

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  03/24/2026
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on record review and interview, the facility did not offer each resident influenza immunization, and the resident's medical record does not include documentation the resident either received, refused, or was educated on the risks and benefits of the influenza immunization for 1 of 3 residents (R4) reviewed for immunizations. R4's Activated Power of Attorney (APOA) signed the consent for the influenza vaccine, and there is no evidence that R4 received the immunization. Evidenced by: The facility's policy titled Influenza Vaccination dated 7/1/25 states in part .7. Individuals receiving the influenza vaccine, or their legal representative, will be required to consent prior to the administration of the vaccine. The consent will be located in the resident's medical record. On 10/2/25, R4's APOA signed the facility's Influenza Vaccination Information and Release Form that states in part .I have read the above information about influenza and the flu vaccine, and the special precautions. I have had the opportunity to ask questions and understood the benefits and risks of flu vaccination. I request that the influenza vaccine is given to the person named below of whom I am the parent/ guardian or to me. Name of person to be vaccinated: [R4's name]. Signature of the person to be vaccinated (or HCPAO (Health Care Power of Attorney)/guardian: [APOA's name] . Surveyor reviewed R4's electronic health record and was unable to locate documentation of R4 receiving the influenza vaccination, despite having the signed consent. On 3/23/26 at 2:01 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R4 received the influenza vaccination, DON B stated that they found the consent but are still looking for documentation the vaccination was administered. On 3/24/26 at 9:57 AM, DON B reported to Surveyor that they were unable to find documentation indicating that R4 had received the influenza vaccination. Surveyor asked DON B if there was a signed consent for the vaccination, would they expect that it be administered, DON B stated yes.</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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure when COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized for 1 of 3 residents (R3) reviewed. R3 did not receive the 2025-2026 COVID-19 Vaccine. This is evidenced by: The facility's policy and procedure titled, COVID-19 Vaccination, implemented 11/10/25, states in part: Policy: It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine. Policy Explanation and Compliance Guidelines: 3. COVID-19 vaccination is recommended for the prevention of COVID-19 disease and its complications as follows: a. Adults ages 65 years and older: Vaccination based on individual-based decision-making. 5. For individuals who are not immunocompromised, refer to Table 1 for the 2025-2026 COVID-19 vaccination schedule details. 11. COVID-19 vaccinations will be offered to residents when supplies are available, as per CDC (Centers for Disease Control and Prevention) and/or FDA (Food and Drug Administration) guidelines unless such immunization is medically contraindicated, the individual has already been immunized during this time period, or refuses to receive the vaccine. 13. The facility may administer the vaccine directly or the vaccine may be administered indirectly through an arrangement with a pharmacy partner or local health department. Table 1: 2025-2026 COVID-19 vaccination schedule, November 4, 2025. 1e: Ages 65 years and older. Previously vaccinated before 2025-2026 vaccine: Administer 2 doses of 2025-2026 vaccine. (Moderna, Novavax, or Pfizer-BioNTech). R3 was admitted to the facility on [DATE], is over the age of [AGE] years old, and has diagnoses that include the following: unspecified dementia - severe with agitation, primary hypertension (high blood pressure), atherosclerotic heart disease (plaque buildup in the arteries), and supraventricular tachycardia (heart rhythm disorder with a fast heartbeat). R3 was admitted to the facility on hospice and has an activated power of attorney (POA). R3 has documented COVID-19 vaccines on 1/20/21, 2/17/21, and 11/16/23. R3's Progress Note, dated 9/29/25, states: Call placed to daughter and POA and she agreed to COVID-19 and flu vaccines. I will also contact Hospice for their approval. R3 received the influenza vaccine on 10/27/25; however, there is no further documentation regarding R3's COVID-19 vaccine for 2025/2026. On 3/24/26 at 10:54 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she was unable to find any information on the COVID-19 vaccine being administered to or declined by R3. DON B indicated she would have expected R3 to receive the COVID-19 vaccine after verbal consent was given by R3's POA.</p>		