

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525711	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Pride Tlc Therapy and Living Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 7805 Birch St Weston, WI 54476	
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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not electronically transmit encoded, accurate, and complete Minimum Data Set (MDS) data to the Centers for Medicare and Medicaid Services (CMS) System, within 14 days after completion of resident assessment for 3 of 3 sampled residents (R4, R5, R1).-R4's MDS assessment dated [DATE] was listed as export ready on 07/21/26.-R5's MDS assessment dated [DATE] was listed as in progress on 07/21/26.-R1's MDS assessment dated [DATE] was listed as export ready on 07/21/26. Findings include: Example 1 On 07/21/26, Surveyor reviewed R4's Minimum Data Set (MDS) assessments. The most recent MDS assessment for discharge/return anticipated dated 07/01/26 had been completed but not exported to Centers for Medicare and Medicaid Services (CMS) and the status was listed as export ready. Example 2 On 07/21/26, Surveyor reviewed R5's MDS assessments. The most recent assessment for Medicare/5-day dated 07/06/26 listed a status of in progress. The MDS assessment for admission dated 07/06/26 listed a status of in progress. Example 3 On 07/21/26, Surveyor reviewed R1's MDS assessments. The most recent assessment for discharge/return not anticipated dated 06/19/26 had been completed but not exported to CMS and the status was listed as export ready. On 07/21/26 at 12:36 PM, Surveyor interviewed MDS Coordinator F regarding MDS assessments. When asked what the time frame is for completing and submitting an MDS assessment to CMS, MDS Coordinator F stated, We are behind, I'm not going to lie. MDS Coordinator F stated the corporate staff were supposed to make sure the MDS assessments had been exported. MDS Coordinator F stated MDS Coordinator F is still training and has not been taught how to do everything at this time. Surveyor asked MDS Coordinator F about the most recent assessments for R4, R5, and R1. MDS Coordinator F acknowledged they were not complete and should be. On 07/21/26 at 1:41 PM, Surveyor interviewed Director of Nursing (DON) B regarding the incomplete MDS assessments. DON B acknowledged the assessments should have been completed.		

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
--	-------	-----------