| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0014886 | A. BUILDING: _____ B. WING _____ | 05/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| STURDY OAKS | 926 CAMPFIRE DRIVE SUN PRAIRIE, WI 53590 |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>From 05/27/2025 to 05/28/2025, Surveyor conducted a standard survey at Sturdy Oaks, an AFH in Sun Prairie.<br><br>Eleven deficiencies were identified.<br><br>Census: 3 | M 000 | | |
| M 114 | 88.03(3)(b) CRIMINAL RECORDS CHECK<br><br>Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action | M 114 | | |

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

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| M 114 | Continued From page 1<br>provided in this chapter or in ch. 50, Stats., or place conditions on the license.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed had a completed background check at the time of hire. The provider did not have a background information disclosure (BID) on file for Caregiver B.<br><br>Findings include:<br><br>According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of:<br><br>1) A completed DHS form F-82064, Background Information Disclosure (BID).<br>2) A response from the Department of Justice (DOJ).<br>3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS).<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the records for Caregiver B, hired March 2025, from Licensee A. Licensee A stated s/he had been working on getting records organized over the past 2 weeks in preparation | M 114 | | |

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| M 114 | Continued From page 2<br>for a visit from the department, but did not currently have any records for Surveyor to review. Licensee A stated s/he knew s/he had completed background checks, but didn't know where to begin to look for the copies.<br><br>On 05/27/2025 at approximately 6:15 p.m., Surveyor received documentation indicating a DOJ and IBIS was completed for Caregiver B. Surveyor did not receive a BID.<br><br>On 05/27/2025 at approximately 8:30 p.m., Surveyor shared that records did not include a BID for Caregiver B.<br><br>On 05/28/2025 at approximately 10:00 a.m., Licensee A followed up with Surveyor and stated s/he would address the concern. | M 114 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the | M 232 | | |

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| M 232 | Continued From page 3<br>provider did not ensure 1 of 1 caregivers reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment and that documentation of the test was available to the department. The provider did not have documentation of a communicable disease screen, including tuberculosis test, for Caregiver B.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the records for Caregiver B, hired March 2025, from Licensee A. Licensee A stated s/he had been working on getting records organized over the past 2 weeks in preparation for a visit from the department, but did not currently have any records for Surveyor to review.<br><br>On 05/27/2025 at approximately 8:15 a.m., Surveyor reviewed employee records that Licensee A was able to locate. Records did not include any documentation for Caregiver B.<br><br>On 05/27/2025 at 2:45 p.m., Licensee A contacted Surveyor and stated s/he had been unable to locate a communicable disease screen, including tuberculosis test, for Caregiver B. | M 232 | | |
| M 278 | 88.05(3)(b) FREE OF HAZARDS<br><br>The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. | M 278 | | |

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| M 278 | Continued From page 4<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the home was kept uncluttered. The provider's common areas, accessible to residents, had boxes and miscellaneous items scattered throughout the area.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:45 a.m., Surveyor toured the provider's home. Surveyor observed plastic bins stacked next to the front door, piles of miscellaneous items in 2 living rooms/common areas located on the first floor and food, cleaning supplies, paperwork and miscellaneous items covering the kitchen counters (Photo 1 and Photo 2).<br><br>On 05/27/2025 at approximately 9:00 a.m., Surveyor discussed concern regarding the amount of clutter in the home. Licensee A stated s/he was trying to get help to get things organized but had yet to be successful finding dependable help. | M 278 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. | M 346 | | |

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| M 346 | Continued From page 5<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 residents were evaluated annually, using the department's form, for their ability to evacuate the home. Resident 1, Resident 2 and Resident 3 had not been evaluated for evacuation, using the department's form, since December 2023.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested resident records, including evacuation assessments, from Licensee A. Licensee A stated s/he was unsure where resident records were and that s/he wasn't sure where to begin to look for them.<br><br>On 05/27/2025 at approximately 8:05 a.m., Licensee A verbally gave Surveyor the list of residents and their approximately admission dates, which included:<br><br>- Resident 1 was admitted in July 2021.<br>- Resident 2 was admitted in August 2017.<br>- Resident 3 was admitted in January 2018.<br><br>On 05/27/2025 at approximately 8:30 a.m., Licensee A provided Surveyor with part of Resident 3's record. The record did not include an evacuation evaluation. Licensee A was unable to provide Surveyor with records for Resident 1 or Resident 2. Surveyor asked Licensee A if s/he recalled when s/he had last evaluated each resident for their ability to evacuate the home, using the department's form. Licensee A replied, "December 2023."<br><br>Resident 1, Resident 2 and Resident 3 had not | M 346 | | |

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| M 346 | Continued From page 6<br>had their ability to evacuate the provider's home evaluated, using the department's form, in greater than 1 year. | M 346 | | |
| M 348 | 88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS<br><br>The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure fire drills were completed semi-annually. The provider completed 1 fire drill in 2024 and 0 fire drills in 2023.<br><br>Findings include:<br><br>On 05/27/2025, Surveyor reviewed the provider's environmental records. Surveyor reviewed 1 fire drill, dated 12/27/2024. Surveyor was unable to locate documentation of a fire drill conducted in 2023.<br><br>On 05/27/2025 at approximately 9:00 a.m., Surveyor reviewed concern with Licensee A that records indicated 1 fire drill was completed in 2024 and that records did not include fire drills conducted in 2023. Licensee A replied, "I have only ever done 1 [fire drill per year]." Licensee A reviewed his/her records and was unable to locate a fire drill completed in 2023. | M 348 | | |
| M 420 | 88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT<br><br>A statement of agreement with the | M 420 | | |

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| M 420 | Continued From page 7<br>plan, dated and signed by all persons involved in developing the plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved the in the development of the plan.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the resident records, including ISPs, for Resident 1 and Resident 2 from Licensee A. Licensee A stated s/he was unsure where Resident 1 and Resident 2's records were and that s/he wasn't sure where to begin to look for them.<br><br>On 05/27/2025 at approximately 9:00 a.m., Surveyor received the following information from Licensee A through interview:<br><br>- Resident 1 was admitted to the provider's home in July 2021. Resident 1 had a legal guardian. Resident 1 required prompting and cueing for personal cares. Resident 1's medications were managed by the provider's staff.<br>- Resident 2 was admitted to the provider's home in August 2017. Resident 2 had a legal guardian. Resident 2 required assistance of 1 to 2 for bathing, dressing and toileting. Resident 2 was incontinent with bowel and bladder. Resident 2 required prompting or cueing for oral cares. Resident 2's medications were managed by the provider's staff. | M 420 | | |

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| M 420 | Continued From page 8<br><br>On 05/27/2025 at approximately 6:15 p.m., Surveyor received ISPs for Resident 1 and Resident 2 from Licensee A. The ISPs did not include a statement of agreement with the plan and were not dated and signed by all persons involved the in the development of the plan. | M 420 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were reviewed at least once every 6 months. Resident 1 and Resident 2's ISPs had not been reviewed in approximately 1 year. | M 424 | | |

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| M 424 | Continued From page 9<br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the resident records, including ISPs, for Resident 1 and Resident 2 from Licensee A. Licensee A stated s/he was unsure where Resident 1 and Resident 2's records were and that s/he wasn't sure where to begin to look for them. Surveyor asked when Resident 1 and Resident 2's ISPs had last been updated. Licensee A replied, "One year ago." Licensee A stated s/he had a meeting scheduled for 06/04/2025 to update Resident 2's ISP.<br><br>On 05/27/2025 at approximately 9:00 a.m., Surveyor received the following information from Licensee A through interview:<br><br>- Resident 1 was admitted to the provider's home in July 2021. Resident 1 required prompting and cueing for personal cares. Resident 1's medications were managed by the provider's staff.<br>- Resident 2 was admitted to the provider's home in August 2017. Resident 2 required assistance of 1 to 2 for bathing, dressing and toileting. Resident 2 was incontinent with bowel and bladder. Resident 2 required prompting or cueing for oral cares. Resident 2's medications were managed by the provider's staff.<br><br>On 05/27/2025 at approximately 6:15 p.m., Surveyor received ISPs for Resident 1 and Resident 2 that were not signed or dated. | M 424 | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>The licensee shall keep a record of all prescription medications | M 466 | | |

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| M 466 | Continued From page 10 | M 466 | | |

controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure 2 of 2 residents reviewed had accurate records of their medication administration. The provider did not document the administration of Resident 1 and Resident 2's medications.

Findings include:

On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the resident records, including Medication Administration Records (MAR), for Resident 1 and Resident 2 from Licensee A. Licensee A confirmed the provider administered medications to Resident 1 and Resident 2, but stated s/he didn't have MARs to provide Surveyor. Licensee A went on to explain that they received MARs from the pharmacy but did not document on them. Licensee A stated, "All I can tell you is that they get their meds."

On 05/27/2025 at approximately 9:00 a.m., Surveyor reviewed resident medications with Licensee A, which indicated the provider's caregivers administered the following medications:

- Risperidone 3 mg, Ferosul 125 mg, Clonidine

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| M 466 | Continued From page 11<br>Hcl .1 mg, Ramelteon 8 mg, Omeprazole 40 mg, Mirtazapine 7.5 mg and Fluoxetine HCl 20 mg was administered to Resident 1.<br>- Aripiprazole 20 mg, Citalopram 40 mg and Propranolol 10 mg was administered to Resident 2.<br><br>The provider administered medications to Resident 1 and Resident 2, but did not document the administration. | M 466 | | |
| M 474 | 88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY<br><br>Food shall be prepared and stored in a sanitary manner.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored in a sanitary manner.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:25 a.m., Surveyor observed the provider's refrigerator and observed the following concerns:<br><br>- Several plastic bags and disposable containers that contained food were not labeled or dated. Items included sauteed vegetables, a meatball dish, bacon and burgers.<br>- Foods that had a "Best By" date that was several months prior to Surveyor's visit. Foods included: cheese (06/13/2024), burrata (06/14/2024), vegetable soup (07/01/2024), | M 474 | | |

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| M 474 | Continued From page 12<br><br>cinnamon sugar butter (12/04/2024), butter (11/04/2024) that had 2 spots of mold on it, Italian cheese cubes (09/29/2024), slaw dressing (03/22/2023), buffalo sauce (12/17/2024), mixed fruit cups (07/22/2024), sour cream (01/20/2025), herring (09/05/2024), and bread dough (06/27/2024).<br>- Sliced cheese was left unsealed and open to air.<br>- An unidentifiable liquid was spilt on the top shelf.<br><br>"Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)<br><br>On 05/27/2025 at approximately 8:30 a.m., Surveyor shared concern with Licensee A and Caregiver C that the refrigerator contained many items that were beyond the "Best By" date and not labeled and/or dated. Licensee A stated caregivers cleaned out the refrigerator routinely. Caregiver C then began discarding foods Surveyor had observed were beyond the "Best By" date and stated s/he would go through the rest of the refrigerator items. | M 474 | | |
| M 482 | 88.09(1)(a) RESIDENT RECORDS<br><br>The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. | M 482 | | |

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| STURDY OAKS | 926 CAMPFIRE DRIVE SUN PRAIRIE, WI 53590 |

| (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 |
|---|---|---|---|---|
| M 482 | Continued From page 13<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure a record was maintained for 3 of 3 residents residing at the facility. The provider did not maintain records for Resident 1, Resident 2 and Resident 3.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested the resident records for Resident 1, Resident 2 and Resident 3 from Licensee A. Licensee A stated s/he did not have individual records to provide Surveyor. Licensee A stated s/he had wanted to be organized for the department's visit and began getting things together 2 weeks prior to Surveyor's visit, but didn't have records to provide at this time.<br><br>On 05/27/2025 at approximately 8:05 a.m., Licensee A verbally gave Surveyor the list of residents and their approximate admission dates, which included:<br><br>- Resident 1 was admitted in July 2021.<br>- Resident 2 was admitted in August 2017.<br>- Resident 3 was admitted in January 2018.<br><br>On 05/27/2025 at approximately 8:30 a.m., Licensee A provided Surveyor with a face sheet and service agreement for Resident 3, who admitted in January 2018. Licensee A was unable to provide additional resident records and stated s/he wouldn't have known where to begin looking for records. | M 482 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0014886 | A. BUILDING: _____ B. WING _____ | 05/27/2025 |

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|---|---|
| STURDY OAKS | 926 CAMPFIRE DRIVE SUN PRAIRIE, WI 53590 |

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|---|---|---|---|---|
| M 540 | Continued From page 14 | M 540 | | |
| M 540 | 88.09(2)(c) Location and Retention Period<br><br>Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure caregiver records were available at the adult family home for review by the licensing agency. The provider did not have complete employee records available in the home.<br><br>Findings include:<br><br>On 05/27/2025 at approximately 8:00 a.m., Surveyor requested employee records from Licensee A. Licensee A stated s/he didn't have individual records to provide Surveyor at that time. Licensee A stated s/he had spent the last 2 weeks trying to get things organized for the department's visit, but wasn't sure where to begin to look for employee records.<br><br>On 05/27/2025 at approximately 8:15 a.m., Licensee A verbally provided Surveyor with an employee list, which included the following:<br><br>- Licensee A, who worked at the home since it was licensed on 01/01/2014.<br>- Caregiver C, who worked at the home since it was licensed on 01/01/2014. | M 540 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0014886 | A. BUILDING: _____ B. WING _____ | 05/27/2025 |

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|---|---|---|---|---|
| M 540 | Continued From page 15<br>- Caregiver B, who was hired in March 2025.<br><br>On 05/27/2025 at approximately 8:20 a.m., Licensee A provided Surveyor with continuing education for Licensee A and Caregiver C. Licensee A was unable to provide documentation of a background check for Caregiver C. Licensee A was unable to provide any records for Caregiver B.<br><br>On 05/27/2025 at approximately 6:15 p.m., Licensee A provided Surveyor with Caregiver C and Caregiver B's Department of Justice (DOJ) and Department of Health Services (IBIS) background checks, but did not provide Background Information Disclosure (BID) checks, Caregiver B's communicable disease screen including tuberculosis test or Caregiver B's trainings. Licensee A stated Caregiver B had started his/her trainings, but Licensee A could not access the record. | M 540 | | |