STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016540	A. BUILDING: _____ B. WING _____	C 05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET RIDGE JEFFERSON	826 REINEL STREET JEFFERSON, WI 53549

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N 000	Initial Comments On 05/12/2026, with information gathered through 05/21/2026, Surveyor conducted a complaint investigation at Sunset Ridge Jefferson. One deficiency was identified; the complaint was substantiated. Census: 23	N 000		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services adequate to meet the need of Resident 1; staff used physical intervention to attempt medication administration and physical intervention after Resident 1 had put themselves on the ground. Findings include: On 04/27/2026, the department received a complaint alleging abuse of residents. On 05/12/2026 at approximately 11:15 a.m., Surveyor conducted a complaint investigation. Administrator A identified two residents that	N 433		

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

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display aggressive behavior, including Resident 1. Administrator A stated that Resident 1 has Huntington's disease and that the progression of the disease has made physical movements, both voluntary and not, more frequent and that Resident 1 can be physically aggressive with staff and will take him/herself out of his/her wheelchair and put him/herself on the ground and has been refusing medications.

"Huntington's disease (HD) is an inherited disorder that causes nerve cells (neurons) in parts of the brain to gradually break down and die. The disease attacks areas of the brain that help to control voluntary (intentional) movement, as well as other areas. People living with HD develop uncontrollable dance-like movements (chorea) and abnormal body postures, as well as problems with behavior, emotion, thinking, and personality. ... When the cognitive problems are severe enough that the person cannot function in daily life, the condition is described as dementia. But many people with HD stay aware of their environment and can express their emotions. Changes in behavior may include mood swings; feeling irritable (cranky); not being active; or feeling apathetic (uninterested), depressed, or angry." (Source: National Institute of Neurological Disorders and Stroke, Huntington's Disease, March 27, 2026, https://www.ninds.nih.gov/health-information/disorders/huntingtons-disease (retrieval date - May 26, 2026).)

Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 07/18/2024 with diagnoses including Huntington's disease, sarcopenia, depression and anxiety. Surveyor reviewed the individual service plan (ISP) of Resident 1, updated 02/24/2026, which

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documented:
-Resident 1 utilizes a Broda chair to meet his/her mobility needs. S/he is able to self-propel the chair independently for short distances within his/her environment.
-Resident 1 has been identified as a low fall risk due to his/her issues with balance with Huntington's disease. Resident 1 is able to get him/herself up after a fall. Resident 1 uses a Dycem anti-slip material in the Broda chair to enhance safety and reduce the risk of falls.
-Resident 1 requires the assistance of one staff member to complete safe pivot transfers. Staff provide steady physical support and ensure proper positioning and use of a gait belt as needed to maintain his/her safety during all transfers.
-Resident 1 requires staff to manage/administer all medications.
-Resident 1 requires staff support to manage and redirect aggressive and combative behaviors. S/he experiences intermittent agitation and episodes of aggression towards staff. These behaviors are first addressed using non-pharmacological interventions such as redirection, reassurance, and environmental modification. Per hospice recommendations, when the resident experiences agitation, frustration, or tearfulness, s/he may benefit from having space to naturally de-escalate. Staff should allow him/her to remain in whatever position s/he prefers, including on the floor, as long as s/he is safe. Staff will gently ensure the environment is safe by moving nearby furniture or objects that could cause harm during sudden or jerky movements related to chorea, including the possibility of him/her bumping his/her head. Support should remain clam, non-intrusive, and focused on safety and comfort.
-Resident 1 has uncontrollable, dance-like

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movements, muscle rigidity, and trouble with balance and posture secondary to Huntington Disease diagnosis. Also, s/he experiences reduced control over the mouth, which can lead to difficulty eating and indistinct speech.

On 05/12/2026 at approximately 11:30 a.m., Surveyor interviewed Caregiver B. Caregiver B stated that the provider tries different caregivers and approaches to administer Resident 1's medications. Caregiver B stated that it is more and more infrequent that Resident 1 is willing to take his/her medications but stated that Resident 1 is able to communicate at times and when s/he is not verbal, Resident 1 can give a thumbs up or thumbs down to communicate.

On 05/12/2026 at 11:51 a.m., Surveyor interviewed Caregiver C. Caregiver C stated that Resident 1 does not like to take his/her medications, that s/he will hit, kick and punch staff. Caregiver C stated when staff need help, s/he will go in and try his/her three times to administer Resident 1's medications and then s/he will pass Resident 1's medications on to the next caregiver to administer Resident 1's medications. Caregiver C expressed that lately Resident 1 has only been taking his/her medications about 25% of the time, so it hasn't been great.

On 05/12/2026 at 12:00 p.m., Surveyor interviewed Administrator A. Administrator A stated that when Resident 1 becomes aggressive that staff back. Resident 1 will throw him/herself on the ground and staff will offer a PRN (as needed) medication to try to calm him/her down. Administrator A stated that Resident 1 has been refusing his/her medication, including PRNs, and that they have had to call EMS (emergency

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medical services) and they have had to give Resident 1 an IM (intramuscular) injection to calm him/her down enough to transport to the hospital.

On 05/12/2026 at 12:27 p.m., Surveyor interviewed Caregiver D. Caregiver D stated that administering medications to Resident 1 is a constant fight; that every med passer has to try but that as soon as Resident 1 sees the medication cup s/he will start hitting or kicking. Caregiver D stated that the caregivers are running out of ideas to try to get Resident 1 to take his/her medications and acknowledged that they cannot force him/her. Caregiver D stated that Resident 1 will get him/herself out of his/her wheelchair and that the caregivers are move things around him/her and to leave Resident 1 unless s/he is a harm to him/herself or others.

On 05/12/2026 at 12:48 p.m., Surveyor interviewed Caregiver E. Caregiver E stated that Resident 1 can be very aggressive and combative, that s/he will scream or push to get you away from him/her. It can be difficult and we try to communicate that we are here to help him/her. Caregiver E stated that Resident 1 did not take his/her medications today and refused them. Caregiver E stated that s/he tried to administer Resident 1's medications but that s/he was unsuccessful but s/he tried, then s/he notified the nurse and documented that s/he would not take his/her medications, then Caregiver E let another caregiver try. Caregiver E stated that Resident 1 will put him/herself on the ground because s/he gets upset if s/he does not want to be in the wheelchair. Caregiver E stated that the staff give Resident 1 time and space to calm down.

On 05/12/2026 at 1:11 p.m., Surveyor interviewed

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Activities F, who used to be a caregiver. Activities F stated that s/he attempted to administer Resident 1's medications today but was not successful; that Resident 1 was hitting, kicking, punching, and spitting. Activities F stated that Resident 1 kicked and pushed him/her so they went through the cycle of having all the caregivers try. Activities F stated that Assistant Admin G and Nurse H will come over and try and then they document it as a refusal. Activities F stated that usually Resident 1 refuses his/her medications.

On 05/12/2026 at 1:45 p.m., Surveyor interviewed Resident 1 with Assistant Admin G. Assistant Admin G stated that Resident 1 was having a hard time verbalizing, so it would be best to use thumbs up or thumbs down. When Surveyor asked Resident 1 if any of the staff have ever held him/her against his/her will to administer medications, Resident 1 gave a thumbs up, indicating yes.

On 05/12/2026 at 2:05 p.m., Surveyor reviewed the interviews with Administrator A. Administrator A stated that each med passer that is working in the facility that Resident 1 lives in and the facility next door offers Resident 1's his/her medications in an attempt to try to ensure s/he takes them. Administrator A stated s/he knows Resident 1 has the right to refuse medications but that his/her behaviors and movements get worse when Resident 1 does not take his/her prescribed medications, and the provider has had to call emergency medical services (EMS) to assist with Resident 1's behaviors. EMS has administered an as needed IM (intramuscular) medication to assist in calming Resident 1.

On 05/19/2026 at 3:09 p.m., Administrator A

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N 433	Continued From page 6 stated that staff had utilized physical interventions that were against Resident 1's will; once during medication administration and once while Resident 1 being on the ground causing harm to his/herself. On 05/21/2026 at 12:44 p.m., Surveyor reviewed the above concerns with Administrator A. Administrator A stated that s/he is aware the caregivers did things they should not have but that the intent was out of love, safety, and wellbeing of Resident 1. Administrator A stated that s/he has updated Resident 1's family and is working with hospice to ensure Resident 1 is safe and has services adequate to meet the need of Resident 1 while his/her disease progresses.	N 433		