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	01/09/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788 Based on interview and record review, the facility did not ensure that every resident was treated with dignity and respect when providing activities of daily living (ADLs) for 1 of 12 residents (R13) reviewed for resident rights. R13 indicated to Surveyor that staff had transferred R13 to the dining room for breakfast in her pajamas after she informed them, she preferred not to go to the dining room in her pajamas. The facility did not ensure that R13 was treated with dignity and respect when transferring R13 to breakfast. Evidenced by: The facility's New Admission Packet with Resident Rights, undated, states, in part: . Resident Rights: -Resident Rights. The resident has the right to a dignified existence, self-determination . inside and outside the facility . -Respect and dignity. The resident has a right to be treated with respect and dignity . -The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident . The facility's document entitled Wisconsin Resident Rights 50.09, undated, states, in part: . Residents' Rights. Every resident in a nursing home or community-based residential facility shall . have the right to: 3e. Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employees of the facility . (continued on next page)

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
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R13 was admitted to the facility on [DATE] and has diagnoses that include anorexia (an eating disorder that causes people to weigh less than is considered healthy for their age and height, usually by excessive weight loss), weakness, and adult failure to thrive (a syndrome in older adults characterized by a significant decline in physical health). R13's Minimum Data Set (MDS) Admission Assessment, dated 11/1/24, shows that R13 has a Brief Interview of Mental (BIMS) score of 10 indicating R13 has moderate cognitive impairment. R13's Care Plan dated, 10/31/24, with a target date of 1/30/25, states, in part: . Problem: ADLs (Activities of Daily Living) . Approach: . Approach Start Date: 10/31/24. Transfers: Moderate assist with sit to stand. Stand pivot transfers with walker . Problem: Start Date: 10/31/24. Resident requires staff assistance to complete self-care and mobility functional tasks completely and safely: . Approach: . Approach Start Date: 10/31/24. Allow Resident sufficient time to complete all or parts of task. Do not rush resident. On 1/7/25 at 2:02 PM, R13 indicated to Surveyor that she was to have a shower this morning before breakfast and did not get the shower until after breakfast. R13 indicated the CNAs (certified nursing assistants) informed her they did not want to dress R13 before breakfast and then have to undress her after breakfast for her shower. R13 was transferred to dining room in her pajamas. R13 indicated it made her feel like a low-class citizen. R13 indicated the CNAs did not ask her if she would go to dining room in her pajamas. R13 indicated she informed the CNAs she preferred not to go to the dining room in her pajamas. R13 indicated she felt crappy when she had to go to breakfast in her pajamas. Another resident commented to R13 that she was in her pajamas. R13 indicated that made her feel terrible. R13 stated They had a lot of people going home that day. They had to take care of them first. I like my vanity and when it's compromised, it doesn't make me feel good. On 1/8/25 at 1:33 PM, Surveyor interviewed CNA F and asked if she assisted R13 the morning of 1/7/25 before breakfast and CNA F indicated yes. Surveyor asked CNA F if R13 was taken to breakfast that morning with her pajamas on and CNA F indicated yes, CNA F indicated she had been training CNA E, and they were running behind schedule. CNA F indicated R13 was to have a shower that morning and they couldn't get to her before breakfast, so they did not dress her before breakfast to have to undress R13 after breakfast. Surveyor asked CNA F if R13 had mentioned that she preferred not to go to dining room in her pajamas. CNA F indicated she had sent CNA E to get R13 and assist her to dining room as CNA F was helping another resident. Surveyor asked if it could be considered a dignity issue and a resident right, if R13 expressed not wanting to go to dining room in pajamas. CNA F indicated yes. It should be noted CNA E was not available for interview. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 11:16 AM, Surveyor interviewed CRN J (Clinical Registered Nurse) and DON B (Director of Nursing). Surveyor asked if taking a resident out to dining room in pajamas could be considered a dignity issue if resident prefers not to. CRN J indicated yes. Surveyor asked if it is a resident right to get dressed before going out to dining room for meals and CRN J indicated yes. Surveyor informed DON B and CRN J about R13 taken to dining room for breakfast on 1/7/25 after she told staff she preferred not to. Surveyor informed CRN J and DON B that R13 was to receive a shower that AM and did not receive it until after breakfast, and R13 indicated it made her feel terrible and like a low-class citizen. CRN J indicated yes, that could be considered a dignity issue. CRN J indicated options should have been offered to R13 such as a meal tray or offer to dress R13 before breakfast.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 41788 Based on observation, interview, and record review, the facility did not ensure each resident had a safe, clean, comfortable environment or ensured housekeeping provided necessary services to maintain a sanitary, orderly, and comfortable area for 1 out of 33 residents (R18). R18 voiced concern her room does not get cleaned often. R18 pointed out to Surveyor her dresser being dusty, and floor does not get vacuumed. Surveyor observed dusty areas in R18's room. Surveyor observed tiny pieces paper/debris and lint particles on the carpeting. This is evidenced by: The facility's New Admission Packet with Resident Rights, undated, states, in part: . Resident Rights: . -Safe environment. The resident has a right to a safe, clean, comfortable, and Homelike environment, including but not limited to receiving treatment and supports for daily living safely . R18 was admitted to the facility on hospice on 12/26/23 and has diagnoses that include metabolic encephalopathy (a brain dysfunction that occurs when there's an imbalance of chemicals in the blood, usually due to an underlying medical condition) and depression. R18's Minimum Data Set (MDS) Quarterly Assessment, dated 12/18/24, shows R18 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R18 is cognitively intact. On 1/6/25 at 10:15 AM, Surveyor observed a layer of dust on R18's dresser, top of air conditioner, the top of heat radiator, the lamp on treatment cabinet, the top of paper towel dispenser, and the lip of the counter around the sink in R18's room. Surveyor observed tiny pieces of paper and debris along with dust build up on the carpeting in R18's room. On 1/6/25 at 10:15 AM, Surveyor interviewed R18. Surveyor asked if the facility kept R18's room clean and R18 indicated no. R18 told Surveyor to look on top of dresser and around the room. Surveyor asked R18 when the last time staff cleaned R18's room and R18 indicated a couple weeks ago and the time before that was before Thanksgiving. Surveyor asked if R18 expressed concern to staff and R18 indicated she had two weeks ago and that is why her room got cleaned then. R18 indicated housekeeping does not come in her room daily to clean. Surveyor asked R18 how that makes her feel and R18 indicated not good as I am not able to clean. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/6/25 at 10:21 AM, Surveyor interviewed ES Q (Environmental Services) and asked how often resident rooms get cleaned. ES Q indicated every day rooms get vacuumed, dusted, toilets get wiped down, and garbage taken out. Surveyor showed ES Q the lip of R18's counter around sink, the paper towel dispenser, R18's dresser, lamp on treatment cabinet, air conditioner and top of heat radiator. ES Q indicated it needed to be dusted. Surveyor showed ES Q R18's floor and ES Q indicated the facility does not have enough housekeepers and he is the only one and he just started. ES Q indicated R18's room gets completed last. ES Q indicated R18's room needs to be cleaned. Surveyor asked ES Q if there is a schedule on what days rooms get cleaned and if there is a deep cleaning schedule. ES Q showed Surveyor the shower list by the nurses station and indicated on shower days the rooms get deep cleaned by vacuuming, dusting, and toilets. ES Q indicated on the other days it is just what is needed and garbage. Surveyor asked ES Q if there is a sign off sheet for when rooms are cleaned, and ES Q indicated no. On 1/7/25 at 4:02 PM, Surveyor asked NHA A (Nursing Home Administrator) what the expectation for cleaning resident rooms. NHA A indicated she would expect resident rooms to be vacuumed, dusted, high touch areas be wiped down, and toilets to be cleaned every day. Surveyor asked NHA A what is included in deep cleaning a resident room and NHA A indicated sinks, the floor in the bathroom, and doors. Surveyor asked NHA A if there is a sign off sheet for when resident rooms are cleaned. NHA A indicated not at this time, but they have talked with the housekeeping supervisor about starting this. Surveyor asked how NHA A would know what resident rooms are cleaned each day and NHA A indicated it is the expectation all rooms are cleaned. NHA A indicated if a room is not done for some reason the staff is expected to circle back to it and complete it. Surveyor informed NHA A of R18's concerns and Surveyor's observation of R18's room. NHA A indicated she would expect all rooms to be cleaned daily.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228 Based on interview and record review, the facility did not ensure that residents with pressure ulcers receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 of 2 residents (R382) reviewed for pressure injuries. R382 spent approximately 5 hours sitting in a wheelchair without a pressure relieving cushion. An air mattress was inflated and placed onto R382's bed without facility staff having knowledge of the manufacturer's recommendations for amount of air necessary for beneficial use. Evidenced by: Facility's Guidelines for Pressure Prevention policy, dated 12/17/24, states, in part: Purpose: To maintain good skin integrity and avoid development of pressure ulcers. Procedures: Care plan interventions shall be implemented based on risk factors identified in the nursing assessment. Interventions may include, but not be limited to: .Place on pressure reduction support surface (such as wheelchair cushion) . R382 was admitted to the facility on [DATE] with diagnoses that include, in part: hypertensive heart disease with heart failure (a condition where the heart's pumping ability is reduced, making it harder for the heart to pump blood and deliver oxygen and nutrients to the body); Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills, and eventually the ability to carry out daily tasks); and Dementia in other diseases classified elsewhere, moderate, with agitation (a condition characterized by a general decline in mental abilities such as thinking, remembering, and reasoning). R382's most recent Minimum Data Set (MDS), dated [DATE], states that R382 has a Brief Interview of Mental Status (BIMS) of 9 out of 15, indicating that R382's cognition is moderately impaired. R382's Wound Management Detail Report, created 12/12/24, indicates Stage III pressure ulcer (a wound caused by prolonged pressure on the skin that extends through the entire thickness of the skin) to sacrum (area at the base of the spine). R382's Care plan states, in part: * Problem-Skin Integrity Approach Start Date: 12/11/24 Pressure reducing cushion in chair. *Problem- Skin Integrity Approach Start Date 1/9/25 Air overlay mattress placed on bed. (Important to note that there are no instructions on how to monitor for proper inflation of mattress.) On 1/9/25 at 8:58 AM, Surveyor interviewed RN N (Registered Nurse) and asked about R382's appointment on 1/8/25. RN N stated that resident presented to clinic with no pressure reducing cushion in his wheelchair. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 9:11 AM, Surveyor interviewed R382 and asked about his wound appointment on 1/8/25. R382 stated that he did not have his pressure relieving cushion in his wheelchair and he was out of the facility, in his wheelchair, for approximately 5 hours. Surveyor observed air mattress overlay on R382's bed. R382 indicated that it was applied on 1/8/25 after his appointment. On 1/9/25 at 11:37 AM, Surveyor interviewed LPN L (Licensed Practical Nurse) and asked about air mattress overlay on R382's bed. LPN L indicated that there was an order in the computer for a low loss air mattress or a waffle mattress overlay but stated that there were no instructions for staff to follow and she would need to inquire. Surveyor asked if R382 should have a pressure reducing cushion in his wheelchair when he goes out to appointments. LPN L stated yes. On 1/9/25 at 1:58 PM, Surveyor interviewed LPN K and asked how long R382 was gone for his wound appointment on 1/8/25. LPN indicated that R382 was gone for approximately 5 hours. Surveyor asked if R382 should have his pressure reducing cushion in his chair when out to appointments. LPN K stated yes. Surveyor asked about the air mattress overlay on R382's bed. LPN K stated the mattress was obtained from storage. Surveyor asked how much air was in the mattress. LPN K stated she didn't believe that the mattress had parameters. The mattress had not been used by the facility before. Surveyor asked if any education had been provided to the facility staff in regard to the mattress. LPN K stated no. On 1/9/25 at 2:19 PM, Surveyor interviewed MNT O (Maintenance) and asked about the air mattress. MNT O stated there were no manufacturer's instructions / recommendations with the mattress. The mattress had been attached to the air compressor and blown up until it seemed inflated. Surveyor asked what brand of mattress it was. MNT O stated he did not know. On 1/9/25 at 3:08 PM, Surveyor interviewed DON B (Director of Nursing) and asked if residents with pressure injuries should have pressure reducing cushions in their wheelchairs. DON B stated yes. Surveyor asked if the cushion should be in the wheelchair when a resident goes out for an appointment. DON stated yes. Surveyor asked how much air should be in an air mattress overlay. DON stated that facility would need to follow manufacturer's recommendations. Surveyor asked if an air mattress is effective if it doesn't have the proper amount of air. DON indicated it is not effective if not inflated properly and could potentially cause harm.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882 Based on observation, interview, and record review, the facility did not ensure each resident (R) received adequate supervision and assistance devices to prevent accidents for 1 of 3 residents reviewed for falls (R16). R16 fell at the facility on 12/27/24 and staff failed to document details related to R16's fall, failed to update R16's medical doctor and failed to update R16's activated power of attorney failed to initiate neuro checks according to facility policy, and failed to record a Registered Nurse Assessment post fall. The facility did not identify root causes of R16's falls and did not implement individualized interventions. R16's fall intervention of a scoop mattress was delayed in arriving to the facility due to the holiday and the facility did not increase supervision or put anything different in place to prevent falls while they waited for the mattress to arrive and R16 fell three more times before the scoop mattress was in place. R16's family reported to the facility that R16 does not like to be in the dark. It was put in R16's care plan. Surveyor observed R16 sitting agitated in the dark with no TV on in his room. Evidenced by: Facility policy, titled Fall Management Program Guidelines, reviewed 12/31/23, includes: . procedure- the fall risk assessment is included as part of the admission and quarterly nursing observation and other events/observation in the electronic health record: a) identified risk factors should be evaluated for the contribution they may have to the resident's likelihood of falling . b) care plan interventions should be implemented that address the resident's risk factors . should the resident experience a fall the attending nurse shall complete the fall event . this includes an investigation of the circumstances surrounding the fall to determine the cause of the episode, a reassessment to identify possible contributing factors, interventions to reduce risk of repeat episode, and a review by the interdisciplinary team to evaluate thoroughness of the investigation and appropriateness of the interventions . the resident care plan should be updated to reflect any new or change in interventions . discuss risks and interventions with resident and or responsible party and communicate interventions during shift report . On 1/7/25 at 9:21 AM, during a family interview, RR G (Resident Representative) indicated he had a concern with the number of falls R16 has had since entering the facility. RR G indicated R16 was claustrophobic, did not like being in the dark, liked to have the TV on all the time, and he did not sleep in a bed while he was at home. RR G indicated R16 slept in a recliner at night. R16 admitted to the facility on [DATE] with the following diagnoses: unspecified dementia, anxiety disorder, acquired absence of the left leg below the knee, and encephalopathy (a condition that affects the brain and causes an altered mental state). (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R16's admission assessment, dated 12/21/24, indicates R16 is at moderate risk for falling with a fall risk score of 6. R16's Comprehensive Care Plan, dated 12/23/24, includes Start date: 12/23/24 Problem: Falls; Resident is at risk for falling related to unsteady gait, history of falls, advanced dementia, poor impulse/awareness . Goal Date: 4/21/25 Resident will remain free of falls with major injury . 12/23/24 Approach: Keep call light within reach. Ensure the floor is free of liquids and foreign objects. Encourage resident to assume standing position slowly. Keep personal items and frequently used items within reach. Provide non-skid footwear. Staff to assist resident with transfers as needed. Therapy eval and treat as needed. R16's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/28/24 indicates R16's cognition is severely impaired with a Brief Interview for Mental Status (BIMS) score of 5 out of 15. R16's Hospice Notes contained the following: 12/27/24 patient laying in hospital bed awake and agitated . patient yelling to get out of here . (Staff Member) found patient lying face down on ground when she was completing rounds. She reports he tried to get into his bed from his wheelchair without his prosthetic on which caused him to fall . 3 centimeters by 3 centimeters hematoma to right forehead . this hematoma was palpated gently without verbal or nonverbal indicators of pain . small 2cm abrasion skin tear to dorsal right hand that does not require wound care . (It is important to note hospice notes are not part of the facility's medical record.) R16's Medical Record indicated the following: 12/27/24 (It is important to note there is no documentation in R16's medical record of the fall that was recorded by the hospice staff, there is no fall follow up recorded including: vitals taken, RN assessment, notification of R16's power of attorney, or notification of R16's medical doctor.) 12/28/24 at 3:04 PM unwitnessed fall . found lying on floor in room next to bed . new intervention: fall mats to be brought by hospice, bed in lowest position . Injury- skin tear to right foot . A fall event was filled out for this fall. R16's Comprehensive Care Plan, updated 12/30/24, to include While resident is in bed, bed to be placed in the lowest position with fall mats on floor. 12/31/24 at 2:40 AM unwitnessed fall . found on mat on floor next to bed . new intervention: updating hospice to get scoop mattress . no injury . No fall event was filled out for this fall. (It is important to note the facility did not attempt to find the root cause of the falls, including why R16 was attempting to self-transfer.) R16's Comprehensive Care Plan, updated 12/31/24, to include Scoop mattress will be put in place to prevent resident from falling/sliding out of bed. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/1/25 at 9:00 PM unwitnessed fall . found on floor between bed and wall . new intervention: called hospice for scoop mattress status- delayed due to holiday . Injury- redness to side of face . A fall event was filled out for this fall. (It is important to note there was a delay in getting R16 a scoop mattress and the facility did not put any other interventions in place to prevent him from falling while they wait for the scoop mattress to be implemented. It is also important to note the facility is not attempting to find the root cause of why R16 is trying to self-transfer.) R16's Nurse Note, dated 1/1/25, indicates RR G (Resident Representative), R16's activated power of attorney, reports resident slept in recliner at times while at home . 1/2/25 at 8:38 PM unwitnessed fall . found on fall mat on side of bed . no injury . No fall event filled out for this fall. (It is important to note there was a delay in getting R16 a scoop mattress and the facility did not put any other interventions in place to prevent him from falling while they wait for the scoop mattress to be implemented. It is also important to note the facility is not attempting to find the root cause of why R16 is trying to self-transfer.) R16's Nurse Note, dated 1/2/25, indicates RR G reported R16 does not sleep in a bed at home and does not like the dark. R16's Comprehensive Care Plan, updated 1/2/25 to include Awaiting scoop mattress from hospice. 1/3/25 at 7:20 AM unwitnessed fall . found on fall mat on left side of bed . attempted to exit bed without prosthetic leg on . Immediate intervention: brought to hall/in vicinity of staff . no injury . No fall event filled out for this fall. (It is important to note there is a delay in getting R16 a scoop mattress and the facility did not put any other interventions in place to prevent him from falling while they wait for the scoop mattress, and he fell . It is also important to note RR G has reported to staff two times that R16 slept in a recliner at home and did not sleep in his bed.) R16's Comprehensive Care Plan, updated 1/3/25 to include Per son resident likes to sleep with the lights on. Does not like to sleep in the dark. 1/5/25 at 7:45 AM unwitnessed fall . found lying at bedside between bed and window . tried to get out of bed without prosthetic on . New intervention: Hospice ordering low bed and will be delivered on 1/6/25 . A fall event was filled out for this fall. (It is important to note R16 had 6 falls out of bed and RR G voiced to the facility staff that R16 did not sleep in his bed while at home. The facility did not recognize this as a root cause of the falls and did not try alternative interventions. When the facility came up with a new intervention of the scoop mattress, the facility did not put anything different in place to prevent falls while waiting for this scoop mattress to arrive. It is also important to note the facility policy states after a fall a nurse would complete a fall event worksheet 3 of 7 falls had a fall worksheet completed and one fall was not documented at all in R16's medical record.) (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/7/25 at 1:56 PM, Surveyor observed R16 sitting in his wheelchair, in his room with no lights on and no TV on. R16 appeared anxious evident by him making fast jerking movements, disrobing by unbuttoning his shirt, and scooting his bottom out to the edge of his wheelchair. On 1/7/25 at 1:38 PM, RN Hospice Case Worker J indicated resident has had 6 falls and 5 of them were falling out of bed. RN Hospice Case Worker J indicated she can't tell the facility what to do and can only make suggestions. RN Hospice Case Worker J indicated residents can sleep in their recliner and she is not sure why the facility did not try R16 sleeping in his recliner at night with the lights and the TV on. On 1/8/25 at 12:41 PM, DON B (Director of Nursing), NHA A (Nursing Home Administrator), and Clinical RN Support I indicated they did not think to let R16 sleep in his recliner at night since he is used to doing that. They also indicated staff are to document all falls and fall follow up. NHA A indicated residents do not have to sleep in their bed. Clinical Support I indicated the facility really was not getting to the root cause of why R16 was trying to self-transfer and self-transfer alone is not a real root cause. DON B indicated family members are allowed to suggest interventions and share how the resident's life and routine used to look. DON B also indicated R16 should be allowed to sleep in his recliner and the facility won't know if that intervention works until they try it. NHA A and Clinical RN Support I indicated staff should have put something else in place while waiting for hospice to bring the scoop mattress like increased monitoring. DON B and NHA A indicated R16 should not be left to sit in his room without the lights and TV on and these interventions should be part of R16's care plan along with R16's preference to sleep in his recliner.

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	525380	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sun Prairie Senior Living	228 W Main St Sun Prairie, WI 53590

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038 Based on interview and record review, the facility did not ensure that pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 of 2 residents (R182) reviewed for pain. R182 was admitted to the facility with a right humerus fracture (a break in the upper arm bone). The facility failed to obtain R182's ordered narcotics and obtain a new order when R182 began refusing the acetaminophen, resulting in R182 having continued pain. Evidenced by: The facility policy titled Guidelines for Pain Observation and Management last reviewed on 12/17/24 states in part, .1. Observation of resident pain will be completed as part of the Admission Observation and Data Collection form. a. Review other system observations for pain indicators. The pain indicators may include, but is not limited to an increase in behaviors, change in mood, withdrawal or a decrease in functional ability. b. Review History and Physical for possible factors, associated with pain in the elderly. c. The observation should include self- report of pain or for those cognitively impaired and unable to self- report level of pain the observer shall observe the resident for pathologic conditions that may cause pain and behaviors (facial expressions, body movements, crying) .3. Initiate a Plan of care related to chronic, acute, or breakthrough pain .6. Implement the care plan approaches to assist with pain management. 7. Evaluate the effectiveness of pain management interventions and modify as indicated. R182 was admitted to the facility on [DATE] with diagnoses that include right humerus fracture, type 2 diabetes, and neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet). R182's Brief Interview for Mental Status (BIMS) dated 1/6/25 was 15 out of 15, indicating that R182 is cognitively intact. R182 was admitted with the following orders for pain medications: Oxycodone 5 mg (milligrams) oral every 4 hours PRN (as needed). Acetaminophen (Tylenol) 650mg oral four times a day at 8am (morning), 12noon, 4pm (afternoon), and 8pm. Acetaminophen 650mg oral, may receive 2 PRN doses in addition to scheduled Tylenol. Not to exceed 4000mg in 24-hour period. Lidocaine 5% adhesive patch. 1 patch topical twice a day, apply to most painful area in AM- remove after 12 hours. Voltaren Arthritis Pain gel 1%-2 gram topical four times a day. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	It is important to note that R182 did not receive the Voltaren gel until 1/4/25 and did not have access to the PRN oxycodone until 1/6/24. Additionally, R182 started to refuse the scheduled Tylenol due to being unable to swallow the medication. R182 has the following documented pain ratings: 1/3/25: 2:00pm-10:00pm: pain location: right shoulder, pain scale: 7 10:00pm-6:00am: pain location: 0, pain scale: 0 It is important to note that on 1/4/25 at 3:34 AM, R182 received acetaminophen 650mg for pain, but there is no documentation of the pain location, pain scale, or pain characteristics. 1/4/25: 6:00am-2:00pm: pain location: right shoulder, pain scale: 7 2:00pm-10:00pm: pain location: right shoulder, pain scale: 0 10:00pm-6:00am: pain location: 0, pain scale: 0 1/5/25: 6:00am-2:00pm: pain location: right shoulder, pain scale: 5 2:00pm-10:00pm: pain location: right shoulder, pain scale: 5 10:00pm-6:00am: pain location: 0, pain scale: 5 1/6/25: 6:00am-2:00pm: pain location: right shoulder, pain scale: 5 R182's care plan states in part: .Problem start date: 1/10/25 Category: Pain-At risk for pain r/t (related to) Right Humerus fracture/neuropathic pain. Goal: Resident's pain will be at a tolerable level with interventions. Approach: Administer medications as ordered and notify MD (Medical Doctor) of side effects observed. Attempt non-pharmacological interventions. Observe and record verbal and nonverbal signs and symptoms of pain. Reposition as necessary . It is important to note that R182's care plan was completed and provided to Surveyor after the survey was completed. Additionally, the care plan does not tell staff what R182's pain tolerance level is or what her pain goal is, nor does it indicate what non-pharmacological interventions to use. Nurse's notes state the following, in part: (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/3/25 at 3:31 PM: .Phone call placed to pharmacy and informed received order for gabapentin and nortriptyline, though not oxycodone. Updated [Nurse Practitioner], who was in the facility, and she stated she sent the script for oxycodone to pharmacy. 1/3/25 at 6:46 PM: [R182] admitted to the facility from [hospital name] at approximately 1400 (2:00pm) . [R182] admitted to the hospital on 12/30 after a fall at home .resulting in a right humerus fx (fracture). Resident reports right arm pain, and was given ice pack and APAP (acetaminophen) per her request while waiting for pharmacy to deliver narcotics tonight . 1/4/25 at 1:27 PM: .Does resident complain of pain? Yes .How does resident rate their pain from 1-10: 7, Pain location: right shoulder. Resident describes pain as: Aching . What alleviates pain: Medication, Position/repositioning . 1/5/25 at 8:55 AM: .Does resident complain of pain? Yes .How does resident rate their pain from 1-10: 6, Pain location: right shoulder. Resident describes pain as: Aching . What alleviates pain: Medication, Cold, Rest, Position/repositioning . 1/6/25 at 10:46 AM: .Does resident complain of pain? No .What alleviates pain: Medication, Position/repositioning . On 1/6/25 at 11:30 AM, Surveyor interviewed R182. R182 reported to Surveyor that over the weekend she called for help because she had to go to the bathroom and was in pain and had to wait about 45 minutes. Surveyor asked R182 if she ever received her pain pills, R182 stated that they gave her Tylenol that burns her throat, and that she couldn't have the strong ones because she was told it wasn't ordered. R182 reported to Surveyor that she still hadn't received the strong ones. R182 reported that the hospital sent her to the facility with bags to fill up with ice and that she requested ice from facility staff and was told that they had ran out of ice and gave her a blue gel pack instead. R182 reported that she asked for 2 gel packs and staff told her no. Surveyor asked R182 what her pain level was, R182 reported that it goes on and off depending on if she has to move. R182 stated that sometimes the pain is intolerable and that she was sobbing and crying because it hurt so bad. R182 reported to Surveyor that she feels like staff thinks she is lying and is putting on a show. R182 reported that over the weekend someone had put some cream on her shoulder, and she asked for it again and was told that she couldn't have it because she didn't have an order for it. On 1/6/25 at 1:44 PM, Surveyor interviewed RN R (Registered Nurse). Surveyor asked RN R if R182 complained of pain over the weekend, RN R stated yes, R182 reported pain in her right shoulder and rated it at 5 out of 10. Surveyor asked RN R what interventions were implemented, RN R stated that R182 was given Tylenol, an ice pack, and Voltaren gel. Surveyor asked RN R if R182 had a prescription for a narcotic. RN R stated that she had called the pharmacy regarding the oxycodone and was told that they did not have a script for the medication and they would call the provider. RN R stated that she had called the pharmacy again on Saturday and they said they would call the provider and get back to me, and then RN R called again on Sunday and the pharmacy reported that they still did not have a script for the medication. Surveyor asked RN R if, at any time over the weekend, did she call the on-call provider or the discharging hospital for a script? RN R stated no, she called the NP (Nurse Practitioner) today. (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurses notes dated 1/6/25 at 1:53pm: Follow up completed with resident per this writer along with DHS (Director of Health Services (also known as Director of Nursing/DON) s/p (status post) resident concern. Upon follow up with resident, she states while at home she took coated APAP tablets vs the non-coated. Resident states that she does not like the taste of the non-coated tablets when she swallows them. Focused pain assessment completed per writer and current analgesics reviewed with resident .Resident rates her current pain at 5/10 to her left arm and shoulder area. Resident describes her pain as throbbing, aching, and at times stabbing . Resident states that pain increases with movement, no other factors cause increased pain per resident. New orders obtained from [Nurse Practitioner] to change APAP orders from 650mg QID (four times a day) and 650mg BID (twice a day) to 1000mg TID (three times a day) and 1000mg q day (every day) PRN (not to exceed 4000mg in 24 hour (sic) period). These APAP orders are for the coated tablets . Resident states she prefers to use the oxycodone as an absolute last resort . On 1/7/25 at 9:16 AM, Surveyor met with R182. Surveyor asked R182 how her pain was, R182 stated that it was better and that the new order for Tylenol was better. Surveyor asked R182 about the documented refusals of the scheduled Tylenol; R182 reported that she had refused it because it was burning her throat when she swallowed it. Surveyor asked R182 if she had reported that to the nurses; R182 stated yes. On 1/7/24 at 3:16 PM, Surveyor interviewed RN R. Surveyor asked RN R if R182 reported that she was refusing the Tylenol because it was burning her throat. RN R stated no, but R182 did report that she preferred the coated Tylenol. Surveyor asked RN R if she updated the provider about R182 refusing her medication and her preference for coated Tylenol; RN R stated no. On 1/7/25 at 3:07 PM, Surveyor interviewed LPN S (Licensed Practical Nurse). Surveyor asked LPN S if R182 complained of pain during her shift. LPN S stated yes and she rated it a 6 or 7. Surveyor asked what interventions she implemented. LPN S stated that she repositioned R182, and that the resident refused her Tylenol because there was no coating, and it burned her esophagus. Surveyor asked LPN S if R182 had an order for oxycodone. LPN S stated yes, but the pharmacy did not have a script for it. Surveyor asked LPN S if she called the MD to get a script. LPN S stated no because day shift was handling it. Surveyor asked LPN S if she updated the MD that the uncoated Tylenol was burning R182's esophagus; LPN S stated no. On 1/8/25 at 12:50 PM, Surveyor interviewed CNA T (Certified Nursing Assistant). Surveyor asked CNA T if she worked with R182 over the weekend; CNA T stated yes. Surveyor asked CNA T what R182's demeanor was like? CNA T reported that R182 was nice, but stated that her shoulder was aching and asked if she could have something stronger than Tylenol. Surveyor asked CNA T if she reported R182's complaints to the nurse. CNA T stated that the resident requested a stronger medication when the nurse brought in the Tylenol. (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 11:23 AM, Surveyor interviewed DON B. Surveyor asked DON B what the process is for new admissions. DON B stated that the floor nurses complete the admission and either himself or the ADHS (Assistant Director of Health Services) will reconcile the orders if the floor nurses are too busy. Surveyor asked DON B who reconciled R182's orders; DON B stated that the ADHS did. Surveyor asked DON B what steps are taken when a resident is admitted to the facility with an order for a narcotic but no script. DON B stated that staff should contact the discharging facility or talk to our provider to obtain a script and send it to the pharmacy. DON B stated that ADHS updated the NP who reported that a script was sent to the pharmacy. DON B reported that staff should have confirmed with the pharmacy that they received the script. Surveyor asked DON B what steps would you expect the nurse have taken when the pharmacy reported that they did not receive a script for R182's oxycodone. DON B stated the nurse should have called the [Nurse Practitioner] and if it is outside of regular hours, they should call the on call MD. Surveyor asked DON B if a resident is refusing a medication because it is burning their throat, what steps would you expect the nurse to take. DON B stated that the nurse should call the doctor and get a different order. Surveyor asked DON B if staff is administering a PRN (as needed) pain medication, should a pain assessment be completed; DON B stated yes. It is important to note that RN R worked 1/3/25 from 6:30 AM-10:30 PM, 1/4/25 from 6:30 AM-6:30 PM, and 1/5/25 from 6:30 AM to 6:30 PM. LPN S worked 1/3/25 from 10:00 PM-6:30 AM, 1/4/25 from 6:30 PM-6:30 AM, and 1/5/25 from 6:30 PM-6:30 AM. RN R and LPN S did not notify the physician the script for oxycodone was needed to fill R182's prescription nor did they call to receive an order for coated Tylenol per R182's preference.

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	525380	A. Building B. Wing	01/09/2025

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 50698 Based on record review and interview, the facility did not ensure a Registered Nurse (RN) worked for 8 consecutive hours in a day, 7 days a week. This has the potential to affect all 33 residents (R) residing within the facility. On Wednesday, January 1, 2025, the facility did not have an RN in the building 8 consecutive hours on any of the three shifts. Evidenced by: On 1/8/25 at 9:43 AM, Surveyor reviewed nursing staff schedules and postings from 12/23/24 to 1/6/25. Surveyor observed no RN on the schedule for 1/1/25 and the posting which shows hours worked for nursing staff was filled with zeros for all three shifts under RN column for 1/1/25. On 1/9/25 at 2:40 PM, Surveyor interviewed DON B (Director of Nursing) regarding RN coverage. Surveyor asked DON B if he would expect an RN to be in the building every day for at least 8 consecutive hours; DON B stated yes. Surveyor asked DON B if he was in the building on 1/1/25; DON B indicated he was not in the building that day. Surveyor asked DON B why there wasn't an RN in the building on 1/1/25. DON B indicated there was supposed to be an RN on the schedule that day but they called in.

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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** 41788 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 25 opportunities that affected 3 out of 11 residents (R11, R14, & R5) included in the medication pass task, which resulted in an error rate of 16%. R11 received her Tylenol that was ordered for 7:00 AM at 8:42 AM resulting in a timing error. R14 received Vitamin B-12 and Vitamin D3 that was ordered for 7:00 AM at 8:51 AM resulting in a timing error. R5 received her short acting insulin and did not receive her meal within the required 15 minutes resulting in a medication error. Evidenced by: Facility policy entitled Medication Administration- General Guidelines, dated 11/18, states, in part: . Medications are administered as prescribed in accordance with good nursing Principles and practices and only by persons legally authorized to do so . Administration . 11) Medications are administered within 60 minutes of scheduled time, except before, with or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility . According to mayoclinic.org, Insulin Aspart is a fast-acting type of insulin. Insulin Aspart Flex Pen should be administered 5 to 10 minutes before a meal or immediately before a meal. Example 1 R11 was admitted to the facility on [DATE] and has diagnoses that include dementia (a group of thinking and social symptoms that interferes with daily functioning) and Polyosteoarthritis (a diagnosis that describes arthritis affecting five or more joints simultaneously). R11's Minimum Data Set (MDS) Quarterly Assessment, dated 12/18/24 shows R11 has a Brief Interview of Mental Status (BIMS) score of 2 indicating R11 has severe cognitive impairment. R11's Physician Orders for 12/9/24-1/9/25, states, in part: . (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Acetaminophen 500 milligram (mg) by mouth (po). Special instructions: Take 1 tablet orally three times daily for pain prevention . Three times a day; 7:00AM, 12:00PM, 5:00PM. Start Date: 4/24/23. End Date: Open Ended . R11's Medication Administration Record (MAR) shows: -Order: acetaminophen 500 mg, Amount to Administer: 500 mg PO. Frequency: Three times a day. Special Instructions: Take 1 tablet orally three times daily for pain prevention . Time: 07:00 AM 1/7/25-signed out. Scheduled Date: 1/7/25 Scheduled Time: 07:00 AM. Charted Date: 1/7/25 8:47AM. Reason/Comments: Late Administration: Administered Late. Created by: LPN P (Licensed Practical Nurse). On 1/7/25, at 8:42 AM, Surveyor observed LPN P administer Tylenol 500 mg 1 tablet to R11. On 1/9/25, 9:04 AM, Surveyor interviewed DON B (Director of Nursing) and asked what expectation would be for a medication ordered for at 7:00 AM to be administered. DON B indicated the medication should be given at 7:00 or an hour before or after 7:00 AM. Surveyor informed DON B of R11's Tylenol ordered for 7:00 AM and administered at 8:42 AM. Surveyor asked if this would be considered a medication error and DON B indicated yes, unless the resident did not want to take it at that time. It would need to be documented. Example 2 R14 admitted to the facility on [DATE] and has diagnoses that include cerebrovascular disease (a term for conditions that affect blood flow to your brain) and chronic systolic heart failure (a condition that occurs when the heart's left ventricle is weakened and can't pump blood efficiently). R14's Quarterly MDS Assessment, dated 10/9/23 shows R14 has a BIMS score of 14 indicating R14 is cognitively intact. R14's Physician Orders for 12/9/24- 1/9/25, states, in part: . Vitamin B-12 1000 micrograms (mcg). Special Instructions: supplement. Once a day 7:00AM. Start Date: 19/10/23. End Date: Open ended . Vitamin D3 . 125 mcg (5000unit); amount:1 tablet; oral . Once a day; 7:00AM. Start Date: 10/19/23. End Date: Open Ended . R14's MAR for January shows: -Order: Vitamin B-12 tablet 1000 mcg; Amount to administer:1000mcg; oral. Frequency: once a day . Start Date: 10/10/23. End Date: Open Ended. Time: 7:00AM 1/7/25-Signed out. Scheduled Date: 1/7/25. (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Scheduled Time: 7:00AM. Charted Date: 1/7/25 8:57AM. Reasons/Comments: Late Administration: Administered Late. Created by: LPN P -Vitamin D3 tablet; 125mcg (5000 unit). Amount to administer: 1 tab oral. Frequency: Once a day . Start Date: 10/19/23. End Date: Open ended. Time: 7:00AM 1/7/25- Signed out. Scheduled Date: 1/7/25. Scheduled Time: 7:00AM. Charted Date: 1/7/25 8:57AM. Reasons/Comments: Late Administration: Administered Late. Created by: LPN P. On 1/7/25 at 8:51 AM, Surveyor observed LPN P administer Vitamin B-12 1000 mcg and Vitamin D3 125 mcg to R14. On 1/9/25 at 9:04 AM, Surveyor interviewed DON B (Director of Nursing) and asked what expectation would be for a medication ordered for at 7:00 AM to be administered. DON B indicated the medication should be given at 7:00 or an hour before or after 7:00 AM. Surveyor informed DON B of R14's Vitamin B-12 and Vitamin D3 ordered to be administered at 7:00 AM and was administered at 8:51 AM. Surveyor asked if this would be considered a medication error and DON B indicated yes. Example 3 R5 was admitted to the facility on [DATE] and has diagnoses that include Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) and Major Depressive Disorder. R5's MDS Quarterly Assessment, dated 11/17/24 shows R5 has a BIMS score of 10 indicating R5 is moderately impaired cognitively. R5's Physicians Orders for 12/9/24-1/9/25, states, in part: . Insulin aspart U-100 insulin pen; 100unit/mL(milliliter); amount: 15 units; subcutaneous .Three times a day . (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R5's MAR for January shows: -insulin aspart U-100 insulin pen; 100 unit/mL; Amount to administer:15 units; subcutaneous. Frequency: Three times a day . Start Date: 10/10/24. End Date: 1/7/25. Time: 11:00AM-1:00 PM- 1/7/25- signed out. On 1/7/25 at 11:19 AM, Surveyor observed LPN K (Licensed Practical Nurse) administer insulin aspart flex pen 15 units to R5. Surveyor observed R5 without food or drink until 12:08 PM when Surveyor left area. On 1/7/25 at 11:38 AM, Surveyor asked LPN K when short acting insulin should be administered. LPN K indicated 15 minutes to 30 minutes before meals. LPN K indicated typically you would give short acting insulin 15 minutes before meals but knowing R5's history of high blood sugars LPN K administers it 40 minutes before lunch. Surveyor asked with good nurse practice how should short acting insulin be administered, and LPN K indicated 15 minutes before meals. On 1/8/25 at 8:54 AM, Surveyor interviewed DON B (Director of Nursing) and CRN J (Clinical Registered Nurse) and asked when short acting insulin should be administered, and DON B indicated 15-30 minutes prior meals. Surveyor informed DON B and CRN J about observation of R5's short acting insulin administered and 49 minutes passing with no food. CRN J indicated best nurse practice is to administer short acting insulin 15 minutes prior to meals. Surveyor clarified: would you have expected R5 to receive her meal within 15 minutes of receiving the short acting insulin and CRN J indicated yes.

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	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38882 Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 33 residents who reside in the facility. Surveyor observed male staff to have facial hair and to be working with resident food without hair restraints in place. The facility did not keep a record of when staff manually monitored the internal temperature of the facility's dishwasher. Surveyor observed food to be in circulation passed the use by date. Surveyor observed dented cans to be in circulation. Surveyor observed food that had been removed from the original packaging to be unlabeled and undated. Evidenced by Example 1 The Food and Drug Administration (FDA) Food Code 2022, includes in part: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair; that are designed or worn to effectively keep their hair from contacting exposed food . On 1/7/25 at 11:10 AM, Surveyor observed Director of Food Services C and Assistant Director of Food Service D to be working on the lunch meal preparation without donning hair restraints to cover their facial hair. Director of Food Service C indicated the facility policy is that hair over 1/8 of an inch must be covered. On 1/9/25 at 11:51 AM, Surveyor observed Dietary Aide H preparing resident lunch meal with a full beard and without hair restraint. During an interview Dietary Aide H and Assistant Director of Food Service D indicated beard nets are available and should be being used to cover facial hair. On 1/9/24 at 1:48 PM, during a phone interview, Director of Food Service C indicated hair should be covered when working with food. Example 2 (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy entitled Dish Machine, with review date of 11/30/2021, includes: . High Temperature Dishwasher recommended guidelines: wash 150-165 degrees Fahrenheit; final rinse 180 degrees Fahrenheit . 160 degrees Fahrenheit at the rack level/dish surface reflects 180 degrees Fahrenheit at the manifold . On 1/9/25 at 9:08 AM, Surveyor observed the facility's dishwashing routine and reviewed dishwashing temperature log. When asked if staff have a system for monitoring the internal temperature of the dishwasher manually, Dietary Aide H indicated Director of Food Services C does this each morning by running a test strip through the machine. On 1/9/25 at 11:51 AM, Assistant Director of Food Services D indicated the Director of Food Service C does run a test strip through the dishwasher daily, but he does not keep them or record the results. On 1/9/24 at 1:48 PM, during a phone interview Director of Food Service C indicated he does send a test strip through the dishwasher daily but does not record the results or save the strips. Example 3 On 1/6/25 at 9:00 AM, Surveyor observed 2 dented cans (tuna and creamed corn) in circulation. Assistant Director of Food Service D indicated dented cans should be disposed of. On 1/9/25 at 1:48 PM, Director of Food Services C indicated dented cans should be discarded. Example 4 On 1/6/25 at 9:00 AM, during initial tour of the facility's kitchen, Surveyor observed a resealed container of cottage cheese with a use by date of 1/3/25 and a resealed container of V8 juice with use by date of 1/1/25. Assistant Director of Food Service D indicated these items should have been pulled and disregarded. On 1/9/25 at 1:48 PM, Director of Food Services C indicated food pass the use by date should be removed from circulation. Example 5 On 1/6/25 at 9:00 AM, Surveyor observed a container of brown pudding like substance with no label and no date on it. Assistant Director of Food Services D indicated this item should have a label and a date on it. On 1/9/25 at 1:48 PM, during a phone interview, Director of Food Services C indicated food removed from the original packaging should be labeled and dated.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038 Based on observation, interview, and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect the entire census of 33 residents. The facility was in a COVID-19 outbreak and the facility failed to do contact tracing and complete appropriate testing of residents and staff. The facility is not placing all staff that call in sick on the employee line list. The line list does not include last day worked, or area worked in. Staff was observed not wearing appropriate personal protective equipment (PPE) when administering eye drops to resident (R) R16. Surveyor observed staff providing care for a resident who was in enhanced barrier precautions without proper PPE. Surveyor observed staff administer eye drops to resident without donning gloves. Surveyor observed resident catheter to be in direct contact with he wheel of his wheelchair while the wheel was in motion and in contact with the floor. Surveyor observed CNA M (Certified Nursing Assistant) to be on her phone texting and then assisting R16 with his meal without performing hand hygiene in between. Evidenced by: The facility's policy titled Infection Prevention and Control Program (IPCP) last reviewed on 12/17/24 states in part .g. Monitors health status of residents (i.e., identifies those at risk for infection; reviews immunization status, etc.). h. Monitors health status of employees for results of testing .6. Report and track all staff illnesses and restrictions. To include but not limited to a. Prohibiting contact with residents or their food when staff have potentially communicable diseases or infected skin lesions .c. Monitoring for clusters or outbreaks of illness among staff .e. Education and competency assessment to ensure staff follow the IPCP's standards, policies, and procedures. Therefore, staff must be informed and competent. Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff to follow proper infection control practices (e.g., hand hygiene and appropriate use of personal protective equipment) while other needs are specific to roles, responsibilities, and situations (e.g., injection safety and point of care testing) . (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's policy titled COVID-19 Identification and Management last reviewed on 6/5/23 states in part . Contact tracing should be performed for any new, single onset of COVID-19 to identify employee(s) who had a higher risk exposure or resident(s) who may have had a close contact with the individual(s) with confirmed COVID-19. Contact tracing steps include Case investigation: Is the identification of employees with confirmed COVID-19. Infection Preventionist (IP) will conduct an interview of employee and gather information to help determine with whom they have had close contact during the time they may have been infectious. For COVID- 19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes for a cumulative total of 15 minutes over 24 hours starting from 48 hours before the person began feeling sick for from the date of the positive test result if asymptomatic. Contact tracing is the subsequent identification, monitoring, and support of their contacts who have been exposed and possible infected with the virus, not all employees within the campus .Testing for COVID-19: Residents and staff, even with mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test (POC) for COVID-19 as soon as possible. When unable to identify close contacts: Staff: Test all staff, regardless of vaccination status, facility- wide or at a group level is staff are assigned to a specific location where the new case occurred (ex. hall or unit). Residents: test all residents, regardless of vaccination status, facility- wide or group (ex. hall or unit) . Facility policy, titled Enhanced Barrier Precautions Standard Operating Procedure, dated 4/1/24, includes Enhanced Barrier Precautions (EBP) will be in place during high contact care activities for residents with he following conditions: all residents with chronic wounds . all residents with indwelling catheters, . High contact activities include but are not limited to morning and evening ADL care, toileting, showers, . transfers when bundled together with other high contact activity . Example 1 On 1/8/25, Surveyor reviewed the facility's infection control program policies, line lists for residents and staff, and the facility's most recent COVID-19 outbreak summary. Surveyor noted that the staff line list for October does not include any illnesses other than COVID-19. Surveyor requested the staff call-ins for October, November, and December. Staff call-ins and illnesses not on the line list include: October: SM V (Staff Member) called in sick on 10/5/24-10/7/24 with not feeling well, stomach ache, no GI (Gastrointestinal) symptoms. The facility's Time and Attendance Form indicates that SM V works in the health Center. SM W is listed in the facility's COVID October 2024 outbreak summary. The document indicates that SM W had .c/o (complained of) sore throat/cough since 10/18/24. tested positive for COVID and went home . December: ES Q (Environmental Services) called in sick on 12/8/24 with a headache. (continued on next page)

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	525380	A. Building B. Wing	01/09/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	It is important to note that the facility's staff line list does not include the staff member's last date worked or where in the building the staff member worked. Therefore, the facility was not able to track and trend staff illnesses. Example 2 The facility had a COVID-19 outbreak in October 2024. The document COVID October 2024 states in part: 10/22/24: R184 was diagnosed with COVID. Resident was sent to the hospital for fever 101.3 and with uncontrollable shaking and significant decline in mobility/ ADL (Activities of Daily Living). Returned to facility on 10/22/24. SM X called with c/o GI s/s (signs/symptoms). Stating vomited in the PM (afternoon) of 10/21/24 .on 10/24/24 SM X called stating she was positive for COVID. Signs and symptoms (s/s) began on 10/21/24 and tested positive for COVID on 10/22/24 . 10/23/24: R185 had been having c/o (complaints of) not feeling the best, with fatigue and occasional dizziness and feeling lightheaded .resident tested positive. R186 has been having a decline with PT (Physical Therapy) and with c/o SOB (Shortness of Breath) past few days .Resident was due to d/c (discharge) on 10/24/24 and d/t (due to) continued s/s and retested and was positive for COVID. SM W, stating with c/o sore throat/cough since 10/18/24. tested positive for COVID and went home . 10/25/24: R187 with large emesis. COVID test negative. 10/28/24: R5 with c/o sore throat . COVID test done and negative . It is important to note that R187 and R5 were never placed on the line list. Additionally, Surveyor requested documentation regarding contact tracing and testing; the facility provided documentation of 2 additional nursing home residents that were tested as a result of the outbreak. There was no documentation provided of staff or house wide resident testing. On 1/8/25 at 2:13 PM, Surveyor interviewed CRN I (Clinical Registered Nurse) and DON B (Director of Nursing). Surveyor asked what the facility's outbreak policy is. CRN I stated that if staff have symptoms, they would be tested , if they are positive, they would be away from the facility, test on day 8, and follow the CDC (Centers for Disease Control) guidelines. Surveyor asked if the facility did contact tracing after the first positive resident or staff. CRN I and DON B stated they were unsure. Surveyor asked if they would expect that SM W would have been on the line list. CRN I stated that she would not necessarily put it on the line list. Surveyor asked if R185 and R5 should have been added to the line list due to having symptoms. CRN I stated that if they were in an outbreak, then yes. Surveyor asked what the facility's definition of an outbreak was; DON B stated 3 or more cases. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	38882 Example 3 R16 admitted to the facility on [DATE] with the following diagnoses: unspecified dementia, anxiety disorder, acquired absence of the left leg below the knee, and encephalopathy. R16's hospital discharge, dated 12/21/24, includes: .history of recurrent UTI (urinary tract infections) . Urinary catheter management: insertion date 12/4/24 . Reason for foley-end of life care . internal . dressing and wound care to sacral and right medial great toe pressure injuries . On 1/7/25 at 9:21 AM, Surveyor observed CNA E (Certified Nursing Assistant) and CNA F transfer R16 using a Hoyer lift from his chair to the bed. CNA E and CNA F did not don any personal protective equipment (PPE). (It is important to note R16 is on enhanced barrier precautions (EBP) due to having wounds and a catheter.) On 1/7/25 at 10:45 AM, Surveyor observed CNA E, CNA F, and LPN K (Licensed Practical Nurse) assisting R16 with AM cares and transferring him from bed to chair without the use of PPE. CNA F, CNA E, and LPN K indicated they should have had on a gown, gloves, and mask while assisting R16 since he is in EBP. On 1/8/25 at 12:41 PM, RN I (Registered Nurse) indicated staff should have on PPE while assisting R16 with hands on care and while transferring him. Example 4 Facility policy, titled Eye Drop Administration, dated 11/18, includes, in part: equipment requirement eye drop medication, gauze pad, examination gloves, barrier, . With a gloved finger, gently pull-down lower eyelid to form pouch while instructing the resident to look up . On 1/8/25 at 7:33 AM, Surveyors observed LPN L (Licensed Practicing Nurse) administering R16's eye drops without donning gloves. LPN L indicated she should have had gloves on. On 1/8/25 at 12:41 PM, RN I indicated LPN L should don gloves while administering anyone's eye drops. Example 5 R16's hospital discharge, dated 12/21/24, includes: . history of recurrent UTI (urinary tract infections) . Urinary catheter management: insertion date 12/4/24 . Reason for foley-end of life care . On 1/7/25 at 9:20 AM, Surveyor observed a sign on R16's door indicating staff were to use enhanced barrier precautions (EBP) while providing R16 cares. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R16's sign on door, included: Everyone must clean their hands, including before entering and when leaving the room . providers and staff must also wear gloves and a gown for the following high contact resident care activities: dressing, bathing, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, device care including central line/urinary catheter/ . wound care . On 1/7/25 at 9:21 AM, during an interview, RR G (Resident Representative) indicated he was concerned about R16 having reoccurring urinary tract infections. RR G and Surveyor observed R16's catheter to be hanging from the side of his wheelchair in contact with the front wheel. Surveyor observed CNA E and CNA F turn R16 around in his wheelchair and R16's catheter was pulled in the wheel track of the wheelchair. CNA E and CNA F indicated R16's catheter should not be in direct contact with the floor or the wheels of his wheelchair. On 1/8/25 at 12:41 PM, RN I indicated R16 has a history of urinary tract infections and catheters should not be in direct contact with the floor or the wheels of the wheelchair. Example 6 On 1/8/25 at 8:55 AM, Surveyor observed CNA M in R16's bedroom texting on her personal cell phone as she sat next to R16. R16's half eaten meal was in front of him on a table. CNA M set her phone down on her lap and gave R16 a bite. CNA M picked up her phone a second time and began to touch the screen as if she was typing something. She again set her phone on her lap and assisted R16 with his meal. On 1/8/25 at 8:57 AM, LPN L indicated CNA M should wash her hands after handling her personal phone and before assisting R16 with his meal. On 1/8/25 at 12:41 PM, RN I indicated CNA M should wash her hands after handling her cell phone and before assisting R16 with his meal.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038 Based on record review and interview, the facility did not offer each resident influenza immunizations, and the resident's medical record does not include documentation the resident either received, refused, or was educated on the risks and benefits of the influenza immunization for 1 of 5 residents (R16) reviewed for immunizations. R16 refused the influenza vaccine upon admission and was not offered the vaccine during the current flu season. Evidenced by: The facility's policy titled Guidelines for Influenza, Pneumococcal, & COVID-19 Immunizations last reviewed on 12/17/24 states in part, .4. Each resident/ responsible party will be provided annually with information regarding the risk and benefits of influenza vaccine and receive the immunization per their request, unless medically contraindicated. 5. From time- to- time specific strains of influenza develop that have a vaccine directed exclusively for that strain. [Facility Corporation] will provide this vaccine as it is available in accordance with the CDC (Centers for Disease Control and Prevention) guidelines .7. Flu vaccination is especially important for people [AGE] years and older because they are at a higher risk of developing serious flu compliances (sic). 8. Flu vaccines are updated each season to keep up with changing viruses .10. It will be documented if the resident refuses immunization or did not receive the immunization as a result of a medical contraindication . R16 was admitted to the facility on [DATE]. R16's medical record has no evidence or documentation to show that R16 or their representative was offered the influenza vaccination during the current influenza season. R16's document titled Admission Immunization Consent Packet dated 8/15/24 states in part .Permission for Influenza Vaccine .No, reason- Had it . R16's Wisconsin Immunization Report (WIR) states that R16's last Influenza vaccination was given on 10/3/23. On 1/8/25 at 2:13 PM, Surveyor interviewed CRN I (Clinical Registered Nurse) and DON B (Director of Nursing). Surveyor asked CRN I and DON B what the process is if a resident or representative refuses an immunization, CRN I stated that if the vaccine is declined on admission, facility staff will continue to offer at least 3 times and provide education to the resident and/ or representative. Surveyor asked where that would be documented, CRN I stated it should be in the progress noted. Surveyor asked if R16 declined the influenza vaccination on admission, should it have been offered when the current vaccine was available, CRN I stated yes.