STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010589	A. BUILDING: _____ B. WING _____	C 03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE GARDENS	900 O'KEEFFE AVE SUN PRAIRIE, WI 53590

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 03/18/2026 to 03/31/2026, Surveyor conducted a complaint investigation at Prairie Gardens. One deficiency was identified. The complaint was substantiated. Census: 29	N 000		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the maintenance and daily auditing of a proof-of-use record for a Schedule II controlled substance, hydromorphone, for Resident 1. The provider did not maintain required documentation, including administration records and remaining balance, and did not complete daily audits of the medication as required. This deficient practice resulted in the provider's inability to account for the whereabouts and disposition of Resident 1's hydromorphone tablets from 01/07/2026 through 03/18/2026.	N 409		

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

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N 409	Continued From page 1 Findings Include: On 01/20/2026, the Department received a complaint alleging concerns related to the provider's management of Schedule II controlled substances. On 03/18/2026, the Surveyor conducted a complaint investigation, including record review and interviews. Resident Record Review: Resident 1 was admitted to the facility on 01/18/2023 with diagnoses including morbid obesity and stage IV kidney disease and was receiving hospice services. The Individual Service Plan (ISP), dated 01/17/2026, indicated staff were responsible for medication administration. Physician orders included hydromorphone 2 mg, to be administered every 3 hours as needed for pain or shortness of breath, with a start date of 01/07/2026. Medication records reviewed included a medication change notification form dated 01/07/2026, documenting an electronically transmitted prescription for hydromorphone oral tablets, 2 mg, with a quantity of 30 tablets dispensed. Law Enforcement Documentation Review Surveyor reviewed Sun Prairie Police Department case notes dated 01/19/2026 through 01/28/2026, which documented a reported concern regarding potential theft of medications by an employee. Notes indicated the provider had reportedly worked with DHS and internal follow-up was conducted.	N 409		

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N 409	Continued From page 2	N 409		

Medication Accountability and Proof-of-Use Review
On 03/18/2026 at 9:52 AM, the Surveyor requested all Schedule II medication counts for Resident 1 from January 2026 to present. The provider was unable to produce a proof-of-use record for Resident 1's hydromorphone.
The Surveyor identified there was no documentation evidencing administration, remaining balance, or daily audit of Resident 1's hydromorphone from 01/07/2026 through 03/18/2026, a period of approximately 70 days.

Staff Interviews:
On 03/18/2026 at 10:00 AM, Caregiver C reported that narcotic medications are typically stored in medication carts with an attached paper proof-of-use record documenting medication counts. Caregiver C further stated that as-needed (PRN) narcotic medications not routinely used may be stored in an office lock box.

On 03/18/2026 at 1:20 PM, Licensee A and Resident Manager C reported that after searching medication carts and the office lock box, they were unable to locate Resident 1's hydromorphone or any associated proof-of-use record. Licensee A confirmed with the pharmacy that the medication was delivered on 01/07/2026 (30 tablets) and signed for by staff. Licensee A reported the medication was placed in the office lock box as overflow supply. Both Licensee A and Resident Manager C acknowledged that daily audits were not conducted for medications stored in the office lock box and were unable to provide a rationale for the lack of monitoring. Both staff confirmed that only medications stored in medication carts were subject to daily audits. Licensee A and Resident Manager C further

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N 409	Continued From page 3	N 409		

acknowledged the provider did not have a system in place to track which medications were stored in the office lock box or to ensure ongoing accountability. Both staff stated it was unclear what happened to Resident 1's hydromorphone and acknowledged the storage and monitoring system was inadequate.

On 03/18/2026 at 1:45 PM, Resident Manager C confirmed that although law enforcement had contacted the facility in January 2026 regarding concerns of missing narcotics, the provider's internal audit at that time did not identify discrepancies. Resident Manager C confirmed Resident 1's hydromorphone was believed to be present in the office lock box during that audit. Resident Manager C reiterated that medications stored outside of medication carts were not included in daily counts.

Follow-Up Interviews:
On 03/23/2026 at 2:25 PM, Hospice Nurse F confirmed Resident 1's hydromorphone prescription was filled on 01/07/2026 and that the provider notified hospice on 03/20/2026 that the medication was missing.

On 03/24/2026 at 10:01 AM, Licensee A and Resident Manager C again confirmed the medication was delivered and stored in the office lock box and acknowledged the absence of a tracking or auditing system for these medications. Both staff acknowledged the system did not meet best practice standards and indicated plans to revise procedures.

On 03/31/2026 at 9:06 AM, Pharmacy Staff G confirmed that 30 tablets of hydromorphone were dispensed to the facility on 01/07/2026.

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N 409	Continued From page 4 Conclusion: The provider did not maintain a proof-of-use record for Resident 1's Schedule II controlled substance, hydromorphone, and did not ensure daily auditing of the medication as required under DHS 83.37(1)(j). The provider's practice of storing narcotic medications in an unmonitored office lock box without documentation or daily auditing resulted in the inability to account for the medication's use or disposition over a 70-day period. This deficient practice created a risk for medication diversion, misuse, and lack of accountability for controlled substances.	N 409		