STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525525	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Maison	700 South Fremont Prairie Du Chien, WI 53821

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49436 Based on observation, interview, and record review, the facility did not ensure that the residents environment remained as free of accidents and hazards as possible for 1 of 1 resident's (R10) reviewed for accidents and supervision. R10 sustained first and second degree burns on her leg when she spilled hot coffee on herself. This is evidenced by: The facility's policy titled Food Safety: Preventing Burns, dated 2023, states in part: Hot food and beverages will be served at a safe temperature that prevents burns. Staff will monitor hot food and beverage temperatures at the point of service. Hot beverages will be produced at 160 degrees to 185 degrees, the optimum temperature for patient/resident satisfaction. Hot beverages will be handled carefully during food deliver and meal set-up in an attempt to avoid spills that could cause burns. The chart below shows the estimated time for persons to receive second and third degree burns at various temperatures. Water Temperature: Time to Receive Third Degree Burn: 120 degrees: 5 minutes; 127 degrees: 1 minute; 140 degrees: 5 seconds; 155 degrees: 1 second. R10 admitted to the facility on [DATE] with diagnoses including weakness, hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) affecting left non-dominant side, facial weakness, and combined forms of age-related cataract (clouding of the normally clear lens of the eye causing blurry vision). R10's Injury of Known Cause report dated 3/12/25 7:45 AM, states in part: Resident at breakfast table suddenly started yelling out I spilled my coffee in my lap, ouch it's hot COTA F (Certified Occupational Therapy Assistant) was close to resident and quickly went to resident and pulled up on her pants to keep it off her skin, this writer went over as well. CNA (Certified Nursing Assistant) took resident to her room, she and another CNA hoyered her to bed and removed her pants. This writer assessed area and noted red area with wrinkling of skin with a blister forming in red area. Area painful to touch, cool cloth applied .Cool pack applied .Resident left facility at 8:30 AM to be evaluated at the ER (emergency room). Lids on hot drinks as an intervention . Coffee was immediately check for temperature which was 165.4 degrees. Of note, liquid temperature greater than 155 degrees can cause third degree burns in 1 second. (continued on next page)

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	R10's ER visit note states in part: 3/12/25 9:06 AM R10 .presents to urgent care from the nursing home after spilling coffee on her right thigh this morning. R10 reports she fell asleep holding the cup and tipped it onto her lap. She has a first degree burn that is approximately 5-1/2 cm in diameter. There are several blistered areas of 2nd degree burn noted. Blisters are intact. R10 has other areas of first-degree burns that are any [sic] splash pattern. Assessment supports diagnosis of first-degree burns with several blistered areas due to thermal injury . and mild 2nd degree burn .recommend facility check the temperature of their coffee. Discharge instructions: Keep area clean and dry. Vaseline on reddened areas. Vaseline and nonstick dressing over blistered areas. Use Vaseline until redness resolves .Monitor for signs and symptoms of infection. Check temperature on coffee as it should not be so hot that it causes blistering burns . The pain is at a severity of 5/10. The pain is moderate. Clinical impressions first degree burn, burn of multiple specified sites, second degree. R10's Physician Orders printed 3/13/25 includes a diet order stating: CCHO (Cardia, Low fat/Low Chol (Cholesterol)) diet. Regular Texture, Regular consistency, 2L (Liter) fluid restriction due to CHF (Congestive Heart Failure), cut up her foot at meals, rimmed plate or scoop bowl with black built-up textured utensils. Of note, a lid on hot liquids is not included in her dietary order. R10's comprehensive care plan, printed 3/13/25, states in part: Provide, serve diet as ordered: .Lid on hot liquids. Revised 3/13/25. Of note, Lid on hot liquids was not on the care plan prior to surveyor asking DON B (Director of Nursing) about R10's burn incident. On 3/13/25 12:05 PM, Surveyor interviewed LPN J (Licensed Practical Nurse) regarding R10's burn. LPN J indicated if a resident spills often they will give the resident a cup with a lid on it to prevent spills. LPN J indicated if a resident needs a cup with a lid, it would be on the care plan and on the resident's meal ticket. On 3/13/25 12:00 PM, Surveyor reviewed R10's meal ticket for lunch. R10's meal ticket states in part: Adap. Equip (Adaptive Equipment): Built-up Gray grip utensils, Rim plate. Of note, lid on hot liquids was not included. On 3/13/25 at 4:00 PM, DON B gave Surveyor a new meal ticket which now includes insulated mug with cover for hot liquids. On 3/13/25 at 11:14 AM, Surveyor interviewed R10 regarding her burns. R10 stated she had never had the coffee that hot before. Surveyor observed the coffee machine on both units. The coffee machine is on the outside of the kitchenette in the dining room. The coffee machine is connected to constant water source. The coffee machine also has a spout for hot water. On R10's unit there is no signage at the coffee machine area. On the other unit there is a sign that instructs staff to add ice to hot beverages. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 3/13/25 11:00 AM, Surveyor observed CNA G (Certified Nursing Assistant) pour two cups of coffee from the coffee machine and deliver the cups to two separate residents. Ice was not added to the coffee. Surveyor asked CNA G about the coffee machine. CNA G indicated there is coffee all day long for the residents. CNA G indicated the nursing staff does not check the temperature of the coffee. On 3/13/25 at 11:15 AM, Surveyor interviewed RN H (Registered Nurse) regarding the coffee temperatures. RN H indicated the coffee temperature is not checked. On 3/13/25 at 11:20 AM, Surveyor interviewed DA I (Dietary Aide) regarding the temperature of the coffee. DA I indicated the temperature of the coffee was not checked. DA I indicated she was asked to check the temperature of the coffee the day before because of an incident and stated the coffee temperature at that time was 165.4 degrees. On 3/13/25, Surveyor obtained a cup of coffee and a cup of hot water from R10's unit. The hot coffee temperature was 163.4 degrees, and the hot water was 165.2 degrees. On 3/13/25, Surveyor obtained a cup of coffee and a cup of hot water from the other unit. The hot coffee temperature was 161.6 degrees, and the hot water was 175.2 degrees. Of note, a liquid temperature greater than 155 degrees can cause third degree burns in 1 second. On 3/13/25 at 11:38 AM, Surveyor interviewed CNA K regarding access to the coffee machine. CNA K indicated any resident would be able to come up to the coffee machine and pour themselves a cup of coffee or hot water, but they do not. CNA K also indicated the hot water spout gets pretty hot at times because she has accidentally touched it herself. CNA K indicated a resident could burn themselves if they touch it. On 3/13/25 at 1:30 PM, Surveyor interviewed DON B (Director of Nursing) regarding R10's burn incident. DON B indicated the facility put a new intervention in place, to put a lid on hot liquids for R10. Surveyor informed DON B the new intervention was not on the care plan or meal ticket. DON B indicated the intervention should have been added but was not. Surveyor informed DON B about the signage regarding adding ice by the coffee machine on one unit but not on R10's unit. DON B indicated the signage should have been on both units but is not. DON B indicated residents do have access to both the hot coffee and hot water, as there is no barrier to the coffee machine. DON B was notified of the temperatures Surveyor obtained for the hot water and coffee, with the hottest being 175.2 F. DON B indicated with a temperature that high, a resident could receive a burn from the hot liquid.

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29360 Based on observation, interview, and record review, the facility failed to have a system in place to assess for risk of entrapment between the mattress and side rail, failed to ensure other alternatives were tried prior to installing/utilizing side rails for 16 of 22 residents with side rails/enabler bars with a standard mattress (R3, R5, R6, R7, R8, R10, R12, R13, R14, R16, R17, R18, R19, R20, R22, and R23) and failed to identify and recognize that the use of side rails with an air mattress increases the risk for entrapment for 6 of 22 (R2, R9, R11, R15, R21, and R24) residents who use an air mattress and side rails/enabler bars. R2's bed was equipped with A Pressure Guard APM - Bariatric Solutions alternating air mattress as well as two half bed rails. On 2/9/25, R2 was found to have a large bruise on the right side of his neck. The facility's conclusion was R2's bruise was caused by the bed rail. No new interventions were put in place following the incident, R2's Bed Rail Assessment was not complete and thorough, there is no evidence that the facility tried other alternatives prior to installing and utilizing bed rails on R2's bed, and no assessment of gaps on R2's bed with the air mattress and bed rails was completed. 6 residents (R2, R9, R11, R15, R21, and R24) have an air mattress along with side rails or enabler bars. 16 residents (R3, R5, R6, R7, R8, R10, R12, R13, R14, R16, R17, R18, R19, R20, R22, and R23) have enabler bars with a standard mattress. The facility does not have a system to complete a bed rail evaluation for safety prior to installation of the bed rails, including measuring for potential gaps that may pose a risk for entrapment between the bed mattress and the bed rails. These failures created a finding of immediate jeopardy on 2/9/25 when R2 was noted to have an injury related to the bed rail. NHA A (Nursing Home Administrator) was notified of the immediate jeopardy on 2/27/25 at 5:00 PM. The immediate jeopardy was removed on 2/28/25; however, the deficient practice continues at a severity/scope of E (potential for more than minimal harm/pattern) as the facility continues to implement its action plan. This is evidenced by: (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The Center for Devices and Radiological Health Guidance for Industry and Food and Drug Administration (FDA) Staff, Hospital Bed System Dimensional and Assessment to Reduce Entrapment, dated 3/10/2006, documents, in part, as follows: Pressure Reduction Therapeutic Products Framed flotation therapy beds, powered air mattress replacements, and similar pressure reduction products that have therapeutic benefits such as reducing pressure on skin are easily compressed by the weight of a patient and may pose an additional risk of entrapment when used with conventional hospital bed systems. When these types of mattresses compress, the space between the mattress and the bedrail may increase and pose an additional risk of entrapment. While entrapments have occurred with the use of framed flotation therapy beds (specialty air beds built into a hospital bed frame) and air mattress replacements, these products are excluded from the dimensional limit recommendations, except for those spaces within the perimeter of the rail. This partial exemption is due to the highly compressible nature of these mattresses, which poses technical difficulties with measuring certain dimensional gaps in these types of products. We will continue to work with the IEC (The International Electrotechnical Commission issues standards for the safety and performance of medical electrical equipment including air mattresses) to develop and refine test methods to address the risk of entrapment in bed systems using these products. Additional caution should be taken when using these products to ensure a tight fit of the mattress to the bed system. If a powered air mattress is replacing a mattress on a bed system that meets the recommendations in the guidance with the original mattress, the resulting bed system with the new air mattress may still pose a risk of entrapment. When these products are used, we recommend that steps are taken to ensure that the therapeutic benefit outweighs the risk of entrapment. NOTE: FDA continues to recommend the dimensional limits in this guidance for bed systems using mattress overlays. We recommend that steps be taken to assess the therapeutic benefit to the patient when applying a mattress overlay to a bed system that does not meet the recommended dimensional limits. The clinical benefit should outweigh the risk of entrapment presented by use of such a system. Potential Zones of Entrapment This guidance describes seven zones in the hospital bed system where there is a potential for patient entrapment. Entrapment may occur in flat or articulated bed positions, with the rails fully raised or in intermediate positions. The seven areas in the bed system where there is a potential for entrapment are . Zone 1: Within the Rail Zone 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support Zone 3: Between the Rail and the Mattress Zone 4: Under the Rail, at the Ends of the Rail (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Zone 5: Between Split bedrails Zone 6: Between the End of the Rail and the Side Edge of the Head or Foot Board Zone 7: Between the Head or Foot Board and the Mattress End Entrapment at the Bed Deck or Frame Many of the entrapment event reports FDA received involved entrapment between the rail and the bed's frame. It is unclear from the event descriptions whether this refers to the mattress deck, the bed frame, or even the hardware attaching the bedrail to the bed system. While this guidance does not recommend dimensional limits on the space at the deck or frame locations, FDA believes that meeting the other recommended dimensional limits would reduce the possibility of entrapment at the deck or frame locations. The facility Bed Rail Use Policy, dated 2025, states in part the following: It is the policy of this facility to conduct bed inspections in accordance with providing a safe, clean, comfortable and homelike environment. The facility will conduct regular bed inspections, utilizing an interdisciplinary, team-based approach (e.g. nursing and maintenance) to risk identification and prevention. The Director of Nursing and Maintenance Director (or qualified designees) cooperatively will be responsible for completion of bed inspections on a regular basis. It is the policy of this facility to identify and reduce safety risks and hazards commonly associated with bed rail use. A duo-faceted approach will be used to achieve sustainable quality outcomes, including 1) regular bed maintenance and 2) individual bed rail evaluations. In response to the requirement of providing for a safe, clean, comfortable, and homelike environment, the facility's regular maintenance program will include regular inspection of all bed systems (e.g. rails, frames, and mattresses, and operational components) to ensure they are clean, comfortable and safe. The facility will also ensure individual resident bed rail evaluations are performed on an annual basis or more frequently as needed. When bed rail(s) are deemed necessary and appropriate, the facility will provide education to resident or resident's representative pertaining to the risk and benefits of bed rail use. The facility's priority is to ensure safe and appropriate bed rail use. Definition of Bed Rail (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Bed rails (also referred to as side rails, bed side rails, and safety rails) are constructed of metal or rigid plastics, and are available in various sized (e.g., full length rails, half-rails, quarter rails), to align with resident-specific needs. Bed rails may be positioned in various locations on the bed; upper or lower, either or both sides. The 1995 FDA (Federal Drug Administration) issued Safety Alert entitled, Entrapment Hazards with Hospital Bed Side Rails notes the frail or elderly who have conditions such as agitation, delirium, confusion, pain, uncontrolled body movement, hypoxia, fecal impaction, acute urinary retention, etc., have an increased likelihood of entrapment. The increased risk is largely due to unsafe moving about the bed, or ill-advised attempting to exit from the bed. Additionally, untimely responses to care needs (e.g. toileting, repositioning, pain management, etc.) increases the risk of entrapment. No matter the purpose for use, bed rails, and other bed accessories (e.g., transfer bar, trapeze, bed enclosures), although prescribed to improve functional independence with bed mobility and transfers, can increase resident safety risk. Thus, weighing the risks and benefits of devices (including bed rails) is integral to achieving positive resident outcomes. (Appendix PP) In addition, the FDA Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated March 16, 2006: . provides additional guidance and recommendations that are related to both hospital beds and hospital bed accessories with recommendations that are intended to reduce life threatening entrapments. Objective of Bed Rail Use Policy The objective of the bed rail use policy is to determine if resident use is safe and appropriate. The interdisciplinary team will use data collected from regular bed inspections and individual bed rail evaluations to bolster care planning and positive resident outcomes. The bed rail use policy will reviewed annually or more frequently as needed and will be integrated into the facility Quality Assurance and Performance Improvement program (QAPI). The facility's Mattress Safety Policy, dated 1/2025, includes, in part, the following: Installation and Maintenance: The maintenance checks on the mattresses will include: Confirm the bed frame is appropriate for use with the mattress and the measurements of the mattress are appropriate for the frame per manufacturer's recommendations. The Owner's Manual Pressure Guard APM Bariatric mattress includes, in part, the following: Bed Rails: Due to concerns over the possibility of patient entrapment, Span-America recognizes that the use of rails of any length is a matter currently addressed by various regulations from local, national and international government agencies, and by individual facility protocol. It is the responsibility of the facility to be in compliance with these laws, which typically require that decisions on the use of bed rails of any type are based on assessment of the physical and mental status of each patient individually. If bedrails are needed by the patient to prevent fall-related injury, as determined by this assessment, we recommend that the bedrails be locked in the up position at all times. 1. R2 was admitted to the facility on [DATE] with diagnoses that include diabetes, neuropathy, and hypertensive heart disease. R2 has an Activated Healthcare Power of Attorney. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R2's quarterly Minimum Data Set (MDS) dated [DATE] states Brief Interview for Mental Status (BIMS) 5 indicating severe cognitive impairment. R2 is dependent on staff to roll left to right and is dependent for transfers. R2's care plan states in part the following . Focus: The resident has ADL (Activities of Daily Living) self-care performance needs r/t (related to) Activity Intolerance, Fatigue, Limited Mobility. Interventions/Tasks: Bed Mobility: The resident requires (Substantial assistance) by (2) staff to turn and reposition in bed. Side Rails on both sides of bed for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. Focus: The resident has unstageable pressure ulcer on left great toe r/t (related to) impaired mobility, diabetes, cognition, impaired skin integrity. Interventions/Tasks: The resident requires pressure reduction cushion in recliner and wheelchair and air mattress on bed daily - comfort setting 5 dated 12/17/24. Of note, R2 received the air mattress with side rails/enablers in place on 12/17/24. R2's Side Rail Assessment completed 8/21/24 states in part . Alternatives Tried: no alternatives listed or marked as tried. The facility's Misconduct Incident Report includes, in part, the following: Approximately 10:30 AM on 2/11/25, NHA A (Nursing Home Administrator) was notified by DON B (Director of Nursing) that (R2) has a large bruise on the right side of his neck. (R2) was interviewed immediately and stated he did not know he had a bruise there or how he received it. Conclusion: Upon conclusion of the investigation, it was determined abuse is unfounded and the resident is not harmed. It was determined the bruise happened during the night of 2/8/25 and was noticed by staff on 2/9/25. It was also determined the cause of the bruise was by the grab bar on his bed as this resident will occasionally press his pillow against the side rail because he likes sleeping on his right side. On 2/27/25 at 10:30 AM, Surveyor observed R2's bed. R2's bed was a Bariatric Solutions bed with a Pressure Guard APM Bariatric Solutions air mattress on it. R2's bed also had half bed rails on it, both of which were in the up position. On 2/27/25 at 3:03 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked if any changes were made after R2 was found with a bruise on his neck and the facility investigation summary stated the bruise was caused by the bed rail. NHA A stated no changes were made after the incident. NHA A stated interventions should have been put in place to further prevent injury. Surveyor asked NHA A if the beds with bed rails had been assessed/monitored? NHA A stated no. Surveyor asked NHA A if the beds with bed rails should have been assessed/monitored. NHA A stated yes. The facility was aware R2, who requires two staff for repositioning, was found with a large linear bruise on his neck. The facility indicated the root cause analysis of this bruise was due to the bed rail. Despite this assessment, the facility did not make attempts to reduce the risk of R2 becoming entrapped in the bed rail. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 2/27/25 at 12:14 PM, Surveyor interviewed MS E (Maintenance Supervisor) and HS D (Housekeeping Supervisor). Surveyor asked who puts the bed rails on the bed. MS E stated Maintenance staff put the bed rails on the beds after they receive a Maintenance Request. Surveyor asked MS E if the facility completes an assessment for potential risk of entrapment such as measuring the space between the bed rail and the mattress. MS E stated the facility does not have a system to measure or assess for potential entrapment prior to installing a side rail/enabler device. Surveyor asked MS E if he was aware if alternatives are attempted prior to installing a side rail/enabler bar. MS E stated not to his knowledge. Surveyor asked if either MS E or HS D were educated on the appropriate and safe distances between the bed mattress and bed rail. HS D stated she was never formally educated on the appropriate and safe distance. HS D stated that her thought was if you can fit your hand down there, it is not safe. Surveyor asked HS D if there was any documentation of this. HS D stated no. 2. R3 was admitted to the facility on [DATE] with diagnoses that include Congestive Heart Failure, left below the knee amputation, and muscle weakness. R3's quarterly MDS dated [DATE] states in part . BIMS 13 indicating intact cognition. R3 is dependent on staff to roll left to right and is dependent for transfers. R3's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) deconditioning, impaired mobility, CHF (Congestive Heart Failure), foley catheter use, adjustment disorder, PVD (Peripheral Vascular Disease), left BKA (Below Knee Amputation). Interventions/Tasks: Bed Mobility: The resident requires (partial/moderate assistance) by (2) staff to turn and reposition in bed. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R3's Side Rail Assessment completed 2/26/24 states in part . Description: No description of Side Rails used. Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rail/enabler bars on R3's bed. 3. R5 was admitted to the facility on [DATE] with diagnoses that include morbid obesity, weakness, and osteoporosis. R5's quarterly MDS dated [DATE] states in part . BIMS 13 indicating intact cognition. R5 is dependent on staff to roll left to right and is dependent for transfers. R5's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) Musculoskeletal impairment. Pain with arthritis in back and hands, edema, obesity. Interventions/Tasks: Bed Mobility: The resident requires substantial assist of 2 staff members to reposition. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R5's Side Rail Assessment completed 12/26/24 states in part . Alternatives Tried: Raising head of bed. Of note, there is no evidence the facility attempted alternatives prior to installing side rail/enabler bars on R5's bed. 4. R14 was admitted to the facility on [DATE] with diagnoses that include dementia, diabetes, and stroke with hemiplegia. R14's quarterly MDS dated [DATE] states in part . BIMS 2 indicating severe cognitive impairment. R14 needs substantial/maximal assist with bed mobility and substantial/maximal assist with transfers. R14's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) Activity Intolerance, Dementia, Hemiplegia, Impaired balance, Stroke. Interventions/Tasks: Bed Mobility: The resident requires substantial assist of 1 staff to reposition in bed. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R14's Side Rail Assessment completed 9/4/24 states in part . Description: No description of Side Rails used. Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rail/enabler bars on R14's bed. 5. R18 was admitted to the facility on [DATE] with diagnoses that include diabetes, weakness, and chronic pain. R18's quarterly MDS dated [DATE] states in part . BIMS 14 indicating cognitively intact. R18 is independent with bed mobility and is independent with transfers. R18's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) Impaired mobility, occasional bladder incontinence, pain, diabetes, HOH (Hard of Hearing), depression, anxiety. Interventions/Tasks: Bed Mobility: The resident is able to: reposition self independently in bed. Side rails on both sides of bed for repositioning during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R18's Side Rail Assessment completed 12/26/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R18's bed. 6. R19 was admitted to the facility on [DATE] with diagnoses that include congestive heart failure, difficulty in walking, and Polyosteoarthritis. (continued on next page)

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	525525	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Maison	700 South Fremont Prairie Du Chien, WI 53821

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R19's quarterly MDS dated [DATE] states in part . BIMS 15 indicating intact cognition. R19 needs substantial/maximal assist with bed mobility and substantial/maximal assist with transfers. R19's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) weakness. Interventions/Tasks: Bed Mobility: The resident requires extensive assist of 1 staff to turn and reposition in bed. Side rails on both sides of bed for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R19's Side Rail Assessment completed 8/16/24 states in part . Description: No description of Side Rails used. Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R19's bed. 7. R20 was admitted to the facility on [DATE] with diagnoses that include heart transplant, chronic pain, and repeated falls. R20's annual MDS dated [DATE] states in part . BIMS 14 indicating intact cognition. R20 needs partial/moderate assistance with bed mobility and substantial/maximal assistance with transfers. R20's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) impaired mobility, weakness, diabetes, cardiovascular disease, pain. Interventions/Tasks: Bed Mobility: The resident requires (limited assistance) of (1) staff to turn and reposition in bed. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R20's Side Rail Assessment completed 1/25/25 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R20's bed. such as measuring the space between the bed rail/enabler device and mattress. 8. R21 was admitted to the facility on [DATE] with diagnoses that include . sacral fracture, femur neck fracture, and history of falls. R21's annual MDS dated [DATE] states in part . BIMS 8 indicating moderately impaired cognition. R21 needs substantial/maximal assistance with bed mobility and is dependent with transfers. R21's care plan states in part . (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Focus: The resident has ADL self-care performance needs r/t (related to) left pelvic fracture, impaired mobility, pain. Interventions/Tasks: Bed Mobility: The resident requires max (maximum) assist by (1) staff to turn and reposition in bed daily and as necessary. Side rails: Bilateral grab bars for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. Focus: The resident has a stage II pressure ulcer (on admission) and impaired skin integrity r/t impaired mobility, weight loss. Interventions/Tasks: The resident needs pressure reduction mattress on bed daily and pressure reduction cushion in chair to protect the skin. Comfort setting - 5. R21's Side Rail Assessment completed 1/15/25 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R21's bed. 39713 9. R6 was admitted to the facility on [DATE] with diagnoses that include Alzheimer's, falls, and weakness. R6's quarterly MDS dated [DATE] states in part . BIMS 11 indicating moderate cognitive impairment. R6 needs partial/moderate assistance to roll left to right and requires substantial/maximum assistance with transfers. R6's care plan states in part . Focus: The resident has ADL self-care performance needs r/t (related to) activity intolerance, dementia. Interventions/Tasks: Bed Mobility: The resident requires substantial assist of 1 staff for bed mobility and repositioning. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R6's Side Rail Assessment completed 7/5/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R6's bed. 10. R7 was admitted to the facility on [DATE] with diagnoses that include multiple fractures, repeated falls, vascular dementia, anxiety, and muscle weakness. R7's quarterly MDS dated [DATE] states in part . BIMS 3 indicating severe cognitive impairment. R7 needs substantial/maximum assistance to roll left to right and requires substantial/maximum assistance with transfers. R7's care plan states in part . (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Focus: The resident has ADL self-care performance needs r/t activity intolerance, dementia. Interventions/Tasks: Bed Mobility: The resident is able to: reposition self independently in bed. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R7's Side Rail Assessment completed 9/26/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R5's bed. 11. R8 was admitted to the facility on [DATE] with diagnoses that include Sarcopenia, post-polio syndrome, COPD (chronic obstructive pulmonary disease), monoplegia of lower limb affecting right dominant side. R8's admission MDS dated [DATE] states in part . BIMS 15 indicating R8 is cognitively intact. R8 is dependent for rolling left to right and transfers. R8's care plan states in part . Focus: The resident has ADL self-care performance needs r/t sarcopenia, post-polio syndrome, impaired mobility. Interventions/Tasks: Bed Mobility: The resident requires max assist with turning and repositioning in bed. Uses trapeze on bed to assist with bed mobility. Side Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R8's Side Rail Assessment completed 1/7/25 states in part . Alternatives Tried: Trapeze and Raising head of bed. Of note, there is no evidence the facility assessed for safety prior to installing side rails/enabler device such as measuring the space between to bed rail/enabler device and mattress. 12. R9 was admitted to the facility on [DATE] with diagnoses that include Hemiplegia and hemiparesis following nontraumatic intracranial hemorrhage, contracture right hand, weakness, and anxiety. R9's annual MDS dated [DATE] states in part . BIMS 99 indicating severe cognitive impairment. R9 is dependent on staff for rolling left to right and transfers. R9's care plan states in part . Focus: The resident has ADL self-care performance needs r/t intracranial hemorrhage, weakness and immobility. Interventions/Tasks: Bed Mobility: The resident requires 2 staff to turn and reposition in bed frequently and as she desires. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Focus: Risk for impaired skin integrity chronic venous insufficiency and immobility. Interventions/Tasks: Resident has air mattress for pressure relief due to pressure related wounds. Resident has a pressure relieving chair (broad), comfort setting 5. R9's Side Rail Assessment completed 9/26/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Side Rail Assessment not signed by nurse indicating the above question explained to responsible party and verbal consent obtained. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R9's bed. 13. R10 was admitted to the facility on [DATE] with diagnoses that include Acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes mellitus type 2, chronic kidney disease (CKD) and abdominal aortic aneurysm (AAA). R10's annual MDS dated [DATE] states in part . BIMS 7 indicating severe cognitive impairment. R10 is dependent on staff with transfers and rolling left to right. R10's care plan states in part . Focus: The resident has ADL self-care performance needs r/t activity intolerance, SOB (shortness of breath). Interventions/Tasks: Bed Mobility: Resident requires substantial/maximum assistance with 2 assist for bed mobility and repositioning. Right and Left Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R10's Side Rail Assessment completed 1/5/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Side Rail Assessment not signed by nurse indicating the above question explained to responsible party and verbal consent obtained. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R10's bed. 14. R11 was admitted to the facility on [DATE] with diagnoses that include hemiplegia and hemiparesis following cerebral infarction, respiratory failure, weakness, encephalopathy, CHF, anxiety and dementia. R11's quarterly MDS dated [DATE] states in part . BIMS 6 indicating severe cognitive impairment. R11 is dependent on staff with transfers and rolling left to right. R11's care plan states in part . Focus: The resident has ADL self-care performance needs r/t dementia, impaired mobility, pain, incontinence, CHF. Interventions/Tasks: Bed Mobility: Requires dependent assist x 2 staff with bed mobility and repositioning. Right Assist Rails for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. (continued on next page)

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F 0700 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Focus: The resident has potential for pressure ulcer development r/t (related to) immobility, muscle weakness, fragile skin, incontinence, dementia. Interventions/Tasks: Air mattress on bed for skin breakdown prevention. Comfort setting 5. R11's Side Rail Assessment completed 9/11/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enabler bars on R11's bed. 15. R12 was admitted to the facility on [DATE] with diagnoses that include end stage renal disease, uterine malignant neoplasm, diabetes mellitus type 2, weakness. R12's admission MDS dated [DATE] states in part . BIMS 15 indicating R12 is cognitively intact. R12 is dependent on staff with transfers and rolling left to right. R12's care plan states in part . Focus: The resident has ADL self-care performance needs r/t activity intolerance, disease process, impaired balance, sepsis, post-surgical pain, diabetes, ESRD (end stage renal disease). Interventions/Tasks: Bed Mobility: The resident is totally dependent on 2 staff for repositioning and turning in bed daily and as necessary. Side Rails (left and right mobility bars) for safety during care provision, to assist with bed mobility. Observe for injury or entrapment related to use. Reposition per schedule and as necessary to avoid injury. R12's Side Rail Assessment completed 11/15/24 states in part . Alternatives Tried: No alternatives listed or marked as tried. Of note, there is no evidence the facility attempted alternatives prior to installing side rails/enab [TRUNCATED]