

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Sun Prairie Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 228 W Main St 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228</p> <p>Based on interview and record review, the facility did not ensure that the resident environment remained as free of accident hazards as possible for 2 of 6 residents (R6 and R5) reviewed.</p> <p>CNA C reported performing solo transfers for residents requiring assist of two staff members.</p> <p>Evidenced by</p> <p>The facility's Resident Transfers policy, dated 12/16/24, states, in part: Overview To ensure the safety of residents and staff when performing mobility/transfer tasks.3. Campuses determine the amount of assistance required for transfers and record this on the Nursing Admission Observation, the Care Assist profile, and the Resident Care Plan to provide communication to all staff regarding safe transfers.</p> <p>The facility's Guidelines for Resident Utilizing a Lift policy, dated 12/17/24, states, in part: Purpose To ensure the safety of residents and staff when performing lift transfer tasks.3.Staff should seek the assistance of a second person for those residents' care planned for assistance of two with the lifting device or as needed for safe handling.</p> <p>Example 1</p> <p>R6 admitted to the facility on [DATE] with diagnoses that include, in part: chronic diastolic heart failure (a condition where part of the heart muscle becomes stiff, preventing it from filling properly with blood, leading to symptoms of shortness of breath, fatigue, and leg swelling); anxiety disorder (a group of mental health conditions characterized by excessive and persistent worry, fear and nervousness that can significantly interfere with daily life); artificial knee joint, bilateral (knee replacements to both right and left knee)</p> <p>R6's MDS (minimum data set) with a reference date of 2/3/25, Section B indicates R6 has clear speech, is able to understand others and is able to make herself understood.</p> <p>R6's Therapy Update form, dated 2/26/25, indicates that R6 is a pivot transfer with assist of 2.</p> <p>R6's Care Plan states, in part: Problem: ADL's (activities of daily living) Profile Care Guide. Transfers: 2 assist pivot transfers with gait belt/walker.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/3/24 at 2:25 PM, Surveyor interviewed R6 and asked about transfers. R6 stated that sometimes one staff member assists and sometimes two staff members assist. Surveyor asked R6 how many staff members are supposed to assist. R6 stated R6 was unsure and took it for granted that the staff would know how many needed to help.</p> <p>Example 2</p> <p>R5 admitted to the facility on [DATE] and has diagnoses that include, in part: atherosclerotic heart disease of native coronary artery (a condition that causes reduced blood flow to the heart muscle); vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain).</p> <p>R5's MDS (minimum data set) dated 2/6/25, section C indicates R5 is severely cognitively impaired.</p> <p>R5's Care Plan states, in part: Problem-Profile Care Guide. Transfers: I need assist of 2 and hooyer lift for all transfers.</p> <p>Important to note that R5 was unable to answer Surveyors questions.</p> <p>On 3/3/24 at 2:00 PM, Surveyor interviewed CNA C and asked about resident transfers. CNA C stated that there are times when a resident has a need and there is not staff around to assist. If the resident has a need, CNA C stated that CNA C will transfer the resident solo, even if the resident is care planned as a two assist. CNA C stated that R6 is to pivot transfer with a gait belt (transferring device) and two staff assist, but CNA C has transferred R6 alone. CNA C stated that R5 is to transfer with a mechanical lift and two staff assist, but CNA C has transferred R5 alone.</p> <p>On 3/3/24 at 3:48 PM, Surveyor interviewed DON B and asked how many staff are expected to assist when a resident transfers with a mechanical lift. DON B stated two. Surveyor asked how many staff are expected to assist a resident with a transfer when the care plan states pivot transfer with 2 assist. DON B stated two. Surveyor asked if the facility would expect staff to transfer R6 and R5 with two assist. DON B stated yes.</p> <p>CNA C indicated at times CNA C does not transfer R5 and R6 with an assist of 2.</p>		