STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525380	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Prairie Senior Living	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not make prompt efforts to document, investigate, and resolve grievances a resident may have for 1 of 2 residents reviewed for grievances (R26). R26's Activated Power of Attorney (APOA) expressed concerns regarding R26 not getting out of bed for activities and that R26 had a broken wheelchair. The facility failed to provide a written resolution to R26's APOA. Evidenced by:The facility policy titled Resident Concern Process last reviewed 12/16/24 states in part .4. The facility staff will follow these basic steps in response to a complaint: *Listen to the concern without interruption *Thank the person who brought the concern to staff * Apologize to the person bringing the concern and acknowledge that what happened is not our standard * Not make excuses for why or how this has happened * Take steps to correct the problem *Make the problem their own by following up to make sure it is resolved and stays resolved *Any concern that is suspected to be abuse, neglect or misappropriation of funds must be reported immediately to the Executive Director and the Director of Health Services. 5. Enter the concern using the desktop icon labeled Resident Concern Form. All concerns should be entered electronically.7. Follow-up from the department leader will occur within 24-48 with resolution entered in [Facility Program] .9. The department leader will investigate and discuss the concerns with the team and will implement or educate to prevent further concerns. 10. The department leader will document the resolution on the concern form using an addendum when needed and will follow up with the person reporting the concern to explain the solution.14. Resident rights for filing a grievance.* At the conclusion of the investigation for a concern or grievance, the resolution will be documented and shared with the resident or his/her representative. This may be verbal or in writing. R26 was admitted to the facility on [DATE] with diagnoses that include dementia, progressive supranuclear ophthalmoplegia (a rare neurodegenerative disorder characterized by progressive loss of eye movement control, balance issues, and cognitive decline), type 2 diabetes mellitus, and dysphasia, oropharyngeal phase (the inability to swallow food or drink. The condition can also cause breathing difficulties, choking, and drooling). R26's most recent Minimum Data Set (MDS) dated [DATE] states that R26 has a Brief Interview of Mental Status (BIMS) of 15 out of 15, indicating that R26 is cognitively intact. On 3/31/26 at 8:12 AM, Surveyor interviewed APOA K. APOA K reported to Surveyor that they had brought concerns regarding R26 to NHA A (Nursing Home Administrator) and that NHA A does not always return their calls or follow up on concerns. APOA K reported that they expressed concerns about R26 not getting out of bed on 2 Sundays in December (the 21st and the 28th) to attend activities and they left messages for NHA A that weren't returned. On 3/31/26 at 9:21 AM, Surveyor requested any grievances related to R26 and APOA K's concerns. NHA A reported that they believe the concerns were written up as grievances and would provide the investigations to Surveyor. NHA A provided Surveyor with a spreadsheet of grievances for the month of December. The document contained: R26 name, Concern date: 12/28/25, Nature of concern: Daughter upset that resident was not up for activities. Wheelchair was noted by staff that a part was broken. [Hospice Agency] was called to come out and evaluate chair. Dissatisfaction level: Concerned, Date entered: 12/28/25, Resolution: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525380	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Prairie Senior Living	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Satisfactorily- Hospice came in and replaced wheelchair that was broken. Resolution date: 12/28/25, resolution date entered: 12/29/25, Social Services Review: yes, Comments: working on establishing date for care conference with daughter, Date resolution entered: 12/29/25. It is important to note, there was no grievance filed regarding APOA K's concerns on 12/21/25. On 4/1/26 at 10:01 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what the facility's process was for grievances, NHA A stated that the facility has an online forum and a paper forum for submitting concerns and that if staff receives a concern, they will enter it there right away. Surveyor asked NHA A if there was an investigation into why R26 was not gotten up for activities, could staff have provided R26 with an alternate wheelchair, was R26 interviewed, was staff interviewed, and did they contact the daughter regarding their concerns, NHA A stated that they were usure about the investigation. Surveyor asked NHA A if they provided R26's APOA with a written resolution, NHA A stated no.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525380	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Prairie Senior Living	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good nutrition, grooming, personal and oral hygiene for 2 of 5 sampled Residents (R4 & R41).R4 reported that they have only had 1 shower since their admission to the facility.R41 reported that they have only had 1 shower since their admission to the facility. R41 has facial hair that is approximately 1/4- 1/2 long and facility staff has not shaved R41.Evidenced by:The facility does not have a policy for ADLs (Activities of Daily Living).Example 1R4 was admitted to the facility on [DATE] with diagnoses that include end stage renal disease, congestive heart failure, and type 2 diabetes mellitus.R4's most recent MDS (Minimum Data Set) dated 2/25/26 states that R4 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating that R4 is cognitively intact. R4's MDS also states that R4 requires substantial/maximal assistance for showering/bathing.R4's care plan dated 2/17/26 states in part .Problem: Profile Care Guide Goal: To communicate resident care needs Approach: .Showers: TWICE WEEKLY PER SCHEDULE AND PRN (as needed) .Transfers: One Assist.The facility's Shower Schedule states that R4 is scheduled to have a shower on Friday AM shift.R4's Point of Care History states that R4 only received a shower on 2/28/26.On 3/29/26 at 9:26 AM, Surveyor interviewed R4. Surveyor asked R4 if they were getting their showers as scheduled, R4 stated no, and that they have only had 1 shower since admission.Example 2R41 was admitted to the facility on [DATE] with diagnoses that include malignant neoplasm of prostate (prostate cancer), dementia, and anxiety.It is also important to note that R41 is missing 3 fingers on their left hand, only has partial thumb and partial 5th digit.R41's care plan dated 3/20/26 states in part .Problem: Profile Care Guide Goal: To communicate resident care needs. Approach: .Showers: TWICE WEEKLY PER SCHEDULE AND PRN (as needed) Transfers: One Assist.The facility's Shower Schedule states that R41 is scheduled to have a shower on Saturday PM shift.R41's Point of Care History states that R41 has not had a shower since their admission to the facility.On 3/29/26 at 9:14 AM, Surveyor interviewed R41. Surveyor observed that R41 had 1/4-1/2 facial hair. Surveyor asked R41 if they were getting their showers as scheduled, R41 stated that they believe that they have had one shower but was not sure. Surveyor asked R41 if they liked the whiskers on their face, R41 stated no but no one is shaving them, and they can't do it themselves.On 3/30/26 at 1:51 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how many showers R4 and R41 have had, DON B stated that from reviewing the documentation, R4 has had 1 shower since admission, and there is no documentation of R41 receiving a shower. Surveyor asked DON B if residents should have showers as scheduled, DON B stated yes. Surveyor asked DON B how often residents should be shaved, DON B stated that they were unsure.On 3/30/26 at 2:00 PM, Surveyor interviewed CNA P. Surveyor asked CNA P how often residents get shaved, CNA P stated anytime they ask or everyday as part of their ADLs. Surveyor asked CNA P if they knew the last time R41 was shaved, CNA P stated that they did not know. Surveyor asked CNA P who got R41 up this morning, CNA P stated that they did. Surveyor asked if R41 was shaved today, CNA P stated no. Surveyor and CNA P went to observe R41, who still had long whiskers. Surveyor asked CNA P if they noticed R41's whiskers when they got them up, CNA P stated no.