STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012225	A. BUILDING: _____ B. WING _____	R-C 12/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYSIDE WEST	209 W PARRY ST DODGEVILLE, WI 53533

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 12/19/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at Sunnyside West, a CBRF located in Dodgeville, WI. As a result of the survey, 2 violations of Chapter DHS 83 were issued. Two violations are repeat violations from previous SOD# 2ONI14 dated 08/04/2023. Three violations from previous SOD# 2ONI14 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 8	{N 000}		
{N 491}	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that facility walls and surfaces were clean and in good repair. There were several doors and walls observed with gouges, scuffs and marks from resident wheelchairs. This is a repeat violation from previous Statement of Deficiency (SOD) 2ONI11 dated 02/09/2021, SOD 2ONI13 dated 03/16/2023 and 2ONI14 dated 08/04/2023. Findings include:	{N 491}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{N 491}	Continued From page 1 On 12/19/2023, Surveyor toured the physical environment. OBSERVATIONS: There were scuffs and black marks on the walls in the hallway leading to resident bedrooms due to being struck by wheelchairs. The facility entrance/exit door was damaged with dents and scratches from being struck by wheelchairs. The facility exit door at the rear of the facility was damaged with dents and scratches from being struck by wheelchairs. The bathroom door at the front of the facility used by residents was damaged at the bottom 1/4 of the door with scratches and scuff marks. The laundry room door was damaged with scratches and scuff marks. The door trim was damaged, broken and coming off the wall from being struck by wheelchairs. There were two light fixtures in the common area that were separating from the ceiling. On 12/19/2023 at 1:00 PM, Surveyors discussed the above concern with House Lead B . House Lead B acknowledged that the facility needs some repairs and will contact maintenance to fix/replace concerns identified.	{N 491}		
{N 499}	83.45(3) Toxic substances.	{N 499}		

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{N 499}	Continued From page 2 Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that toxic chemicals were stored in a secure area. There were cleaning compounds stored in an unlocked laundry room. Facility is able to serve up to 8 individuals with primary diagnoses that include but are not limited to: Developmentally Disabled, Physically Disabled and Traumatic Brain Injury. This is a repeat violation from previous Statement of Deficiency (SOD) # 2ONI14 dated 08/04/2023. Findings include: On 12/19/2023, Surveyor observed the laundry room. The laundry room door was unlocked and propped open. The laundry room contained unlocked cabinets that were used to store disinfectant spray, furniture polish, upholstery cleaner and laundry detergent. The bottle of laundry detergent and can of furniture polish had a lable that stated toxic if swallowed. On 12/19/2023 at 11:00 AM, Surveyor interviewed House Lead B. House Lead B stated that s/he did not know that chemicals needed to be secured in the laundry room. House Lead B acknowledged that the chemicals in the room	{N 499}		

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{N 499}	Continued From page 3 were not secure.	{N 499}		