

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  06/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to develop a person-centered comprehensive care plan to meet personal preferences and goals, or address the resident's medical, physical, mental, and psychosocial needs for 1 of 3 residents (R1).</p> <p>R1's comprehensive care plan does not include approaches for staff to follow for R1's care</p> <p>This is evidenced by:</p> <p>The facility's policy titled Comprehensive Care Plan Guideline, dated 5/22/18, includes the following: Purpose To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines. Care plan interventions should be reflective of risk area(s) or disease processes that impact the individual resident. A comprehensive care plan will be developed within 7 days of completion with the admission comprehensive assessment. Problem areas should identify the relative concerns. Goals should be measurable and attainable. Interventions should be reflective of the individual's needs and risk influence as well as the resident's strength. The comprehensive care plan should be reviewed no less than quarterly with the completion of the OBRA (Omnibus Budget Reconciliation Act) assessment, and revised to reflect changes in the resident's condition as they occur. Pertinent care plan approaches are communicated to the nursing staff per the 24-hour CRCA assignment or the care tracker profile dependent on campus preference. Comprehensive care plans need to remain accurate and current.</p> <p>R1 admitted to the facility on [DATE] with diagnoses including dementia, need for assistance with personal care, chronic pain, anxiety, and type 2 diabetes.</p> <p>R1's OBRA (Omnibus Budget Reconciliation Act) quarterly assessment, dated 4/22/25, includes the following activities of daily living (ADLs) and the assistance required by staff:</p> <p>Eating: Partial/moderate assistance</p> <p>Oral hygiene: Dependent</p> <p>Toileting hygiene: Dependent</p> <p>Upper body dressing: Substantial/maximal assistance</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
---	-------	-----------

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  06/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Lower body dressing: Dependent</p> <p>Putting on/taking off footwear: Dependent</p> <p>Personal hygiene: Dependent</p> <p>Roll left and right: Dependent</p> <p>Sit to lying: Dependent</p> <p>Lying to sitting on the side of bed: Dependent</p> <p>Sit to stand: Dependent</p> <p>Chair/bed-to-chair transfer: Dependent</p> <p>Toilet transfer: Dependent</p> <p>R1's OBRA quarterly assessment, dated 4/22/25, includes the following: Frequently incontinent of urine, frequently incontinent of bowel.</p> <p>R1's comprehensive care plan, printed 6/6/25, includes the following:</p> <p>Problem: Experiences episodes of incontinence</p> <p>Approaches: Blank</p> <p>Problem Category: ADL's (activities of daily living)</p> <p>Approaches: Blank</p> <p>Problem: At risk for hypo/hyperglycemia (low/high blood sugar)</p> <p>Approaches: Blank</p> <p>Problem Category: Pain</p> <p>Approaches: Blank</p> <p>Problem: has a diagnosis of anxiety</p> <p>Approaches: Blank</p> <p>R1's resident profile, printed on 6/6/25, includes the following approaches, in full:</p> <p>Assist of one with bathing and showering.</p> <p>It is important to resident to pick out their own clothes in the morning.</p> <p>(continued on next page)</p>

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  06/06/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Transfer: EZ stand (mechanical lift) transfer with 1</p> <p>Eating: feeds self</p> <p>On 6/6/25 at 10:13 AM, Surveyor interviewed CNA C (Certified Nursing Assistant) regarding resident's care plans and approaches. CNA C indicated staff are aware of how to care for residents by using the care planned approaches for residents in the resident profile. CNA C indicated the resident profiles are in the computer. Surveyor asked CNA C to open R1's resident profile to answer questions about R1's care. CNA C indicated she could not find any approaches to care for R1 in R1's resident profile. Surveyor asked CNA C how she would know what to do for R1 and CNA C indicated she would not know.</p> <p>On 6/6/25 at 2:40 PM, Surveyor interviewed CNA D regarding resident's care plans and approaches. CNA D indicated she would review the resident's profile for approaches to care for a resident.</p> <p>On 6/6/25 at 1:45 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and DON B (Director of Nursing) regarding care plans. Both NHA A and DON B acknowledged there were no approaches in R1's care plan or on her resident profile and there should be.</p> <p>R1's comprehensive care plan does not include approaches for staff to follow for R1's care</p>