STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avina of Sun Prairie	41 Rickel Rd. Sun Prairie, WI 53590

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 15 residents (R8) reviewed for change of condition. R8 was experiencing watery stools and nursing assessments were not performed by the facility.Evidenced by:The facility's Change of Condition policy, dated 1/5/25, states, in part: It is the policy of this facility to promptly identify, evaluate, address, and report a resident's change in condition.3. The nurse will complete a resident evaluation. 4. Phone calls to attending or on-call physicians should be made by the nurse who has collected pertinent information, including the resident's current symptoms and status, onset, duration, severity of the change in condition and available strategies to manage the change of condition in the facility, if appropriate.12. The staff will monitor and will document the residents' progress. 13. The nursing staff and Attending Physician will monitor a resident with a recent acute change of condition until the problem or condition has resolved or stabilized.R8 admitted to the facility on [DATE] and has diagnoses that include, in part: non-infective gastroenteritis (inflammation of the stomach and intestines) and colitis (inflammation of the colon); gastroparesis (a chronic condition where the stomach muscles work poorly, slowing or stopping the movement of food);R8's Minimum Data Set (MDS), dated for completion on 10/31/25, indicates a Brief Interview of Mental Status (BIMS) score of 15, indicating R8 is cognitively intact.On 1/6/26 at 9:43 AM, Surveyor interviewed R8 during initial screening. R8 stated that R8 had been ill with emesis and diarrhea since January 1, 2026.R8's Care Plan Report states, in part: Focus: The resident has an alteration in gastrointestinal statis-chronic diarrhea. Goal: Maintain adequate hydration and appropriate output. Interventions/Tasks: .Give medications as ordered. Monitor/document side effects and effectiveness.R8's Physician Orders include Diphenoxylate-Atropine Oral Tablet (Lomotil-a prescription medication used to treat diarrhea) 2.5-0.025 mg (milligrams) Give 2 tablets orally every 6 hours as needed for diarrhea.R8's Bowel Function report indicates:1/1/26 3:57 PM Large watery/diarrhea1/1/26 7:43 PM Large watery/diarrhea1/2/26 5:58 AM No Bowel MovementR8's January 2026 Medication Administration Record indicates administration of Diphenoxylate-Atropine:1/1/26 5:10 PM effectiveR8's Progress Notes, dated 1/2/26 at 8:26 AM, states, in part: Resident c/o (complained of) loose stools. Loose watery stools charted over night and yesterday afternoon. NP (Nurse Practitioner) updated on loose stools and refusing breakfast this morning.Important to note: there is no documentation of nursing assessment.R8's Bowel Function report indicates:1/2/26 1:52 PM No Bowel Movement1/2/26 9:38 PM No Bowel Movement1/3/26 5:10 AM Not Applicable1/3/26 1:59 PM Large watery/diarrhea1/3/26 9:12 PM Medium loose1/4/26 5:01 AM Medium loose1/4/26 1:59 PM Medium watery/diarrhea1/4/26 9:12 PM Medium loose1/5/26 1:59 PM Large watery/diarrhea1/5/26 9:13 PM Large watery/diarrhea1/6/26 1:59 PM No bowel movement1/6/26 8:10 PM Large watery/diarrhea1/7/26 5:59 AM No bowel movement1/7/26 11:07 AM Medium watery/diarrheaR8's January 2026 Medication Administration Record indicates administration of Diphenoxylate-Atropine:1/1/26 5:10 PM effective1/5/26 11:07 PM effectiveImportant to note: no other doses of Diphenoxylate-Atropine are noted to be administered and there is documentation of nursing assessment.On 1/8/26 at 8:29 AM, (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor interviewed CNA D (Certified Nursing Assistant) who stated that CNAs update the nurse about loose or watery bowel movements. CNA D stated we update if there is anything different. Surveyor asked if R8 had any changes in bowel movements recently. CNA D stated, last week R8 was loose, loose, loose; like watery, non-stop. It was going up her back and down and there was a strange odor. CNA D stated that the nurse was updated.On 1/8/26 at 8:40 AM, Surveyor interviewed RN E (Registered Nurse) who stated if a resident is having watery stool the situation needs to be assessed; smell, mucous, color, blood, Vital Signs, ask if the resident is feeling sick. It is a change of condition On 1/8/26 at 8:57 AM, Surveyor interviewed LPN F (Licensed Practical Nurse) who stated if a resident is having loose/watery stools there is to be abdominal assessment with bowel sounds and vital signs. LPN F stated the assessment would be documented in the progress notes. LPN F stated if the watery stools continued the assessments would continue and the doctor would continue to be updated.On 1/8/26 at 9:46 AM, Surveyor interviewed DON B (Director of Nursing) and asked about monitoring of bowel movements. DON B stated that consistency and frequency is monitored. Consistency other than formed is flagged on the electronic health record as it could be an indication of infection or there are some residents with chronic diarrhea. Surveyor asked what staff does for a resident with watery stools. DON B stated if the resident is chronic, they are treated with their PRNs (as needed medications). If the NP (Nurse Practitioner) put a plan in place, the plan is followed. DON B stated, we need to tease out what is going on. R8 has no other symptoms and no vital signs out of whack; R8 may have eaten something new on New Year's Eve. Surveyor reporting finding no documentation of resident assessment with vital signs. DON B stated that DON B would expect that bowel assessment and vital signs would be completed and documented for R8. No additional documentation provided by facility.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a resident who is fed by and received medications by enteral means (also known as tube feeding, as way of sending nutrition and/or medications directly to the stomach or small intestine) receives the appropriate treatment and services for 1 of 1 Resident (R5) reviewed for tube feeding.LPN C administered a water flush and tube feeding without checking placement of R5's gastrostomy tube (a flexible tube inserted through the abdominal wall directly into the stomach, providing a pathway for nutrition, fluids, and medications).Evidenced by:The facility's Verifying Placement of Feeding Tube policy, dated 9/5/25, states, in part: It is the practice of this facility to ensure proper placement of feeding tubes prior to beginning a feeding, flushing the tube, or before administering medications via feeding tube. Policy Explanation and Compliance Guidelines: 1. Before beginning a feeding, flushing the tube, or administering a medication via the feeding tube, proper placement and functioning will be verified.4. Procedure for verifying placement of feeding tubes: .c. Verify tube placement: i. For gastrostomy tubes, check that the enteral retention device is properly approximated to the abdominal wall by gently tugging on the tube and taking note of the marking on the tube making sure the tube is not dislodged.R5 admitted to the facility on [DATE] and has diagnoses that include: encounter for surgical aftercare following surgery on the digestive system; moderate protein-calorie malnutrition; gastrostomy status (having a surgically created opening (gastrostomy) into the stomach, usually via a tube (G-tube) for feeding or decompression, indicating the presence of this artificial opening and requiring ongoing care and management).R5's Physician Orders include:Enteral (through an artificial opening) Feed Order four times a day flush GT (gastrostomy tube) with 100 ml (milliliters) H2O (water) before and after feedEnteral Feed Order four times a day give Nepro 1 carton QID (four times per day), flush with 30 ml water before after [sic]On 1/6/26 at 11:54 AM, Surveyor observed LPN C (Licensed Practical Nurse) initiate R5's water flush and tube feeding. Surveyor did not note LPN C verifying placement of feeding tube. Following the procedure, Surveyor asked LPN C about protocol for initiation of a tube feeding; if placement of the tube is checked. LPN C stated yes, it is checked with instillation of air and auscultation (listening with a stethoscope). Surveyor asked if LPN C checked tube placement prior to R5's water flush and tube feeding. LPN C stated I did not. (of note, facility policy indicates c. Verify tube placement: i. For gastrostomy tubes, check that the enteral retention device is properly approximated to the abdominal wall by gently tugging on the tube and taking note of the marking on the tube making sure the tube is not dislodged.)On 1/7/25 at 3:51 PM, Surveyor interviewed DON B (Director of Nursing) who stated that placement of the tube needs to be verified prior to water flush and feeding.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There were 3 errors in 29 opportunities that affected 1 out of 4 residents (R4) included in the medication pass task, which resulted in an error rate of 10.34%. R4 received three different eye drops, Latanoprost, Brinzolamide, and Timolol one after another, without any amount of wait time between each different type of eye drop. Evidenced by:Facility policy titled Administration of Eye Drops or Ointments, dated 4/9/2025 states in part: . Eye medications are administered as ordered by the physician and in accordance with professional standards of practice. If a second medication is required in the same eye, wait approximated time per manufacturer's specifications (usually 5 minutes). R4 was admitted to the facility on [DATE] with diagnoses of unspecified Glaucoma (an eye condition that damages the optic nerve, which can lead to vision loss or blindness), Type II Diabetes Mellitus (a condition where your body doesn't make enough insulin or doesn't use insulin properly, causing sugar to build up in the blood instead of entering cells for energy, leading to high blood sugar). R4's Minimum Data Set (MDS) Quarterly Assessment, dated 10/28/25 shows R4 has a Brief Interview of Mental Status (BIMS) score of 10 indicating R4 has moderate cognitive impairment. R4's physical orders, states, in part: . Latanoprost Solution 0.005% (percent). Instill 1 drop in both eyes two times a day related to UNSPECIFIED GLAUCOMA. Azopt Ophthalmic Suspension 1% (Brinzolamide). Instill one drop in both eyes two times a day for Glaucoma. Timolol Maleate Solution 0.5%. Instill 1 drop in both eyes two times a day for Glaucoma related to UNSPECIFIED GLAUCOMA. On 1/7/26 at 8:27 AM surveyor observed RN E administer R4's three different eye drops into each eye consecutively with no time in between drops. Surveyor asked RN E how long you should wait between eye drops. RN E responded she didn't know, she would have to ask someone and get back to surveyor. Right then DON B came around the corner. DON B was asked how long a nurse should wait between giving different types of consecutive eye drops. DON B stated 3-5 minutes. Surveyor asked DON B would you expect that RN E would wait 3-5 minutes between each eye drop. DON B stated yes.