

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Pine View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 County Rd R Black River Falls, WI 54615	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure the resident's environment remains as free of accident hazards as possible. The facility did not ensure staff followed transfer precautions to prevent accidents for 1 of 2 observations of resident (R)(R3) transfers.R3 was observed transferred by CNA D independently using lift equipment.This is evidenced by:Facility policy titled, Body Mechanics - Transfer Training, with a reviewed date of 11/2024, states in part: Purpose: To provide direction to nursing staff members for training of appropriate body mechanics and safe resident transfer techniques. Protocol: 1. Key Points: b. Reminder that for mechanical sit-to-stand use and mechanical full body lift use, two CNAs, licensed nurse staff or therapists are required to perform the transfer/lift.R3 was admitted to the facility on [DATE] with pertinent diagnosis of dementia.R3's most recent MDS assessment, dated 02/25/26, noted a Brief Interview for Mental Status (BIMS) score of 00, indicating cognition not intact. R3 required substantial/maximal assist with sit to lying and lying to sitting; dependent assist with toileting hygiene, sit to stand, chair/bed transfers, and toilet transfers.R3's care plan, dated 02/09/26, with a target date of 05/16/26, states: [R3] has self-care deficit. Interventions include: Transfer assist: sit to stand lift for all transfers; toileting: assist of 1.On 03/23/26 at 11:16 AM, Surveyor interviewed Certified Nursing Assistant (CNA) G regarding expectations of safe resident transfers using lift equipment. CNA G stated that the expectation is to use 2 staff for all lift equipment transfers.On 03/23/26 at 11:48 AM, Surveyor entered R3's room. Surveyor observed R3's family sitting at table but did not see R3 in the room. At 11:50 AM, Surveyor observed R3's bathroom door open and CNA D was transferring R3 out of bathroom on sit-to-stand lift machine. No other facility staff were present. Surveyor observed CNA D transfer R3 from sit-to-stand lift to wheelchair independently. Surveyor asked CNA D how staff are made aware of a resident's transfer assist needs. CNA D stated on the care plan kept at nursing station. Surveyor asked CNA D if she had received training regarding safe transfer techniques using lift equipment. CNA D stated yes. Surveyor asked what the expectation is for assistance needed to use lift equipment to transfer residents. CNA D stated that 2 staff were to be used.On 03/23/26 at 11:59 PM, CNA D provided Surveyor with R3's care plan and noted that it said R3 required 1 assist for cares and noted the EZ stand was to be used for transfers. CNA D then stated she knew R3 needed 2 staff for using the lift machine but that the nurse was busy at the time and R3 needed to be transferred to the bathroom.On 03/23/26 at 2:45 PM, Surveyor interviewed Registered Nurse (RN) I regarding lift equipment transfers. RN I stated that 2 staff are required for all lift transfers.On 03/23/26 at 2:51 PM, Surveyor interviewed CNA H regarding lift equipment transfers. CNA H stated that as far she was aware, all lift transfers required 2 staff. Surveyor asked CNA H about R3's transfer assist. CNA H showed Surveyor R3's care plan and stated R3 required the sit-to-stand for transfers and that meant 2 staff were needed.On 03/23/26 at 3:01 PM, Surveyor interviewed Clinical Services Consultant E and Regional Director of Operations F regarding observation. Both stated the expectation is for 2 staff to assist with resident transfers using lift equipment. Both agreed that this is a concern as staff are repeatedly educated on the importance of resident safety with lift equipment transfers.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure that residents are free of significant medication errors for 1 of 3 residents (R)(R3) reviewed for insulin administration.R3 did not have 2 doses of sliding scale insulin administered per physician order on 02/28/26 and 03/15/26 based on blood sugar result.This is evidenced by:Facility policy titled, Diabetic Blood Sugar Monitoring, with a reviewed date of 11/2022, states in part: Purpose: It is the policy of this facility that blood sugars will be measure and recorded on diabetics per physician orders or when symptomatic. Protocol: 5. If ordered, give sliding scale insulin as ordered by physician.R3 was admitted to the facility on [DATE] with pertinent diagnoses of type 2 diabetes mellitus without complications.R3's physician orders include insulin lispro (short-acting insulin) per sliding scale four times daily of 61-150=0 units; 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; >400=call MD.Surveyor reviewed R3's medication administration record (MAR) and noted:On 02/28/26, R3's AM blood sugar was 154 and 2 units of insulin lispro should have been administered per physician's order. No insulin was administered.On 03/15/26, R3's lunch time blood sugar was 192 and 2 units of insulin lispro should have been administered per physician's order. No insulin was administered.On 03/23/26 at 3:01 PM, Surveyor interviewed Clinical Services Consultant E regarding R3's insulin administration. Clinical Services Consultant E stated that every other weekend, a med tech works with the nurse by taking diabetic blood sugars and informing the nurse of the result to administer insulin. On 02/28/26, a fall had occurred with another resident and the nurse got busy and forgot to give R3's insulin. On 03/15/26, the med tech failed to inform the nurse of R3's blood sugar and the nurse did not administer R3's lunchtime insulin dose. Clinical Services Consultant E stated that this was a medication error and the nurse should have administered insulin on both occasions.</p>		