| 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 10/02/2026 |

| 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<br><br>On 09/23/2026, with information obtained through 10/02/2026, the Bureau of Assisted Living, Southern Regional Office, conducted 2 complaint investigations and a verification visit at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI.<br><br>As a result of the survey, 1 deficiency was identified.<br><br>The deficiency is a repeat deficiency. See Statement of Deficiencies (SOD) 2OQQ11, dated 05/06/2026, SOD X5CD15, dated 10/03/2025, SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023.<br><br>Both complaints were unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed.<br><br>Census: 20 | {N 000} | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed 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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 3 of 5 residents | {N 352} | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012604 | A. BUILDING: _____ B. WING _____ | R-C 10/02/2026 |

| 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 352} | Continued From page 1<br>reviewed received all prescribed medications at intervals prescribed by their practitioners.<br><br>Resident 1 did not receive his/her prescribed rivastigmine patches on approximately 8 occasions.<br><br>Resident 2 did not receive 2 doses of his/her prescribed olanzapine tablets and 5 applications of his/her zinc oxide ointment. Resident 2 was documented as being administered daily polyethylene glycol on 41 of 41 occasions during Surveyor's review period, however, staff were administering from a container dispensed on 07/11/2025 (over a year prior to the survey), when s/he last had an active prescription for scheduled daily polyethylene glycol that lasted approximately 22 days. The container was still approximately 25% full when observed by Surveyor. His/her scheduled daily polyethylene glycol was reinitiated on 06/10/2026 with a delivery of one 30-day supply container then. These two containers were the only dispensing and delivery of polyethylene glycol containers for Resident 2 from either pharmacy that the provider utilized.<br><br>Resident 4 did not receive his/her prescribed rivastigmine patches on approximately 9 occasions.<br><br>This is a repeat deficiency, being cited for the seventh time. See Statement of Deficiencies (SOD) 2OQQ11, dated 05/06/2026, SOD X5CD15, dated 10/03/2025, SOD X5CD14, dated 12/19/2024, SOD X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023.<br><br>Findings include: | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 2<br>Example 1 - Resident 1's rivastigmine patches<br><br>On 09/23/2026, at approximately 9:25 a.m., Surveyor observed the facility's medication carts with Caregiver E. Surveyor observed 1 baggie of rivastigmine 13.3 mg/24-hour patches prescribed to Resident 1. The pharmacy label on the baggie detailed prescription instructions to, "Apply 1 patch topically once daily for dementia," identified a dispensing date of 08/27/2026 with intended start date of 09/01/2026, and identified a dispensing quantity of 30 patches. Sixteen patches were observed in the baggie, with no other patches observed in the cart for Resident 1. (Photos 1-3). Caregiver E reported that Resident 1 was not known to refuse the application of his/her patches.<br><br>On 09/23/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 03/13/2026 with diagnoses including dementia with behavioral disturbance. Resident 1's prescribed medications included rivastigmine 13.3 mg/24-hour patches, active as of 07/28/2026, with the same above instructions as observed earlier by Surveyor. Resident 1's medication administration records (MARs), reviewed from 08/14/2026 through 09/23/2026, identified that staff documented administering 39 of 41 potential administrations of his/her rivastigmine patches, 22 of which occurred from the printed 09/01/2026 start date of the baggie observed by Surveyor. (Of note, from 08/01/2026 - 08/13/2026, in the period before Surveyor's review, staff documented administering 13 of 13 patches.) Surveyor noted that based on the 22 documented administrations from 09/01/2026, 8 patches should have remained, versus the 16 observed on hand. | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 3<br><br>At approximately 1:03 p.m., Surveyor interviewed Administrator A, Registered Nurse (RN) B, Team Lead C, and Consultant D. Administrator A and Team Lead C reported that the provider switched pharmacies on 08/06/2026 due to the old pharmacy having closed. RN B confirmed that s/he regularly audited the medication cart but did not notice any issues with medication administration. All the above denied having any questions or concerns regarding Surveyor's concerns in the discrepancies in Resident 1's rivastigmine patch administration.<br><br>At approximately 4:10 p.m., Consultant D e-mailed Surveyor and reported, "...After our conversation I checked our pharmacy portal within the [electronic health record] system and found the August dispense dates for those medications. I have attached those screenshots for your review." Within the e-mail Consultant D reported that Resident 1's "Rivastigmine Patch was checked into the facility on 8/10/26." Consultant D reported s/he attached a screenshot to provide as evidence. Upon reviewing the related attachment, Surveyor observed that the attachment appeared to be a screenshot of the provider's electronic record system. The screenshot contained a heading of "View Order History" and a subheading of "Dispense Request Rivastigmine 13.3 mg/24hr ptch." A line in the screenshot documented: "Check-In: Monday, August 10, 2026 3:20:00 PM Central Daylight Time." Nothing in the screenshot identified that this was a pharmacy delivery of Resident 1's rivastigmine patches.<br><br>At approximately 4:30 p.m., Surveyor e-mailed Consultant D back and asked for clarification given the confusion of the screenshot identifying a "dispense request" (not delivery) versus being | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 4<br>titled a "check-in." Surveyor asked Consultant D specifically for confirmation that s/he was representing that 1 set of rivastigmine patches, with an unidentified quantity, was delivered on 08/10/2026 for Resident 1.<br><br>At approximately 5:09 p.m., Consultant D replied: "The screenshots show the day the medications were checked into our system. The medications may have been delivered or onsite before the check-in date, but staff would not have used the meds until the check in date...I cannot tell you what quantity was dispensed...These are all deliveries that occurred prior to the cycle fill/additional [sic] refill requests at the end of the month, which were the medications you saw on the cart." Consultant D then reported that, "1 set of [Resident 1]'s rivastigmine patches was checked into the facility on 8/9/26. An additional refill request was submitted to the pharmacy on 8/27/26."<br><br>On 09/25/2026, at approximately 1:03 p.m., Surveyor interviewed Representative F from the new pharmacy that dispensed Resident 1's medications. Representative F reported that there was only 1 dispensing and delivery of Resident 1's rivastigmine patches since s/he began with the pharmacy, which was a 30-day supply (30 patches) delivered on the evening of 08/27/2026. Surveyor noted this was consistent with the baggie observed onsite.<br><br>On 10/02/2026, at approximately 1:10 p.m., Surveyor interviewed Representative G from the previous pharmacy that dispensed Resident 1's medications until they closed on 08/06/2026. Representative G reported that Resident 1 had previously been on lower doses of rivastigmine patches but that his/her 13.3 mg dose patches | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 5<br>started on 07/28/2026, consistent with the start date as observed by Surveyor earlier. Representative G reported that on this same day 30 patches in that dose were dispensed and delivered. Representative G confirmed this was the only dispensing of Resident 1's rivastigmine patches in this dose.<br><br>From the above, Surveyor noted that the pharmacy-provided information identified a general pattern of 30-day dispensing dates/quantities of Resident 1's rivastigmine patches, which was inconsistent with the "check-in" of additional patches received from the pharmacy as represented by Consultant D.<br><br>Example 2 - Resident 2's polyethylene glycol, olanzapine tablets, and zinc oxide ointment<br><br>On 09/23/2026, at approximately 9:25 a.m., Surveyor observed the facility's medication carts with Caregiver E. Surveyor observed 1 container of polyethylene glycol prescribed to Resident 2. The pharmacy label on the container detailed prescription instructions to, "Mix 17gm in 8oz of liquid and drink every morning for constipation...," identified a dispensing date of 07/11/2025 (over a year ago), and identified a dispensing quantity of 510 grams. The manufacturer's label on the container identified that the 510-gram container contained 30 once-daily doses of the powder. Surveyor observed that the container was approximately 25% full (Photos 4-6). Caregiver E reported that Resident 2 sometimes refused his/her polyethylene glycol powder.<br><br>On 09/23/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/14/2025 with diagnoses including dementia with behavioral disturbance. Resident 2's | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 6<br>prescribed medications included:<br><br>1) Polyethylene glycol 3350 powder with the same dose and frequency (daily) administration instructions as observed earlier by Surveyor. While the provider's record indicated that the order was active from 07/31/2026 - 08/09/2026, and then from 08/26/2026 - current day, Surveyor observed from Resident 2's MARs that staff initialed off on daily administration of his/her polyethylene glycol since at least 08/01/2026.<br><br>2) Olanzapine 5 mg tablets, active as of at least 07/31/2026, with instructions to, "Give 1 tablet by mouth twice daily for agitation."<br><br>3) Boudreaux's 16% (zinc oxide) ointment with instructions to, "Apply topically to affected area(s) twice daily for skin breakdown." While the provider's record indicated that the order was active from 08/26/2026, Surveyor observed from Resident 2's MARs that staff initialed off on daily administration of his/her ointment since at least 08/19/2026.<br><br>Resident 2's MARs, reviewed from 08/14/2026 through 09/23/2026, identified that staff documented administering 41 of 41 potential administrations of his/her polyethylene glycol. (Of note, from 08/01/2026 - 08/13/2026, in the period before Surveyor's review, staff documented administering 13 of 13 doses.)<br><br>While reviewing the MARs, Surveyor observed 2 occasions - 09/03/2026 (8:13 p.m.) and 09/11/2026 (7:36 p.m.) - that staff marked not administering Resident 2's olanzapine tablets due to them not being in the medication cart. Surveyor also observed 5 occasions - 08/26/2026 (7:46 p.m.), 08/29/2026 (7:36 p.m.), 09/01/2026 (7:36 | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 7<br>p.m.), 09/09/2026 (7:33 p.m.), and 09/12/2026 (7:24 p.m.) - that staff marked not administering Resident 2's zinc oxide ointment due to it not being in the medication cart.<br><br>At approximately 12:45 p.m., Surveyor again observed the medication cart - this time, to verify supply of his/her olanzapine tablets and zinc oxide ointment. Surveyor observed 2 boxes of olanzapine tablets (60 tablets total), which were stored in a different area of the medication cart from his/her other scheduled medications. The pharmacy label on the boxes indicated that both were dispensed on 08/27/2026 with a printed start date of 09/01/2026. Surveyor noted that these would have been on hand for the above missed administrations.<br><br>As part of the above observation, Surveyor asked RN B where Resident 2's zinc oxide ointment would be. RN B reported that it was typically stored in Resident 2's room and showed Surveyor several tubes of zinc oxide ointment located within Resident 2's bathroom cabinet.<br><br>At approximately 1:03 p.m., Surveyor interviewed Administrator A, RN B, Team Lead C, and Consultant D. Administrator A and Team Lead C reported that the provider switched pharmacies on 08/06/2026 due to the old pharmacy having closed. RN B confirmed that s/he regularly audited the medication cart but did not notice any issues with medication administration. All the above denied having any questions or concerns regarding Surveyor's concerns in the discrepancies in Resident 2's polyethylene glycol administration or the concerns that his/her olanzapine tablets and zinc oxide ointment were administered as prescribed. | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 8<br><br>At approximately 4:10 p.m., Consultant D e-mailed Surveyor and reported, "...After our conversation I checked our pharmacy portal within the [electronic health record] system and found the August dispense dates for those medications. I have attached those screenshots for your review." Within the e-mail Consultant D reported that Resident 2's "Polyethylene Powder was checked into the facility on 8/9/26." Consultant D reported s/he attached a screenshot to provide as evidence. Upon reviewing the related attachment, Surveyor observed that the attachment appeared to be a screenshot of the provider's electronic record system. The screenshot contained a heading of "View Order History" and a subheading of "Dispense Request Polyethylene Powder." A line in the screenshot documented: "Check-In: Sunday, August 9, 2026 4:36:00 PM Central Daylight Time." Nothing in the screenshot identified that this was a pharmacy delivery of Resident 2's polyethylene glycol.<br><br>At approximately 4:30 p.m., Surveyor e-mailed Consultant D back and asked for clarification given the confusion of the screenshot identifying a "dispense request" (not delivery) versus being titled a "check-in." Surveyor asked Consultant D specifically for confirmation that s/he was representing that 1 container of polyethylene glycol, with an unidentified quantity or size, was delivered on 08/09/2026 for Resident 2.<br><br>At approximately 5:09 p.m., Consultant D replied: "The screenshots show the day the medications were checked into our system. The medications may have been delivered or onsite before the check-in date, but staff would not have used the meds until the check in date...I cannot tell you what quantity was dispensed...These are all deliveries that occurred prior to the cycle | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 9<br><br>fill/additional [sic] refill requests at the end of the month, which were the medications you saw on the cart." Consultant D then reported that, "1 container of [Resident 2]'s polyethylene glycol was checked into the facility on 8/9/26."<br><br>On 09/25/2026, at approximately 1:03 p.m., Surveyor interviewed Representative F from the new pharmacy that dispensed Resident 2's medications. Representative F reported that the pharmacy never dispensed or delivered Resident 2's polyethylene glycol. Surveyor relayed the information provided by Consultant D and specifically asked if there was any significance to the 08/09/2026 date. Representative F replied that there was not and that Resident 2 didn't begin with the pharmacy until 08/07/2026. Representative F reported there was no evidence of a request made for Resident 2's polyethylene glycol and again confirmed that there was no evidence it was ever dispensed or delivered from their pharmacy. Surveyor noted this was consistent with no recently-dispensed containers having been observed onsite.<br><br>On 10/02/2026, at approximately 1:10 p.m., Surveyor interviewed Representative G from the previous pharmacy that dispensed Resident 2's medications until they closed on 08/06/2026. Representative G reported that Resident 2's first fill of polyethylene glycol occurred on 07/14/2025 with a 510-gram bottle but then the scheduled order was discontinued on 08/05/2025 and a new order was received for it to be administered as-needed (PRN) only that same day. Representative G reported a new container was not dispensed with that change in order. Representative G reported that a new scheduled order for 17 grams daily was received on 06/10/2026 and that one 510-gram container was | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 10<br>dispensed and delivered then. Representative G reported that these 2 occasions were the only dispensing of Resident 2's polyethylene glycol.<br><br>From the above, Surveyor noted that if administered as prescribed, Resident 2 would have received approximately 22 doses of his/her first container of polyethylene glycol when it was active from 07/14/2025 through 08/04/2025 (the day before it was discontinued), leaving approximately 8 doses-worth of powder, or approximately 27%, left in the container when it was discontinued. If administered as prescribed once Resident 2's polyethylene glycol became scheduled daily again on 06/10/2026, Surveyor noted that his/her second container would have lasted until approximately 07/10/2026 (approximately 30 days). Surveyor noted that these dispensing dates/quantities were inconsistent with the "check-in" of an additional container of polyethylene glycol received from the pharmacy as represented by Consultant D and the marked administrations from Resident 2's MARs.<br><br>Example 3 - Resident 4's rivastigmine patches<br><br>On 09/23/2026, at approximately 9:25 a.m., Surveyor observed the facility's medication carts with Caregiver E. Surveyor observed 1 box of rivastigmine 9.5 mg/24-hour patches prescribed to Resident 4. The pharmacy label on the box detailed prescription instructions to, "Apply 1 patch topically every morning for dementia...," identified a dispensing date of 08/27/2026 with intended start date of 08/27/2026, and identified a dispensing quantity of 30 patches. Surveyor observed 11 patches in the box (Photos 7-11). Caregiver E reported that Resident 4 was not known to refuse the application of his/her | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 11<br>patches.<br><br>On 09/23/2026, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 09/10/2024 with diagnoses including vascular dementia. Resident 4's prescribed medications included rivastigmine 9.5 mg/24-hour patches, active as of 05/06/2026, with the same above instructions as observed earlier by Surveyor. Resident 4's MARs, reviewed from 08/14/2026 through 09/23/2026, identified that staff documented administering 41 of 41 potential administrations of his/her rivastigmine patches, 28 of which occurred from the printed 08/27/2026 start date of the box observed by Surveyor. (Of note, from 08/01/2026 - 08/13/2026, in the period before Surveyor's review, staff documented administering 13 of 13 patches.) Surveyor noted that based on the 28 documented administrations from 08/27/2026, 2 patches should have remained, versus the 11 observed on hand.<br><br>At approximately 1:03 p.m., Surveyor interviewed Administrator A, RN B, Team Lead C, and Consultant D. Administrator A and Team Lead C reported that the provider switched pharmacies on 08/06/2026 due to the old pharmacy having closed. RN B confirmed that s/he regularly audited the medication cart but did not notice any issues with medication administration. All the above denied having any questions or concerns regarding Surveyor's concerns in the discrepancies in Resident 4's rivastigmine patch administration.<br><br>At approximately 4:10 p.m., Consultant D e-mailed Surveyor and reported, "...After our conversation I checked our pharmacy portal within the [electronic health record] system and found the August dispense dates for those | {N 352} | | |

| 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 10/02/2026 |

| 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 352} | Continued From page 12 | {N 352} | | |

medications. I have attached those screenshots for your review." Within the e-mail Consultant D reported that Resident 4's "Rivastigmine Patch was checked into the facility on 8/7/26." Consultant D reported s/he attached a screenshot to provide as evidence. Upon reviewing the related attachment, Surveyor observed that the attachment appeared to be a screenshot of the provider's electronic record system. The screenshot contained a heading of "View Order History" and a subheading of "Dispense Request Rivastigmine 9.5 mg/24hr patch." A line in the screenshot documented: "Check-In: Friday, August 7, 2026 1:42:00 PM Central Daylight Time." Nothing in the screenshot identified that this was a pharmacy delivery of Resident 4's rivastigmine patches.

At approximately 4:30 p.m., Surveyor e-mailed Consultant D back and asked for clarification given the confusion of the screenshot identifying a "dispense request" (not delivery) versus being titled a "check-in." Surveyor asked Consultant D specifically for confirmation that s/he was representing that 1 set of rivastigmine patches, with an unidentified quantity, was delivered on 08/07/2026 for Resident 4.

At approximately 5:09 p.m., Consultant D replied: "The screenshots show the day the medications were checked into our system. The medications may have been delivered or onsite before the check-in date, but staff would not have used the meds until the check in date...I cannot tell you what quantity was dispensed...These are all deliveries that occurred prior to the cycle fill/additional [sic] refill requests at the end of the month, which were the medications you saw on the cart." Consultant D then reported that, "1 set of [Resident 4]'s rivastigmine patches was

| 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 10/02/2026 |

| 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 352} | Continued From page 13<br>checked into the facility on 8/7/26. An additional refill request was submitted to the pharmacy on 8/27/26."<br><br>On 09/25/2026, at approximately 1:03 p.m., Surveyor interviewed Representative F from the new pharmacy that dispensed Resident 4's medications. Representative F reported that there was only 1 dispensing and delivery of Resident 4's rivastigmine patches since s/he began with the pharmacy, which was a 30-day supply (30 patches) delivered on the evening of 08/27/2026. Surveyor noted this was consistent with the box observed onsite.<br><br>On 10/02/2026, at approximately 1:10 p.m., Surveyor interviewed Representative G from the previous pharmacy that dispensed Resident 4's medications until they closed on 08/06/2026. Representative G reported what appeared to be a general consistent 30-day supply pattern of dispensing and deliveries of Resident 4's rivastigmine since 11/24/2025. Representative G reported that the last dispensing of Resident 4's rivastigmine patches before the pharmacy closed was on 07/24/2026.<br><br>From the above, Surveyor noted that the pharmacy-provided information identified a general pattern of 30-day dispensing dates/quantities of Resident 1's rivastigmine patches during the review period, which was inconsistent with the "check-in" of additional patches received from the pharmacy as represented by Consultant D. | {N 352} | | |