STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018373	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALAMORE SENIOR LIVING SUN PRAIRIE	275 NORTH CITY 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
U 000	INITIAL COMMENTS On 12/12/2023, Surveyor conducted a standard survey at Talamore Senior Living Sun Prairie, a RCAC in Sun Prairie. One deficiency was identified. Census: 52	U 000		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 3 risk agreements reviewed were updated when the tenant's condition or service needs changed in a way that may affect risk. Tenant 1 and Tenant 2 did not have updated risk agreements. Findings include: On 12/12/2023 at approximately 10:30 a.m., Surveyor reviewed tenant records, which documented the following: Example 1 - Tenant 1: Tenant 1 was admitted to the provider's complex on 06/23/2022. Tenant 1's comprehensive assessment, dated 12/06/2023, indicated s/he was not a fall risk, s/he required assistance with	U 211		

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

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U 211	Continued From page 1 all mobility, including lift transfers, and the provider's staff managed medications. Tenant 1's risk agreement, dated 03/01/2023, indicated s/he was at risk of falls due to poor gait/balance and at risk of medication errors/mismanagement. On 12/12/2023 at approximately 11:30 a.m., Surveyor interviewed Executive Director A and Director of Nursing B regarding Tenant 1's risk agreement. Surveyor shared that Tenant 1's assessment indicated s/he was not a fall risk and that the provider's staff managed medications. Surveyor asked if a risk agreement for falls and medication mismanagement was applicable for Tenant 1 given s/he was not identified as a fall risk and did not manage his/her own medications. Director of Nursing B stated Tenant 1's risk agreement should be updated, but that s/he may have managed his/her own medications in the past. Example 2 - Tenant 2: Tenant 2 was admitted to the provider's complex on 04/26/2023. Tenant 2's comprehensive assessment, dated 04/27/2023, indicated the provider's staff assisted Tenant 2 with his/her medications. Tenant 2's risk agreement, dated 04/27/2023, documented that s/he was at risk for medication errors/mismanagement. On 12/12/2023 at approximately 11:30 a.m., Surveyor interviewed Executive Director A and Director of Nursing B regarding Tenant 2's risk agreement. Surveyor asked if a risk agreement related to medication errors/mismanagement was applicable to Tenant 2 when staff managed his/her medications. Director of Nursing B replied, "No, but s/he may have managed medications prior to me being here."	U 211		

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	0018373	A. BUILDING: _____ B. WING _____	12/12/2023

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TALAMORE SENIOR LIVING SUN PRAIRIE	275 NORTH CITY DRIVE SUN PRAIRIE, WI 53590

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U 211	Continued From page 2 On 12/12/2023 at approximately 11:45 a.m., Surveyor, Executive Director A and Director of Nursing B discussed risk agreements. Surveyor shared observation that 3 of 3 residents reviewed had the same risk agreements completed and asked if risk agreements were individualized. Director of Nursing B stated the provider had been through a lot of turnover and s/he was actively updating all records.	U 211		