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	07/30/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately consult with a physician when needing to alter treatment for 1 of 9 (R32) residents reviewed for physician notification. R32 experienced severe weight loss of 10 lbs. over 7 days from 7/8/25 to 7/15/25, indicating a weight loss of 8.91%. The facility did not call the on-call physician to allow for alteration of treatment if the physician deemed it necessary. This is evidenced by: The facility policy titled, Physician Notification of Resident Change of Condition, dated 11/2024, states, in part: . 1. Immediate Notification: the physician should be informed [sic] at the time the event occurs. [NAME] use INTERACT 3.0 CHANGE OF CONDITION FILE CARDS AND CARE PATH CARDS to guide immediate criteria. 2. Non-immediate Notification: the physician should be informed of the problem or event during office hours and generally not later than the next regular office day. The facility policy titled, Tracking Weight Changes, dated 01/2023, states, in part: . 5. All individuals with significant weight changes will be reweighed to assure accuracy of the weight prior to reporting this to the staff, Primary Care Provider, or family. 6. The care team will review and document on all insidious and significant weight changes. Nursing will notify Primary Care Provider and take action as necessary (including follow up documentation). 7. The individual, family (or representative), Primary Care Provider and RD (Registered Dietician) or designee will be notified of any individual with an unplanned significant weight change of a. 5% +/- weight change in the previous 30 days. R32 was admitted to the facility on [DATE], with diagnoses that include, in part: hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side (paralysis affecting the right side of the body following a non-traumatic brain bleed), dysphagia (difficulty swallowing), muscle weakness (generalized), and neurocognitive disorder with Lewy bodies (Dementia). R32's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/18/25 states that R32's Brief Interview of Mental Status (BIMS) could not be conducted because the resident is rarely/never understood. R32's Staff Assessment for Mental Status indicates R32 has short-term and long-term memory problems and that R32 is severely impaired in making decisions regarding tasks of their daily life. Section GG indicates that R32 is dependent on staff for eating. Section K indicates R32 receives a mechanically altered diet. R32's Physician Orders indicate, in part:Monitor Weekly Weight every day shift every Tue (Tuesday) for Monitor Weekly Weight. Start date: 10/8/24. Active Order.R32's Weight Documentation indicates, in part:7/8/25 at 9:03 AM: 112.2 Lbs. (pounds) (Wheelchair)7/15/25 at 1:37 PM: 102.2 Lbs. (Wheelchair) (Of note: this is a 10-pound wt. loss in a week, no notification documented to the provider)7/22/25 at 12:59 PM: 102.5 Lbs. (Wheelchair) On 7/29/25 at 1:39 PM, Surveyor interviewed LPN C (Licensed Practical Nurse). Surveyor asked LPN C when providers need to be notified of a change in resident weights. LPN C indicates a change of 5 pounds since the previous weight or according to physician order. On 7/29/25 at 1:51 PM, Surveyor interviewed LPN D. Surveyor asked LPN D when providers need to be notified of a change in resident weights. LPN D indicates she would follow the physician order for physician notification of change to a resident's weight. On 7/29/25 at 2:00 PM, Surveyor interviewed LPN E. Surveyor asked LPN E when providers (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	need to be notified of a change in resident weights. LPN E indicates there is no specific amount of change for every resident, but in general a weight change of 3-5 pounds would require physician notification. Surveyor asked LPN E who monitors resident weights. LPN E indicates the Registered Dietician and dietary staff. On 7/30/25 at 4:06 PM, Surveyor interviewed NP F (Nurse Practitioner). Surveyor asked NP F if she would have expected to have been notified of R32's weight loss. NP F indicates that R32's weight loss is expected however, she would have expected to have been notified of the 10 lbs. weight lose over one week. On 7/30/25 at 2:08 PM, Surveyor interviewed DONB (Director of Nursing). Surveyor asked DON B what standard of practice the facility uses for change of condition. DON B indicates the facility uses Interact. Surveyor asked DON B if a physician should be notified of resident weight changes. DON B indicates, yes, and the facility has been working on ensuring parameters for weight change are set for each resident. Surveyor asked DON B if R32's weight change of 10 lbs. in one week should have been reported to a physician. DON B indicates she would expect staff to reweigh the resident, and if the weight is found to be accurate, to notify the physician. Surveyor asked DON B if she was aware of R32's weight loss. DON B indicates she was not; she is aware there is weight meetings once a month but is unsure if it was discussed at that meeting.The facility failed to notify a physician of R32's weight loss of 10 lbs. from 7/8/25 to 7/15/25.

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F 0689 Level of Harm - Minimal harm or potential for 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** Based on observation, interview, and record review, the facility did not ensure the environment was free of accident hazards for 1 of 3 residents (R46) reviewed for falls.R46 has had multiple falls since admission to the facility. The root cause was not documented for each fall.R46's care plan was not updated after each fall to include interventions to prevent future falls.R46's care plan contained an intervention that had gotten discontinued but remained on the care plan. Evidenced by: The facility's fall policy titled, Fall Report and Assessment dated 11/24 states, in part: It is the policy of this facility to complete a Risk Management and root cause analysis whenever a resident has fallen. Provide documentation of each fall and interventions to prevent future falls.The documentation must be completely filled out including immediate follow-up measures taken to prevent reoccurrence.The care plan is updated to reflect interventions put in place.R46 was admitted to the facility on [DATE] and has diagnoses that include: hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side (partial paralysis), metabolic encephalopathy (brain disease that alters function), Alzheimer's Disease with late onset, chronic kidney disease, depression, insomnia, and dementia.R46's Minimum Data Set (MDS) assessment, with Assessment Reference Date (ARD) of 4/18/25, indicates R46 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating R46's cognition is moderately impaired.From 7/28/25 to 7/30/25, Surveyor reviewed R46's medical record. R46's medical record indicated R46 fell on 5/1/25 (twice), 5/8/25, 5/14/25, 5/20/25, 5/21/25, 5/23/25, 5/25/25, 5/26/25, 5/28/25, 5/29/25, 6/6/25, 7/13/25, and 7/25/25.R46's Comprehensive Care Plan states, in part: .Focus: The resident in high risk for falls r/t left sided weakness, dementia, forgetfulness, sundowning, history of falls, use of antidepressants. Had actual falls on : 5/1/25 x2, 5/8/25, 5/14/25, 5/20/25, 5/21/25, 5/23/25, 5/25/25, 5/26/25, 5/28/25, 5/29/25, 6/7/25, 7/13/25.Interventions/Tasks: The resident needs a safe environment with: bed low to floor and floor mat on right side to prevent injury, date initiated 4/11/25.I need Dycem in my chair to prevent me from sliding out, date initiated 4/14/25.5/21/25 To utilize bulb call light to help with alerting staff when needing assistance, date initiated 5/22/25.5/23/25 s/p fall Bed to be up against wall for safety and resident preference, date initiated 5/27/25.5/25/25 s/p fall Family brought in a desk and paperwork to assist with keeping resident occupied during restless period, date initiated 5/27/25.Be sure resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance, date initiated 4/11/25.Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs, date initiated 4/11/25.Follow facility fall protocol, date initiated 4/11/25.Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove potential causes if possible. Educate resident/family/caregivers/IDT as to causes, date initiated 4/11/25.s/p fall 5/1/25 Lay resident down when requesting to go to bed as he may self-transfer, date initiated 5/8/25.s/p fall 5/14/25 Applied bumpers on mattress to see if this would protect [Resident name] from rolling out of bed, date initiated 5/14/25.s/p fall 5/26/25 PCP to review medications due to frequent falls and behaviors, date initiated 5/27/25.s/p fall 5/8/25 To utilize night light to help him prevent falls from bed, date initiated 5/8/25.s/p fall 6/7/25 I will utilize a motion sensor in alarm while in my room/bed to alert staff if I am attempting to self-transfer, date initiated 6/9/25.s/p fall 7/13/25 To toilet every 2 hours due to anxiety and incontinence, date initiated 7/14/25.Utilizing perimeter mattress on bed to help determine edge of bed to help prevent falls, date initiated 7/15/25.R46 had his first fall at the facility on 5/1/25 at 12:35 AM. The Fall Risk Management Report from this fall states, in part: .Res (resident) was found sitting on the floor mat at bedside and the upper half was leaning on the bed. The legs were in a position like he was kneeling and rolled over on to his bottom. No injuries noted.He said he didn't know what he was trying to do. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There is no root cause documented in this report.The Risk Management Report from R46's fall on 5/8/25 at 3:55 AM states, in part: .The CNA (certified nursing assistant) walked in to check on res and found him laying on the floor with the feet going out toward the door and the head on the side of the mattress. No injuries noted.Resident Description: He didn't know. There is no root cause documented in this report.The Risk Management Report from R46's fall on 5/25/25 at 5:55 PM states, in part: .Resident found on floor in room with shoes and socks off lying on his left side.Resident description: Resident reports he crawled out of his wheelchair to the floor There is no root cause documented as to why he was trying to go to the floor.The Risk Management Report from R46's fall on 5/26/25 at 6:45 PM states, in part: .This writer was called to residents room by CNA. Upon entering the room resident was in a kneeling position at the end of the bed. No apparent injury noted. There is no root cause documented.The Risk Management Report from R46's fall on 5/28/25 at 2:40 PM states, in part: .Resident on floor near bed and wheelchair. Resident was attempting to self-transfer and fell down causing a skin tear of 14cm x 3cm to left outer forearm.Resident states he was attempting to self-transfer in his room. There is no root cause documented as to why he was self-transferring.The Risk Management Report from R46's fall on 6/6/25 at 3:30 PM states, in part: .Called to room resident was laying on his back on floor mat with pillow under head and hands resting above head, blanket over knees. Questioned this resident how ended up on floor mat, resident stated, I didn't fall. I got down there myself, but this was not my destination. Once I got there, I realized that I needed help to get up. Questioned where was going and this resident did not answer. He just informed staff that needed to get the big crane and put the harness under me and hook me up to get in my chair then I can go where I was headed. There is no root cause documented as to why he was trying to get in his chair.R46's medical record shows there were falls on 5/20/25, 5/28/25, 5/29/25, and 7/25/25. There were no interventions included on the care plan after these falls to prevent future falls.On 7/30/25 at 9:58 AM, Surveyor interviewed DON B and asked about the root cause of R46's falls. DON B could tell Surveyor additional information and provide a root cause for most of the falls. DON B indicated the root cause should have been documented in the Risk Management report for each fall.On 7/29/25 at 10:57 AM, Surveyor observed low bed, floor mats, special mattress, bulb call light, and night light in R46's room. Surveyor did not see a motion sensor.Of note, the care plan has an intervention that was initiated on 6/9/25 for R46 to utilize a motion sensor while in his room.On 7/30/25 at 9:24 AM, Surveyor interviewed LPN H (Licensed Practical Nurse) and asked what fall interventions were in place for R46. LPN H indicated he uses a low bed, floor mat, special mattress, frequent rounding, offering him things to do, uses his laptop to watch family videos, encourage to come out to dayroom, and a bathroom schedule. Surveyor asked if R46 has a motion sensor in his room and LPN H stated no.On 7/30/25 at 9:34 AM, Surveyor interviewed CNA I (Certified Nursing Assistant) and asked what fall interventions were in place for R46. CNA I indicated they toilet R46 every 2 hours minimum, offer to take him outside, offer to get him up if he's restless, they call his son sometimes and see if he can sit with R46, has a low bed, floor mats, bulb call light. Surveyor asked if R46 has a motion sensor in his room and CNA I stated no.On 7/30/25 at 9:37 AM, Surveyor interviewed CNA J and asked what fall interventions were in place for R46. CNA J indicated R46 uses slipper socks, toilet every 2 hours, bed in low position, bed against wall, floor mat against bed, dysem in w/c, bumper mattress, lay down when he wants, has night light, take for walk in wheelchair, and has a motion sensor in room. Surveyor asked to see the motion sensor. CNA J went with Surveyor to R46's room and no motion sensor was observed.On 7/30/25 at 9:58 AM, Surveyor interviewed DON B (Director of Nursing) and asked how often care plan interventions get evaluated. DON B stated they get updated with any changes and quarterly minimum. Surveyor asked if care plans should get updated and interventions added after every fall. DON B stated yes and indicated fall interventions are discussed at Risk meetings on Mondays. Surveyor asked DON B if there is a motion sensor in R46's room. DON B stated they tried the motion sensor, but it didn't work, and they took it out. DON B indicated she could not recall when it got removed. DON B tried to find Surveyor documentation (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	saying when and why the motion sensor got taken out of R46's room but was unable to provide documentation.Of note, once the motion sensor was discontinued, the facility did not replace that intervention with anything else in response to the 6/6/25 fall to prevent future falls.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: 5Number of residents cited: 1Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 1 of 1 (R16) supplemented resident.R16 was treated with an antibiotic for a UTI (Urinary Tract Infection) without appropriate indications for use.Evidenced by:The facility policy titled, Antibiotic Stewardship Policy, reviewed 1/2025, states, in part: .[Corporation Name] antibiotic stewardship program promotes the appropriate use of antibiotics and a system of monitoring to improve resident outcomes and reduced antibiotic resistance. Antibiotics will be prescribed for the correct indication, dose, and duration to appropriately treat the resident while attempting to reduce the development of antibiotic-resistant organisms or other adverse consequences or outcomes.Procedure: .2. The Nurse will utilize the McGeer's Constitutional Criteria infection criteria protocol to determine if it is necessary to treat with antibiotics or if adjustments in therapy need to be made. 3. Notify physician/practitioner of resident change of condition and evaluation information. The nurse to communicate to physician of infection criteria protocol to treat the respective infection.5.a. In the event that a prescribing physician orders an antibiotic without identification of infection criteria, the physician will be requested to identify rationale for ordered antibiotic. The Medical Director will be contacted for further direction.McGeer's Criteria, dated 2012, states, the following: .UTIs A. For residents without an indwelling catheter (both criteria 1 and 2 must be present) 1. At least 1 of the following sign or symptom sub criteria a. Acute dysuria or acute pain, swelling or tenderness of the testes, epididymis or prostate. b. Fever or leukocytosis (see Constitutional Criteria in Residents of Long-Term Care Facilities) and at least 1 of the following urinary tract sub criteria i. Acute costovertebral angle pain or tenderness, ii. Suprapubic pain, iii. Gross hematuria, iv. New or marked increase in incontinence, v. New or marked increase in urgency, vi. New or marked increase in frequency, c. In the absence of fever or leukocytosis, then 2 or more of the following localizing urinary tract sub criteria i. Suprapubic pain, ii. Gross hematuria, iii. New or marked increase in incontinence, iv. New or marked increase in urgency, v. New or marked increase in frequency. 2. One of the following microbiologic sub criteria a. At least 10 to the 5th power CFU/mL (colony forming unit/milliliter) of no more than 2 species of microorganisms in a voided urine sample, b. At least 10 to the 2nd power CFU/mL of any number of organisms in a specimen collected by in-and-out catheter. B. For residents with an indwelling catheter (both criteria 1 and 2 must be present) 1. At least 1 of the following sign or symptom sub criteria a. Fever, rigors, or new-onset hypotension, with no alternate site of infection, b. Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis c. New-onset suprapubic pain or costovertebral angle pain or tenderness d. Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate. 2. Urinary catheter specimen culture with at least 10 to the 5th power CFU/mL of any organism(s) .R16 was admitted to the facility on [DATE] with a diagnosis, that include, in part: Type II Diabetes Mellitus with Diabetic Chronic Kidney Disease.On 7/29/25 and 7/30/25 Surveyors reviewed the facility's infection control line lists as part of the facility's Infection Control Program review. R16 was listed on the June 2025 line list for a UTI (Urinary Tract Infection). The line list indicated symptoms of nausea, dizziness, vomiting, and elevated BP's. Culture-yes. Treatment-Cefdinir (antibiotic) 6/19/24. Infection criteria met - No. On 7/30/2025 at 9:15 AM Surveyor interviewed QA RN G (Quality Assurance Registered Nurse) who indicated she is also the infection preventionist. During the interview QA RN G indicated she utilizes McGeer's criteria for their standard of practice. Surveyor asked QA RN G if R16's symptoms met McGeer's criteria. QA RN G indicated they did not. Surveyor asked QA RN G if a provider was notified that R16 did not meet criteria and was being treated for a UTI. QA RN G indicated she could have had a discussion during rounds but does not have any evidence of this.R16 was treated with an antibiotic without meeting criteria.