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 _____	R 08/20/2025

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
{M 000}	INITIAL COMMENTS On 08/20/2025, Surveyor conducted a verification visit at Sturdy Oaks, an AFH in Sun Prairie. Three deficiencies were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 5V2511, dated 05/27/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 348}	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were completed semi-annually. The provider had not completed a fire drill in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 5V2511, dated 05/27/2025. Findings include: On 08/20/2025 at approximately 8:30 a.m., Surveyor requested records from Licensee A, including documentation of a fire drill completed in 2025. On 08/20/2025 at approximately 9:00 a.m., while Surveyor was reviewing records, Licensee A	{M 348}		

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
	0014886	A. BUILDING: _____ B. WING _____	R 08/20/2025

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
{M 348}	Continued From page 1 stated s/he wished s/he could provide Surveyor with documentation of a fire drill, but s/he had not completed a fire drill in 2025.	{M 348}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications 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 accurately document the administration of Resident 1 and Resident 2's medications. This is a repeat deficiency. See Statement of Deficiency (SOD) 5V2511, dated 05/27/2025. Findings include: On 08/20/2025 at approximately 8:30 a.m., Surveyor reviewed resident records and resident medications with Licensee A and Caregiver C. The following concerns were identified: Example 1 - Resident 1:	{M 466}		

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 _____	R 08/20/2025

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
{M 466}	Continued From page 2 Resident 1 was admitted to the provider's home in July 2021. The provider's staff managed Resident 1's medications. Resident 1's physician orders included the following: - Aripiprazole20 mg (Start Date: 02/07/2024) - Take 1 tablet daily - Citalopram 40 mg (Start Date: 09/17/2024) - Take 1 tablet daily - Propranolol 10 mg (Start Date: 09/17/2024) - Take 1 tablet 2 times daily. Resident 1's medication administration record (MAR), dated 08/08/2025 to 08/20/2025, documented the administration of Resident 1's AM medications (Aripiprazole, Citalopram, and Propranolol) on 08/08/2025, 08/12/2025, 08/14/2025 and 08/18/2025. The remaining AM dates and all PM entries were blank, leaving it unknown whether Resident 1 received his/her medication, refused or missed the medication for some other reason. On 08/20/2025 at approximately 9:00 a.m., Surveyor reviewed concern with Licensee A and Caregiver C that Resident 1's MAR had several blank entries, leaving it unknown whether Resident 1 received his/her medication, refused or missed the medication for some other reason. Licensee A stated the provider still had work to do on their documentation. Caregiver C stated Resident 1 usually took his/her AM medications, but always refused the PM medication. Example 2 - Resident 2: Resident 2 was admitted to the provider's home in August 2017. The provider's staff managed Resident 2's medications. Resident 2's physician orders included the following:	{M 466}		

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 _____	R 08/20/2025

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
{M 466}	Continued From page 3 - Lorazepam .5 mg (Start Date: 01/29/2025) - Take 1 tablet 2 times daily. - Risperidone 3 mg (Start Date: 02/24/2023) - Take 1 tablet 3 times daily. - Vitamin D3 25 mcg (Start Date: 01/23/2024) - Take 1 tablet daily. - Clonidine Hcl .1 mg (Start Date: 10/01/2022) - Take 1 tablet 2 times daily. - Depakote 125 mg (Start Date: 07/30/2025) - Take 2 tablets 2 times daily. - Ferosul 325 mg (Start Date: 01/31/2023) - Take 1 tablet 2 times daily. - Atorvastatin 20 mg (Start Date: 09/07/2018) - Take 1 tablet daily. - Fluoxetine Hcl 20 mg (Start Date: 05/03/2024) - Take 3 capsules daily. - Omeprazole 40 mg (Start Date: (10/04/2018) - Take 1 tablet daily. - Ramelteon 8 mg (Start Date: 06/04/2024) - Take 1 tablet daily. Resident 2's MAR, dated 08/08/2025 to 08/20/2025, documented the administration of Lorazepam at 12:00 p.m. on 08/08/2025, 08/11/2025 through 08/15/2025 and on 08/18/2025. The MAR documented administration of Risperidone 3 mg at 8:00 a.m. on 08/14/2025, 08/15/2025 and 08/18/2025. The MAR documented the administration of Vitamin D3, Clonidine, Depakote, Ferosul and Omeprazole at 8:00 a.m. on 08/08/2025, 08/11/2025 through 08/15/2025 and on 08/18/2025. All other medications and date entries were blank, leaving it unknown whether Resident 2 received his/her medication, refused or missed the medication for some other reason, although Resident 2's medication packs indicated medications had been administered.	{M 466}		

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 _____	R 08/20/2025

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
{M 466}	Continued From page 4 On 08/20/2025 at approximately 9:00 a.m., Surveyor reviewed concern with Licensee A and Caregiver C that Resident 2's MAR had several blank entries, leaving it unknown whether Resident 2 received his/her medication, refused or missed the medication for some other reason. Licensee A stated the provider still had work to do on their documentation.	{M 466}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. This is a repeat deficiency. See Statement of Deficiency (SOD) 5V2511, dated 05/27/2025. Findings include: On 08/20/2025 at approximately 9:20 a.m., Surveyor observed the provider's refrigerator and observed the following concerns: - A plastic container of corn with no date. - A plastic container of cucumbers, onions and tomatoes with no date. - A plastic container of pasta salad with no date. - A plastic bag containing hot dogs with no date. - A plastic container of dumplings dated 08/10/2025.	{M 474}		

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 _____	R 08/20/2025

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
{M 474}	Continued From page 5 - An open package of bologna with no open date. - A plastic container of biscuits and a salad mix with no date. - A Chinese container of food dated 08/10/2025. - A bag of deli meat with no open date. "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) "Leftovers can be kept for 3 to 4 days in the refrigerator. After that, the risk of food poisoning goes up ... After 3 to 4 days, germs, also called bacteria, may begin to grow in refrigerated leftovers. This growth increases the risk of food poisoning, also called foodborne illness. Bacteria typically don't change the taste, smell or look of food. So you can't tell whether a food is dangerous to eat." (Source: The Mayo Clinic Website, Nutrition and health eating, May 14, 2024, https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/expert-answers/food-safety/faq-20058500 (retrieval date - August 20, 2025).) On 08/20/2025 at 9:30 a.m., Surveyor shared concern with Licensee A that the provider's refrigerator contained several food items that may no longer be safe to eat and/or were not dated to determine whether the food was still safe to eat. Licensee A stated the refrigerator was cleaned after Surveyor's last visit, but acknowledged there were foods that were not dated.	{M 474}		