

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 02/25/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to thoroughly investigate an allegation of neglect for one resident (Resident (R)4) in a total sample of eight residents. This failure placed residents at risk of further neglect and a diminished quality of life. Findings include: Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R4 had readmitted to the facility on [DATE] with diagnoses that included a stroke and diabetes. Review of the 11/26/24 Activities Daily Living (ADL) Care Plan revealed, ADL self-care deficit as evidenced by: weakness related to COPD [chronic obstructive pulmonary disease], CHF [congestive heart failure], pulmonary hypertension, right side weakness and aphasia [a communication disorder]. Intervention: Toileting: Assist of 2. Review of the significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an assessment reference date (ARD) of 01/16/26 revealed R4 had a Brief Interview of Mental Status (BIMS) score of 10 out of 15 which indicated R4 was moderately impaired in cognition and was dependent on staff for toileting. Review of the Facility Investigation provided by the Administrator, dated 01/14/26 revealed, R4's Family Member [FM]3 reported that R4 has not been changed and that R4 has been calling FM3 more often to express concerns. FM3 expressed that a CNA [certified nurse aide] spoke to R4 in a rude approach and water was not given to R4. Further review of the Facility Investigation did not show that other residents in the facility had been interviewed to determine if they had any concerns with cares provided by the CNAs. During an interview on 02/23/26 at 12:15 PM, the Director of Nursing (DON) was asked if any other residents were interviewed for the investigation as this was not included in the investigation file provided to the survey team. At 1:18 PM, the DON provided resident interviews to the survey team and stated, I think they were in another folder. On 02/23/26 at 1:31 PM, follow-up interviews were conducted with three residents identified as having been questioned by the Social Service Coordinator (SSC) for the investigation. After the residents were interviewed, it was determined that the SSC had interviewed the residents regarding their cares on 02/23/26 and not at the time of the investigation. During an interview on 02/25/26 at 8:30 AM, the Administrator acknowledged that the resident interviews were not obtained at the time of the investigation. Review of the facility policy titled, Abuse, Neglect, and Exploitation, dated 07/15/22 revealed, An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s).</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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