

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Sunrise Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 S 43rd St Milwaukee, WI 53220	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on record review and staff interviews, the facility did not ensure residents had access to their personal funds when requested. The facility did not have petty cash funds available during the evenings, weekends or holidays.</p> <p>Findings include:</p> <p>admission Agreement:</p> <p>H.) Personal Funds. Residents should consider limiting the amount of cash kept in their room. Upon written authorization, the Center will agree to hold personal funds for you in a manner consistent with federal and state laws and regulations. You are not required to allow us to hold your personal funds for you as a condition of admission or continued stay in our center. We will provide you our policies, procedures and authorization forms if you chose to do so.</p> <p>On 7/1/25 at 10:15 a.m., Surveyor conducted an interview with Business Office Manager (BOM)-C regarding residents having access to their personal funds that are held in an account with the facility. BOM-C stated she manages the resident funds and typically there is just a handful of residents who request to withdraw money from their accounts on a weekly basis. BOM-C stated that she typically works Monday through Friday from 7:45 AM/ 8:15 AM to 6:00 PM. BOM-C stated that she is not at the facility on holidays. Surveyor asked BOM-C what if residents want to withdraw money in the evenings or on the weekends when she is not at the facility. BOM- C stated that Social Services Coordinator (SSC)-D has access to the safe and can access the money envelope if BOM- C is not at the facility. Surveyor confirmed that SSC-D works during the days on Monday, Tuesday, Thursday and Fridays. Both BOM-C and SSC-D do not work on the weekends. BOM-C stated that she will let the residents know that they need to withdraw money ahead of time if she is not going to be at the facility . BOM-C stated that they don't keep a petty cash fund for residents to withdraw from when she is not at the facility and that there has never been an issue with not having money available in her absence. BOM-C stated that there is not anything posted regarding the banking hours and availability to withdraw money. BOM-C was able to confirm that there are currently 42 residents who have personal funds managed by the facility.</p> <p>On 7/1/25 at 11:04 AM, Surveyor interviewed SSC-D regarding residents having access to their personal funds. SSC-D stated that she would need to get clarification from the Business Office, but she believes residents can just ask to withdraw money, sign the receipt and be on their way. SSC-D stated she doesn't know what would happen if a resident wanted to withdraw money on the weekends or evenings. SSC-D stated that she will help if she can as she use to work in the business office prior to working in Social Services.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/1/25 at 11:30 AM, Surveyor interviewed Administrator- A regarding residents having access to their personal funds. Administrator- A stated BOM-C has a schedule figured out with those residents that frequently withdraw money from their account. Administrator- A stated that she goes to the bank 1 or 2 times a month to get cash to have on hand for the residents. Administrator- A stated that she does have access to the money if BOM-C is not available. Surveyor asked Administrator- A what would happen if a resident wanted to withdraw personal funds on a weekend when BOM-C, SSC-D and Administrator- A are not at the facility. Administrator- A stated they have never had an instance where that happened but understands that maybe they need to keep a small petty cash fund with nursing on the weekends and evenings.</p> <p>As of the time of exit on 7/1/25, the facility did not provide additional information as to why Residents did not have access to petty cash on an on-going basis to honor residents request to withdraw funds as soon as possible.</p>		