

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER Pleasant View Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE N3150 WI-81 Monroe, WI 53566	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review the facility failed to ensure all alleged violations involving mistreatment, neglect, or abuse were reported to other officials in accordance with State law through established procedures for 1 of 3 residents (R2) reviewed for abuse/neglect. A staff member was aware of a potential allegation of abuse, and it was not immediately reported to the administrator or designee. This is evidenced by: The Facility Policy, titled, Abuse, Neglect, and Exploitation, indicates, in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. VII. Reporting/Response. A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. Review of the Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report, with a Report Submitted Date of 5/27/25, indicates the following: Summary of Incident: Allegation Type: Abuse: Hitting, slapping, threats of harm, assault, humiliation. Name - Affected Person: R2. Is date and time when occurred known? Yes Date occurred: 5/23/25 Time occurred: 3:46 PM Is occurred date and time estimated: Yes Date discovered: 5/27/25 Brief Summary of Incident: A staff member was in the restroom assisting a resident use [sic] the bathroom. The resident's wife was in the room as well. It was reported that the wife was yelling at him and slapped his bare bottom. The wife also grabbed his face and said they can't slap you, but I can. Staff wrote a statement and put it under the supervisors [sic] door. The supervisor didn't work until 4 days later. On 7/22/25 at 11:23 AM, Surveyors interviewed CNA C (Certified Nursing Assistant) via telephone. During the interview CNA C indicated if she has a concern for abuse she is to contact her supervisor and fill out a statement. Surveyors reviewed with CNA C her written statement, found in the self-report involving R2, provided by the facility. CNA C confirmed it was her statement, and she had written it about an hour after witnessing the above incident with R2. CNA C indicated that she had talked to her supervisor who told her to write it up and to leave it, she believes, in the social worker's office. Of note, surveyors attempted to contact the supervisor CNA C indicated in her interview without success. On 7/22/25 at 12:00 PM, Surveyors interviewed SSS N (Social Services Supervisor) about the allegation noted above involving R2. During the interview SSS N indicated that CNA C reported the incident by putting a note under the NCC's (Nursing Care Coordinator) office door. SSS N indicated she provided 1:1 training via a phone call with CNA C and reviewed the reporting policy of calling a supervisor or administrator immediately. SSS N indicated that if a supervisor is notified of an allegation by a CNA they should call the NHA (Nursing Home Administrator), DON (Director of Nursing), or herself. SSS N indicated she did not document the education provided to CNA C. On 7/22/25 at 1:25 PM, Surveyors interviewed Consultant O, who was the INHA (Interim Nursing Home Administrator) at the time of the incident with R2. Surveyors asked how the facility ensured agency staff received the abuse education after the incident with R2. Consultant O indicated the education was left by the time clock for review, however, they did not have any type of sign off sheet for staff to sign off they completed the education. Surveyors requested a list of agency staff that have worked since the incident with R2. On 7/23/25 at 9:58 AM, NHA A provided a list of agency staff that he indicated had not received the abuse education after the above incident with R2. There are 103 names on the document provided. On 7/23/25 at 8:52 AM, Surveyors interviewed NHA A who indicated he is the abuse officer for the facility, and he works with SSS N and the DON as a team on investigations. NHA A indicated that staff are to report allegations of abuse to himself, the DON, or SSS N. Surveyor asked NHA A how they ensured agency staff received the education that was provided on reporting after the incident with R2. NHA A indicated they leave the education by the time clock for them to read. Surveyor asked NHA A how they ensure that the staff read the information. NHA A indicated they check it as best they can. Surveyor asked NHA A if the facility should be ensuring that all staff have had the education prior to working their next shift. NHA A indicated, yes. NHA A indicated he was not working in the facility during the incident with R2 and requested to have Consultant O, join the interview. Consultant O joined the interview and confirmed he was the INHA during the incident with R2. Surveyors asked Consultant O if there was a concern with the way the incident with R2 was reported. Consultant O indicated, yes, it should have been reported to him and not put under a door.</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</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>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to immediately provide basic life support, including cardiopulmonary resuscitation (CPR) to a resident requiring emergency care for 1 of 3 residents (R1) reviewed for code status. This has the potential to affect 12 full code residents that reside in the facility. R1 is a full code and was found on the floor of his room unresponsive on [DATE]. A Registered Nurse (RN) failed to initiate CPR immediately, the facility failed to ensure that staff were competent in using basic life support equipment, and failed to ensure that there was always a CPR-certified staff member in the building. The facility's failure to provide immediate life saving measures to a resident who wished to have basic life support measures initiated such as CPR, failure to ensure that a CPR certified staff member was in the building at all times, failure to ensure all staff were aware of where lifesaving equipment was located and were able to demonstrate competency of basic lifesaving equipment in a code blue situation created a finding of immediate jeopardy that began on [DATE]. Surveyors notified NHA A (Nursing Home Administrator) and DON B (Director of Nursing) of the immediate jeopardy on [DATE] at 4:33 PM. The immediate jeopardy was removed on [DATE]; however, the deficient practice continues at a severity/scope level of E (potential for more than minimal harm/pattern) as the facility continues to implement its action plan. This is evidenced by: Per CMS (Centers for Medicare and Medicaid Services) Cardiopulmonary resuscitation (CPR) memo 14-01 revised [DATE], CPR refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased. 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. Facility policy titled, Cardiopulmonary Resuscitation (CPR), dated [DATE] with revision date of [DATE], states in part, .1. The facility will follow current American Heart Association (AHA) guidelines regarding CPR. 2. If a resident experiences a cardiac arrest, facility staff will provide basic life support, including CPR, prior to the arrival of emergency medical services, and. 3. CPR certified staff will be available at all times. R1 was admitted to the facility on [DATE] with diagnoses that include Pneumonia due to Pseudomonas, Other Non-specific Abnormal finding of lung field, Chronic Obstructive Pulmonary Disease unspecified, Weakness Unspecified, Essential Primary Hypertension, Malignant Neoplasm of the Prostate, and Anemia. R1's most recent Minimum Data Set (MDS) dated [DATE] states that R1 has a Brief Interview for Mental Status (BIMS) of 13, indicating that R1 was cognitively intact. The MDS also indicates that R1 required substantial/maximum assistance for all mobility and transfer needs. R1's Advance Directives dated [DATE] state that R1 chose to remain a full code. If found unresponsive, pulseless and not breathing, R1 wished to have CPR performed. R1's Care Plan dated [DATE] with revision date of [DATE] states, in part: I have emphysema/COPD (Chronic Obstructive Pulmonary Disease) related to history of smoking. Interventions include: Monitor for signs/symptoms of acute respiratory insufficiency, Anxiety, confusion, restlessness, Shortness of Breath (SOB) at rest, cyanosis (bluish discoloration of the skin), somnolence (excessive drowsiness) . I have oxygen therapy related to acute hypoxic respiratory failure (lack of oxygen), history of mass of right lung and COPD. Interventions include: Monitor for signs/symptoms of respiratory distress and report to MD (Medical Doctor) PRN (as needed): Respirations, Pulse oximetry, increased heart rate, restlessness, diaphoresis (sweating), headaches, lethargy, confusion, atelectasis (collapsed lung), hemoptysis (coughing up blood), pleuritic pain (chest pain due to inflammation of the lining of the lung), cough accessory muscle usage, skin color. Oxygen settings: O2 via nasal cannula at 1L/min at rest and 3L/min with activity. R1's Physician Orders include, in part:--CPR (Cardiopulmonary Resuscitation). Order Date: [DATE]. No end date.--Facility parameters for vital signs include O2 less than 88%. Order Date [DATE]. No end date.--Oxygen 1L/min at rest and 3L/min with activity via nasal cannula every shift. Order Date: [DATE]. No end date.--Portable oxygen for activities as tolerated. Order Date: [DATE]. No end date. R1's Progress Notes include: On [DATE] at 1:40 PM, RN/NCC M (Registered Nurse/Nursing Care Coordinator) Nursing Note: Per NP (Nurse practitioner): Resident at (Facility name). Resident developed hypoxemia while working with therapy today. He reported shortness of breath with standing and pivoting. Therapy checked his oxygen level and it was 73%. Oxygen via nasal cannula was increased to 4L, but still stating 74-76% . He denies any dizziness, lightheadedness, chest pain. He does have wheezing and edema. He has an appointment with oncology today and both resident and son</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 did not complete a performance review of every nurse aide at least once every 12 months for 5 of 5 Certified Nursing Assistants (CNAs) reviewed. CNA F did not have an annual performance evaluation completed timely. CNA W did not have an annual performance evaluation completed timely. CNA X did not have an annual performance evaluation completed timely. CNA Y did not have an annual performance evaluation completed timely. CNA Z did not have an annual performance evaluation completed timely. This is evidenced by: The Facility's policy titled Performance Evaluations revised September 2020 states, in part: Policy Statement: The job performance of each employee shall be reviewed and evaluated at least annually. Example 1 CNA F's hire date was 5/9/23. CNA F's previous annual performance evaluation was completed on 5/9/24. CNA F did not have an annual performance evaluation completed until 8/4/25. Example 2 CNA W's hire date was 7/16/96. CNA W's previous annual performance evaluation was completed on 7/10/24. CNA W did not have an annual performance evaluation completed until 8/4/25. Example 3 CNA X's hire date was 12/27/21. CNA X's previous annual performance evaluation was completed on 2/26/24. CNA X did not have an annual performance evaluation completed until 8/4/25. Example 4 CNA Y's hire date was 2/9/23. CNA Y's previous annual performance evaluation was completed on 3/11/24. CNA Y did not have an annual performance evaluation completed until 8/4/25. Example 5 CNA Z's hire date was 4/1/24. CNA Z did not have an annual performance evaluation completed until 8/4/25. On 8/4/25, Surveyor requested and reviewed annual performance evaluations for CNA F, CNA W, CNA X, CNA Y, and CNA Z. Surveyor noted that all the performance evaluations were completed on that day. On 8/4/25 at 2:20 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how often annual performance evaluations should be completed, DON B stated every 12 months. Surveyor stated that after reviewing the evaluations provided, Surveyor noted that they all were completed on this day, DON B stated they were all completed today. Surveyor asked DON B if the evaluations were completed before or after Surveyors entered the facility, DON B stated after.</p>		