ..."

- 07/20/2025 (9:00 p.m.): "Resident started screaming at staff and was digging in the back of [his/her] brief and throwing [bowel movement] at staff and other residents. Staff escorted resident to [his/her] room and attempted to change resident and [s/he] started attempting to hit staff ..."

- 07/21/2025 (2:30 p.m.): " ...Resident was yelling at everyone in [his/her] room at the time to then leave and get out ...Later around 4pm writer and another staff went into room for med pass and resident had [bowel movement] on [his/her] hand and leg ...resident refused writer and staff to help wipe [him/her] up or changing [his/her] brief in general ..."

7. Care refusals: 07/14/2025, 07/15/2025 (x2), 07/16/2025 (x3), 07/22/2025, 07/28/2025, 08/16/2025, 08/17/2025, 08/22/2025, 08/23/2025, 08/29/2025, 08/30/2025, 09/14/2025

Specific examples included the following entries:

- 07/14/2025 (10:00 p.m.): "While transferring to bed from chair, Resident used foul language and refused to allow staff to change [his/her] bottom half / received incontinence cares. Reapproached 20 minutes later, foul language and declined cares once again."

- 07/15/2025 (12:30 p.m.): " ...Resident refused to be changed once transferred to bed. Resident became verbally abusive towards staff and began pounding on the wall."

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N 433	Continued From page 59 - 07/16/2025 (12:15 a.m.): " ...[S/he] allowed me to pick up a soiled brief that [s/he] had removed and thrown ...I [asked] [him/her] if I could wash [him/her] up and help [him/her] get some clothing and brief on [his/her] bottom half, [s/he] declined and began to get escalated. I provided redirection ...I once again asked if I could clean [him/her] up and dress [him/her] and [s/he] declined and began to again become agitated ...15 minutes later resident again was friendly until cares offered at which time [s/he] declined and became visibly agitated ..." - 07/22/2025 (9:45 p.m.): "in the [evening] med pass resident was really rude to writer and staff and took half [his/her] pills and threw the other half on the floor. [S/he] then yelled, and swore at staff x3. Since this incident resident has refused cares ..." - 07/28/2025 (1:45 p.m.): "Resident had [bowel movement] in wheelchair, and when staff went to ask resident to provide care, resident refused x3. Resident was approached again later and refused again x3 becoming verbally aggressive with staff." - 08/16/2025 (1:15 p.m.): "Resident has been refusing to let staff toilet [him/her]. Resident approached x3 multiple times throughout shift." - 08/17/2025 (2:00 a.m.): "Resident is refusing cares from staff despite multiple attempts such as changing position, different clothes, one on one attention, reasoning and distractions. Resident does not want a brief on and ripped the last one up ..." - 08/23/2025 (5:15 p.m.): " ...resident refused a brief and clothing change twice, and for a third time at 9:15pm."	N 433		

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N 433	Continued From page 60 - 08/30/2025 (2:15 p.m.): "Staff approached resident to attempt to toilet resident. Resident started yelling at staff and was screaming for staff to get away from [him/her]. Staff attempted to redirect residents' attention and direct [him/her] towards to [sic] room to offer [him/her] some quiet time in a familiar environment and resident attempted to hit staff member [staff initials] in the face. Staff walked away from resident at this time and will reapproach at a later time. Update 3:06pm: Resident is still very combative with staff and was slamming doors hallway doors after staff told [him/her] [s/he] could not go into other residents' rooms. Resident is still incontinent and will not allow staff to assist [him/her] with toileting. Staff will attempt again at a later time. Update 4:30pm: Resident is still combative with staff. Resident is still incontinent at this time and will not allow staff to change [him/her]. Staff will attempt again after dinner." - 09/14/2025 (7:15 p.m.): "Resident was getting combative with staff and would not allow staff to perform [activities of daily living] cares or change [his/her] brief. Resident was screaming at staff and scratching staff. Staff walked out of the room at this time and will reproach at a later time ..." (Of note, Surveyor reviewed observation note entries made on 07/17/2025, 07/27/2025 and 08/04/2025 that identified concerns related to Resident 13 showing changes in skin condition of his/her buttocks or perianal areas.) 8. Going into other residents' rooms: 08/19/2025, 08/29/2025 Specific examples included the following entries:	N 433		

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N 433	Continued From page 61 - 08/19/2025 (1:30 p.m.): " ...resident attempted to enter other residents' rooms. Staff was able to intervene. Resident was roaming around the facility ..." - 08/29/2025 (10:45 a.m.): "resident is exhibiting adversarial behaviors such as ...trying to go in rooms that are not [his/hers] ..." 9. Destructive behaviors: 08/19/2025, 08/28/2025 Specific examples included the following entries: - 08/19/2025 (5:30 a.m.): "3 times during rounds residents [sic] room was found to be a complete mess ..." - 08/28/2025 (5:45 a.m.): "resident compleaty [sic] destroyed their room there was a breif [sic] that was torn to bits and trash bags all over the room and a lot of destructive behavorse [sic] are being shown ..." At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. Administrator FF confirmed that Resident 13's legal representative was issued a 30-day involuntary discharge notice yesterday. Administrator FF reported that Resident 13's rounding medical provider had recommended for him/her to undergo a psychiatric evaluation but that Resident 13's family was not on board. Administrator FF reported that it took 2-3 staff to handle Resident 13 and that Resident 13 was known to be very aggressive and combative. Administrator FF stated, "S/he moved in like this." In reviewing Resident 13's observation notes again, Surveyor observed that the only other	N 433		

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N 433	Continued From page 62 notes related to further management of Resident 13's behaviors were on 09/18/2025 when there was a discussion noted about initiating hospice services, and on 09/24/2025, with the following information: "POA requested follow-up from medication orders that were given by primary care provider on 9/18/25. Writer indicated [sic] that the new med orders have not been received by the facility at this time. POA inquired as to why it was taking so long to get new meds, writer shared that they would follow-up with the Pharmacy and follow-up. POA stated 'Why is [s/he] getting a 30-day to move out when [s/he]'s not getting the meds to control [his/her] behavior and help you guys.' Writer stated that we can discuss these topics during meeting tomorrow." On 09/25/2025, at approximately 2:41 p.m., Surveyor interviewed Caregiver LL about Resident 13. Caregiver LL reported that Resident 13's behaviors included reaching out for certain residents' genitals in the common areas, removing his/her clothing, making sexual noises, and making advances towards other residents. On 10/03/2025, at approximately 10:30 a.m., Surveyor interviewed Operations GG and Operations Manager Y. Both acknowledged Surveyor's concern related to Resident 13's behavior management. Operations Manager Y reported that Administrator FF's employment had been terminated during the course of the survey. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 433		
N 448	83.41(2)(a) Nutrition: diet.	N 448		

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N 448	Continued From page 63 Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 11's nutritional supplement, as ordered by his/her medical provider, was given on 17 occasions from 08/01/2025 - 09/23/2025. Findings include: On 09/24/2025, Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider on 01/30/2020 with diagnoses including vascular dementia. Resident 11 was documented as having an activated power of attorney (POA) for healthcare. A medical provider rounding form from the agency that provided visiting medical provider services for Resident 11, dated 02/03/2025, contained an order for Ensure nutritional supplement with the notation, "Ensure supplement twice daily to promote caloric intake ..." The form also documented that Resident 11 was eating 25-50% at his/her meals and that his/her weight was down 7 pounds "since last visit" (although that date was not indicated). Another medical provider rounding form, dated 04/16/2025, also documented that Resident 11 was to have Ensure twice daily to increase	N 448		

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calories.

Resident 11 was documented as receiving hospice services. His/her most recent hospice assessment, dated 08/29/2025 documented that s/he "may only eat bites - 25% of a [sic] 2-3 meals per day ...Patient is currently prescribe [sic] on Ensure high protein shakes twice daily ..."

Surveyor reviewed Resident 11's medication administration records (MARs) from 08/01/2025 - 09/23/2025, where staff documented having provided Resident 11 his/her Ensure nutritional supplement drink. The order for his/her Ensure directed to, "Drink 1 bottle 2 times a day in the morning and evening to promote caloric intake *send Chocolate*." In reviewing the MARs, Surveyor observed the following 17 occasions in which staff did not document providing Resident 11 his/her Ensure:

- 08/13/2025 (morning): Marked not passed due to "none in facility"
- 08/14/2025 (morning): Marked not passed due to "none in the facility"
- 08/15/2025 (morning): Marked as not passed due to "out of building"
- 08/16/2025 (morning): Marked as not passed due to "Resident has none"
- 08/16/2025 (evening): Marked as not passed due to "Resident is out"
- 08/17/2025 (morning): Marked as not passed due to "none in facility"
- 08/17/2025 (evening): Marked as not passed with no other annotations
- 08/19/2025 (morning): Marked as not passed due to "on order"
- 08/21/2025 (morning): Marked as not passed due to "out of building"
- 09/09/2025 (evening): Marked as not passed

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-C 10/03/2025

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 448	Continued From page 65 with no other annotations - 09/13/2025 (morning): Marked as not passed with no other annotations - 09/13/2025 (evening): Marked as not passed with no other annotations - 09/14/2025 (evening): Marked as not passed due to "medication not available" - 09/18/2025 (evening): Marked as not passed due to "medication on order" - 09/19/2025 (morning): Marked as not passed due to "medication on order" - 09/20/2025 (morning): Marked as not passed with no other annotations - 09/21/2025 (morning): Marked as not passed due to "medication on order" Surveyor reviewed Resident 11's current individual service plan (ISP), not signed as reviewed. There was no information about his/her Ensure nutritional supplement. At approximately 4:24 p.m., Surveyor interviewed Administrator FF and Operations GG. When asked how Resident 11's Ensure was supplied, Administrator FF replied that s/he wasn't sure. Administrator FF acknowledged Surveyor's concern that Resident 11 did not receive his/her prescribed Ensure but said nothing further. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 448		