

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  01/14/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview the facility did not establish a system of records of receipt and disposition of all controlled drugs, and did not ensure drug records are in order and have an account of all controlled drugs for 1 of 3 sampled residents (R1).R1 does not have a controlled drug receipt/record/disposition form for her hydrocodone/acetaminophen tab (a controlled drug, narcotic).This is evidenced by:The facility's policy Medication Administration, dated 6/6/25, includes: Medications will be provided by Contracted Pharmacy. Upon receipt of medications from pharmacy, both pharmacy and a licensed nurse will sign the controlled administration sheets provided by pharmacy. Narcotic Accounting: All controlled medications will be accounted for each shift by the oncoming and outgoing nurse. Together the nurses will count all controlled medications and verify accuracy with the controlled administration sheets located in the unit NARCOTIC 3 ring binder stored on each medication cart.The facility's policy HIPAA (Health Insurance Portability and Accountability Act) Documentation, Retention, Availability and Updates Policy, dated 6/26/14, includes: All required HIPAA documentation shall be securely and appropriately maintained and store in accordance with HIPAA Regulations and with [Facility Name]'s policy on document retention. HIPAA documentation shall be made available, as need, to all workforce members who are authorized to access it, and shall be make available to appropriate authorities for audits, investigations, and other purposes authorized or required by law.R1 admitted to the facility on [DATE] with diagnoses including rheumatoid arthritis (a chronic autoimmune disease-causing inflammation, pain, swelling and stiffness) and chronic pain.R1's BIMS (Brief Interview for Mental Status) dated 1/13/26 has a score of 1, indicating R1 is severely cognitively impaired.R1's physician orders include:Hydrocodone-acetaminophen Schedule II tablet 7.5-325 mg one tablet - Given [sic] one tablet daily as needed for breakthrough pain. Start date 7/16/25. Discontinue date 1/7/25. Hydrocodone-acetaminophen Schedule II tablet 7.5-325 mg one tablet - Give one tablet by mouth every eight hours for pain. Start date 7/29/25. Discontinue date 1/7/25.R1's MAR (Medication Administration Record) for December 2025 indicates Hydrocodone-acetaminophen Schedule II tablet 7.5-325 mg one tablet - Given [sic] one tablet daily as needed for breakthrough pain was not given in the month of December.R1's MAR for December 2025 indicates Hydrocodone-acetaminophen Schedule II tablet 7.5-325 mg one tablet - Give one tablet by mouth every eight hours for pain was given three times a day with the exception of 5 doses due to the resident being out of the facility.On 1/14/26 at 11:45 AM, Surveyor asked DON B (Director of Nursing) for R1's controlled drug forms for hydrocodone/acetaminophen. DON B provided the controlled drug forms for 10/29/25, 11/3/25, 11/11/25, and 1/2/26. Surveyor asked for the sheets for December 2025.R1's Controlled drug receipt/record/disposition forms for hydrocodone/acetaminophen 7.5-325 mg have a date dispensed of 10/29/25, 11/3/25, 11/11/25, and 1/2/26. The Controlled drug forms indicate the pharmacy delivered a quantity of 30 pills each time.On 1/14/25 at 1:36 PM, Surveyor interviewed DON B. DON B indicated she does not have</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  525365	Facility ID:  525365  If continuation sheet Page 1 of 2

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  01/14/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's December controlled drug forms. On 1/14/25 at 2:10 PM, Surveyor interviewed DON B regarding accounting for and reconciling narcotics. DON B indicated she is not able to reconcile R1's hydrocodone-acetaminophen for December because she does not have the December's controlled drug receipt/record/disposition forms.</p>		