

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/22/2025
NAME OF PROVIDER OR SUPPLIER  Pine Valley Community Village		STREET ADDRESS, CITY, STATE, ZIP CODE  25951 Circle View Lane Richland Center, WI 53581	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide basic life support, including CPR (Cardiopulmonary Resuscitation), to a resident requiring emergency care and failed to immediately notify emergency medical personnel for 1 of 4 total sampled residents (R1). R1 was found pulseless and not breathing on [DATE]. R1's Physician Orders, Care Plan, CNA (Certified Nursing Assistant) Kardex, EHR (Electronic Health Record) banner, and MAR (Medication Administration Record) indicated R1 was a full code. Staff failed to immediately initiate CPR and immediately contact emergency medical personnel. Facility failure to immediately begin cardiopulmonary resuscitation and immediately summon emergency medical personnel created a finding of immediate jeopardy that began on [DATE]. Surveyor notified NHA A (Nursing Home Administrator) of the immediate jeopardy on [DATE] at 12:00 PM. The immediacy was removed and corrected on [DATE]. This is evidenced by: Per CMS (Centers for Medicare and Medicaid Services) Cardiopulmonary resuscitation (CPR) refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased. Per The American Heart Association, all potential rescuers are to initiate CPR unless a valid Do Not Resuscitate (DNR) order is in place; obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or initiating CPR could cause injury or peril to the rescuer. Per CMS, when addressing full-code residents: If a resident experiences a cardiac or respiratory arrest and the resident does not show obvious clinical signs of irreversible death (e.g. rigor mortis, dependent lividity, decapitation, transection, or decomposition), facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services. The facility's policy, Cardiopulmonary Resuscitation (CPR), reviewed [DATE], documents, in part, as follows: Licensed staff will be responsible for knowing how to access the code status of each resident if this information is needed. BLS (Basic Life Support) equipment including a cardiac arrest board, suction, oxygen and related supplies, and the AED (Automated External Defibrillator) will be stored in the Oxygen Equipment Room in the AED. In the event of discovery of cessation of breathing and/or pulse, the staff will: Call for assistance using the paging system or verbally alerting other staff on duty. Verify the resident's code status. Delegate to staff persons the tasks of obtaining the emergency equipment, calling the ambulance, and notification of the physician. If the resident's code status is a YES CPR, position the resident on a firm surface or the cardiac arrest board and initiate CPR following the BLS standards for CPR. Continue CPR until Emergency Medical Personnel arrive. R1 was admitted to the facility on [DATE] with diagnoses including, but not limited to, congestive heart failure acute on chronic (sudden worsening of chronic heart failure symptoms), coronary artery disease (damage to the heart's blood vessels), peripheral vascular disease (a circulatory condition that reduces blood flow to the limbs), diabetes mellitus type 2 (the body has trouble controlling blood sugar), and acute kidney failure (the kidneys do not efficiently filter waste from the blood). On [DATE] R1's power of attorney for health care was activated with a family member serving as her APOAHC (Activated Power of Attorney for Health Care). On [DATE], R1's POST (Provider Orders for Scope of Treatment) was completed and signed by a physician and R1's APOAHC. The POST documents: FIRST follow these orders, THEN contact physician. This is a medical order form based on the person's medical condition and preferences. Recognize the dignity of all people and treat everyone with respect. R1's POST indicates the following: Cardiopulmonary Resuscitation (CPR) - Attempt Resuscitation/CPR - If patient has no pulse and is not breathing attempt CPR. On [DATE], R1's APOAHC signed R1's POST a second time when R1's code status was revisited with R1 and R1's APOAHC. R1's POST remained Cardiopulmonary Resuscitation (CPR) - Attempt Resuscitation/CPR - If patient has no pulse and is not breathing attempt CPR. R1's Significant Change Minimum Data Set (MDS) dated [DATE] indicates R1 has a Brief Interview of Mental Status (BIMS) of 9 out of 15 indicating she is moderately cognitively impaired. On [DATE], R1's Care Conference documents in part: Type: Significant Change Notes: Resident's POST reviewed and resident/Activated HCPOA (Health Care Power of Attorney)/family continue to feel that Full Code should continue. Risks vs benefits of CPR (Cardiopulmonary Resuscitation) explained, and resident/family continue to want CPR. Surveyor reviewed R1's Full Code status is consistent in the following areas: R1's Physician Orders, signed by the physician [DATE], document R1 is a Full Code. R1's CNA Kardex has a green sticker indicating Full Code. Surveyor reviewed R1's EHR (Electronic Health Record) banner and MAR (Medication Administration Record) which both indicate R1 is a Full Code [DATE] at 4:24 AM RN C (Registered</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview and record review, the facility failed to provide regular in-service education for 5 of 5 staff reviewed for education. This has the potential to affect the total census of 70 residents.CNA G (Certified Nursing Assistant), CNA H, CNA I, CNA J, and CNA K did not have regular in-service education completed every 12 months.This is evidenced by:In Wisconsin, CNAs (Certified Nursing Assistants) are required to complete 12 hours of continuing education annually. This requirement is part of maintaining active status on the Wisconsin Nurse Aide Registry.On 7/22/25 at 9:45 AM, Surveyor requested education documentation for CNA G, CNA H, CNA I, CNA J, and CNA K.CNA G was hired on 9/20/22. CNA G did not have 12 hours of continuing education.CNA H was hired on 8/21/17. CNA H did not have 12 hours of continuing education. CNA I was hired on 6/2/23. CNA I did not have 12 hours of continuing education.CNA J was hired on 11/3/23. CNA J did not have 12 hours of continuing education.CNA K was hired on 11/24/21. CNA K did not have 12 hours of continuing education.On 7/22/25 at 11:23 AM, Surveyor interviewed NHA A regarding CNA education hours. NHA A indicated CNA G, CNA H, CNA I, CNA J, and CNA K should have had their required 12 hours of continuing education but did not.</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that 5 of 5 staff reviewed for education received mandatory education in effective communication. This has the potential to affect the total census of 70 residents. CNA G (Certified Nursing Assistant), CNA H, CNA I, CNA J, and CNA K did not receive their mandatory education in effective communication. This is evidenced by: On 7/22/25 at 9:45 AM, Surveyor requested evidence of effective communication education for the following staff: CNA G, CNA H, CNA I, CNA J, and CNA [NAME] 7/22/25 at 11:23 AM, NHA A indicated she was unable to provide Surveyor with evidence that effective communication education was provided to CNA G, CNA H, CNA I, CNA J, and CNA K. Surveyor interviewed NHA A regarding CNA education. NHA indicated CNA G, CNA H, CNA I, CNA J, and CNA K should have received effective communication education but did not receive it.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that 5 of 5 staff reviewed for education received training regarding the elements and goals of the facility's QAPI program. This has the potential to affect the total census of 70 residents. CNA G (Certified Nursing Assistant), CNA H, CNA I, CNA J, and CNA K did not receive their mandatory QAPI education. This is evidenced by: On 7/22/25 at 9:45 AM, Surveyor requested evidence of QAPI education for the following staff: CNA G, CNA H, CNA I, CNA J, and CNA [NAME] 7/22/25 at 11:23 AM, NHA A was unable to provide Surveyor with evidence that QAPI education was provided to CNA G, CNA H, CNA I, CNA J, and CNA K. Surveyor interviewed NHA A regarding CNA education. NHA indicated CNA G, CNA H, CNA I, CNA J, and CNA K should have received QAPI education but did not receive it.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>Based on interview and record review, the facility did not ensure that 4 of 5 staff reviewed for education received mandatory training on infection control standards, policies and the overall program. This has the potential to affect the total census of 70 residents. CNA H (Certified Nursing Assistant), CNA I, CNA J, and CNA K did not receive their mandatory infection control education. This is evidenced by: On 7/22/25 at 9:45 AM, Surveyor requested evidence of infection control education for the following staff: CNA H, CNA I, CNA J, and CNA K. On 7/22/25 at 11:23 AM, NHA A was unable to provide Surveyor with evidence that infection control education was provided to CNA H, CNA I, CNA J, and CNA K. Surveyor interviewed NHA A regarding CNA education. NHA indicated CNA H, CNA I, CNA J, and CNA K should have received infection control education but did not receive it.</p>

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide training in compliance and ethics.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that 5 of 5 staff reviewed for education received training on compliance and ethics. This has the potential to affect the total census of 70 residents.CNA G (Certified Nursing Assistant), CNA H, CNA I, CNA J, and CNA K did not receive their training on compliance and ethics.This is evidenced by:On 7/22/25 at 9:45 AM, Surveyor requested evidence of training on compliance and ethics for the following staff: CNA G, CNA H, CNA I, CNA J, and CNA [NAME] 7/22/25 at 11:23 AM, NHA A was unable to provide Surveyor with evidence that compliance and ethics training was provided to CNA G, CNA H, CNA I, CNA J, and CNA K. Surveyor interviewed NHA A regarding CNA education. NHA indicated CNA G, CNA H, CNA I, CNA J, and CNA K should have received compliance and ethics training but did not receive it.</p>