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 _____	C 12/03/2024

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 11/29/2024, the bureau of assisted living Southern regional office conducted a complaint investigation and standard survey at Sunnyside West a CBRF located in Dodgeville, WI. As a result of this survey, 5 violations of DHS Chapter 83 were issued Complaint was unsubstantiated Census: 7	N 000		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were evaluated within 3 days of their admission to determine whether they were able to evacuate the CBRF within 4 minutes without any help or verbal or physical prompting, and what type of limitations they may have that could prevent them from evacuating the CBRF within the applicable period.	N 393		

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
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N 393	Continued From page 1 On 11/29/2024, Surveyor reviewed Resident 1 and Resident 2's records. Resident 1 nor Resident 2's record contained documentation of an initial evacuation assessment. FINDINGS INCLUDE: On 11/29/2024, Surveyor arrived at facility for a standard survey. On 11/29/2024. Surveyor reviewed Resident 1's facility record. Resident 1 was admitted to the facility on 10/31/2024. Resident 1 is diagnosed with but not limited to: insulin dependent diabetes mellitus (IDDM). An evacuation assessment within 3 days of admission was not documented. On 11/29/2024, Surveyor reviewed Resident 2's facility record. Resident 2 was admitted to the facility on 04/27/2024. Resident 2 is diagnosed with but not limited to: seizure disorder. Resident 2's utilizes a 2 wheeled walker to assist with ambulation. An evacuation assessment within 3 days of admission was not documented. On 11/29/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged Resident 1 and Resident 2's initial evacuation assessments were not documented in their records. Administrator A stated Resident 1 and Resident 2's evacuation ability would be assessed as soon as possible. CROSS REFERENCE: N0525 83.47(2)(d) Fire Drills	N 393		
N 415	83.37(2)(d) Documentation of medication administration.	N 415		

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N 415	Continued From page 2 Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff documented administration of resident medication at the time of medication administration in the medication administration record (MAR). From 11/01/2024 to 11/28/2024, Surveyor found 91 dosages of Resident 1 and Resident 2's medication were not documented as administered or refused in the MAR. FINDINGS INCLUDE: On 11/29/2024, Surveyor arrived at facility for a standard survey. On 11/29/2024 at 11:00 AM, Surveyor observed the facility medication cart with Administrator A. Administrator A showed Surveyor staff were to document administration of resident medication in electronic medication administration record (EMAR), and if the electronic system was down staff were to document administration of resident	N 415		

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N 415	Continued From page 3	N 415		

medication in the paper downtime MAR. The downtime paper MARs were stored in a binder stored on top on the medication cart. Surveyor asked to see Resident 1's EMAR. Administrator A downloaded Resident 1's November 2024 EMAR. Surveyor reviewed documentation was missing from Resident 1's November 2024 EMAR. Administrator A printed Surveyor a copy of Resident 1's EMAR and downtime paper MAR. Surveyor also requested Resident 2's EMAR and downtime paper MAR.

EXAMPLE 1: Resident 1

On 11/29/2024, Surveyor reviewed Resident 1's facility record. Resident 1 was admitted to the facility on 10/31/2024. Resident 1's individualized service plan (ISP) dated 10/31/2024 documented facility staff were to administer Resident 1's prescription medications. Resident 1 was diagnosed with but not limited to: insulin dependent diabetes mellitus (IDDM), schizophrenia and depression.

On 11/29/2024, Surveyor reviewed Resident 1's November 2024 EMAR and November 2024 paper downtime MAR from 11/01/2024 to 11/28/2024. Surveyor found the following prescription medication administration intervals were not documented.
1.) 11/01/2024 at 3:00 PM - Furosemide 80 mg tablet
2.) 11/01/2024 at 5:00 PM - Nystatin Powder 100,000 units/gram
3.) 11/02/2024 at 5:00 PM - Nystatin Powder 100,000 units/gram
4.) 11/07/2024 at 12:00 PM - Albuterol Inhaler 0.5-3 mg/ 3ml solution
5.) 11/09/2024 at 3:00 PM - Furosemide 80 mg tablet

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N 415	Continued From page 4 6.) 11/09/2024 at 5:00 PM- Montelukast Sodium 10 mg tablet 7.) 11/09/2024 at 8:00 PM - Buspirone HCL 10 mg tablet 8.) 11/09/2024 at 5:00 PM - Ferrous Gluconate 324 mg tablet 9.) 11/09/2024 at 8:00 PM - Risperidone 4 mg tablet 10.) 11/09/2024 at 8:00 PM - Prazosin 1 mg capsule 11.) 11/09/2024 at 5:00 PM - Carvedilol 12.5 mg tablet 12.) 11/09/2024 at 5:00 PM - Atorvastatin 20 mg tablet 13.) 11/09/2024 at 5:00 PM - Acetaminophen (2) 500 mg tablets 14.) 11/09/2024 at 8:00 PM - Advair diskus 250-50 mg inhaler 15.) 11/09/2024 at 5:00 PM - Vitamin C 250 mg tablet 16.) 11/09/2024 at 5:00 PM - Mirtazapine 30 mg tablet 17.) 11/09/2024 at 5:00 PM - Nystatin 100,000 units/gm powder 18.) 11/09/2024 at 7:00 AM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 19.) 11/09/2024 at 12:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 20.) 11/09/2024 at 5:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 21.) 11/09/2024 at 8:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 22.) 11/09/2024 at 5:00 PM - Admelog Solostar (insulin injector pen), sliding scale insulin 23.) 11/12/2024 at 8:00 PM - Buspirone HCL 10 mg tablet 24.) 11/12/2024 at 8:00 PM - Risperidone 4 mg tablet 25.) 11/12/2024 at 8:00 PM - Prazosin 1 mg capsule	N 415		

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N 415	Continued From page 5 26.) 11/12/2024 at 8:00 PM - Advair diskus 250-50 mg inhaler 27.) 11/12/2024 at 12:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 28.) 11/13/2024 at 3:00 PM - Furosemide 80 mg tablet 29.) 11/13/2024 at 8:00 AM- Bupropion HCL XL 300 mg tablet 30.) 11/13/2024 at 12:00 PM - Acetaminophen (2) 500 mg tablets 31.) 11/13/2024 at 12:00 PM - Nystatin 100,000 units/gm powder 32.) 11/13/2024 at 12:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 33.) 11/13/2024 at 12:00 PM - Admelog Solostar (insulin injector pen), sliding scale insulin 34.) 11/15/2024 at 7:00 AM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 35.) 11/15/2024 at 12:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 36.) 11/15/2024 at 6:00 AM - Tresiba (insulin injector pen), 15 units every morning 37.) 11/15/2024 at 7:00 AM - Admelog Solostar (insulin injector pen), sliding scale insulin 38.) 11/17/2024 at 3:00 PM - Furosemide 80 mg tablet 39.) 11/15/2024 at 6:00 AM - Tresiba (insulin injector pen), 15 units every morning 40.) 11/15/2024 at 7:00 AM - Admelog Solostar (insulin injector pen), sliding scale insulin 41.) 11/23/2024 at 3:00 PM - Furosemide 80 mg tablet 42.) 11/23/2024 at 5:00 PM- Montelukast Sodium 10 mg tablet 43.) 11/23/2024 at 8:00 PM - Buspirone HCL 10 mg tablet 44.) 11/23/2024 at 5:00 PM - Ferrous Gluconate 324 mg tablet 45.) 11/23/2024 at 8:00 PM - Risperidone 4 mg tablet	N 415		

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N 415	Continued From page 6 46.) 11/23/2024 at 8:00 PM - Prazosin 1 mg capsule 47.) 11/23/2024 at 5:00 PM - Carvedilol 12.5 mg tablet 48.) 11/23/2024 at 5:00 PM - Atorvastatin 20 mg tablet 49.) 11/23/2024 at 8:00 PM - Advair diskus 250-50 mg inhaler 50.) 11/23/2024 at 5:00 PM - Vitamin C 250 mg tablet 51.) 11/23/2024 at 5:00 PM - Mirtazapine 30 mg tablet 52.) 11/23/2024 at 5:00 PM - Nystatin 100,000 units/gm powder 53.) 11/23/2024 at 5:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 54.) 11/23/2024 at 8:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 55.) 11/23/2024 at 7:00 AM - Admelog Solostar (insulin injector pen), sliding scale insulin 56.) 11/25/2024 at 8:00 PM - Buspirone HCL 10 mg tablet 57.) 11/25/2024 at 8:00 PM - Risperidone 4 mg tablet 58.) 11/25/2024 at 8:00 PM - Prazosin 1 mg capsule 59.) 11/25/2024 at 8:00 PM - Advair diskus 250-50 mg inhaler 53.) 11/25/2024 at 12:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 54.) 11/25/2024 at 8:00 PM - Iprat/albuterol 0.5-3 mg/3 ml solution nebulizer treatment 55.) 11/27/2024 at 3:00 PM - Furosemide 80 mg tablet EXAMPLE 2: Resident 2 On 11/29/2024, Surveyor reviewed Resident 2's facility record. Resident 2 was admitted to the facility on 04/27/2024. Resident 1's individualized	N 415		

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N 415	Continued From page 7 service plan (ISP) dated 04/27/2024 documented facility staff were to administer Resident 2's prescription medications. Resident 2 was diagnosed with but not limited to: epilepsy, explosive personality disorder and depression. On 11/29/2024, Surveyor reviewed Resident 2's November 2024 EMAR and November 2024 paper downtime MAR from 11/01/2024 to 11/28/2024. Surveyor found the following prescription medication administration intervals were not documented. 1.) 11/02/2024 at 8:00 PM - Lorazepam 0.5 mg tablet 2.) 11/02/2024 at 8:00 PM - Pregabalin 300 mg capsule 3.) 11/02/2024 at 8:00 PM - Primidone 250 mg tablet 4.) 11/08/2024 at 5:00 PM - Tiagabine HCL 4 mg tablet 5.) 11/09/2024 at 5:00 PM - Carbamazepine ER 400XR mg tablet 6.) 11/09/2024 at 8:00 PM - Lorazepam 0.5 mg tablet 7.) 11/09/2024 at 8:00 PM - Pregabalin 300 mg capsule 8.) 11/09/2024 at 8:00 PM - Primidone 250 mg tablet 9.) 11/09/2024 at 5:00 PM - Tiagabine HCL 4mg tablet 10.) 11/12/2024 at 8:00 PM - Lorazepam 0.5 mg tablet 11.) 11/12/2024 at 8:00 PM - Pregabalin 300 mg capsule 12.) 11/12/2024 at 8:00 PM - Primidone 250 mg tablet 13.) 11/13/2024 at 12:00 PM - Tiagabine HCL 4mg tablet 14.) 11/14/2024 at 5:00 PM - Carbamazepine ER 400XR mg tablet	N 415		

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N 415	Continued From page 8 15.) 11/14/2024 at 8:00 PM - Lorazepam 0.5 mg tablet 16.) 11/14/2024 at 8:00 PM - Pregabalin 300 mg capsule 17.) 11/14/2024 at 8:00 PM - Primidone 250 mg tablet 18.) 11/14/2024 at 5:00 PM - Tiagabine HCL 4mg tablet 19.) 11/15/2024 at 7:00 AM - Calcium 600 plus Vitamin D 200 tablet 20.) 11/15/2024 at 7:00 AM - Carbamazepine ER 200XR mg tablet 21.) 11/15/2024 at 7:00 AM - Carbamazepine ER 400XR mg tablet 22.) 11/15/2024 at 7:00 AM - Metronidazole 0.75% gel 23.) 11/15/2024 at 7:00 AM - Multivitamin with Minerals 24.) 11/15/2024 at 7:00 AM - Pregabalin 300 mg capsule 25.) 11/15/2024 at 7:00 AM - Sertraline HCL 50 mg tablet 26.) 11/15/2024 at 7:00 AM - Tiagabine HCL 4mg tablet 27.) 11/21/2024 at 5:00 PM - Carbamazepine ER 400XR mg tablet 28.) 11/21/2024 at 5:00 PM - Tiagabine HCL 4mg tablet 29.) 11/23/2024 at 5:00 PM - Carbamazepine ER 400XR mg tablet 30.) 11/23/2024 at 8:00 PM - Lorazepam 0.5 mg tablet 31.) 11/23/2024 at 8:00 PM - Pregabalin 300 mg capsule 32.) 11/23/2024 at 8:00 PM - Primidone 250 mg tablet 33.) 11/23/2024 at 5:00 PM - Tiagabine HCL 4mg tablet 34.) 11/25/2024 at 8:00 PM - Lorazepam 0.5 mg tablet	N 415		

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N 415	Continued From page 9 35.) 11/25/2024 at 8:00 PM - Pregabalin 300 mg capsule 36.) 11/25/2024 at 8:00 PM - Primidone 250 mg tablet EXIT INTERVIEW: On 11/29/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged staff had not consistently documented administration of Resident 1 or Resident 2's medication on the MAR at the time of administration. CROSS REFERENCE: N0431 DHS Chapter 83.38(1)(g) Health Monitoring	N 415		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and	N 431		

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N 431	Continued From page 10 fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's physical health was adequately monitored to meet his/her needs. On 11/29/2024, Surveyor reviewed Resident 1's facility record. Resident 1's practitioner ordered Amelog Solostar 100 unit/ml injector pen for staff to administer Resident 1's sliding scale insulin. The Amelog Solostar sliding scale insulin was ordered to be co-current with blood glucose checks 3 times daily. Resident 1's sliding scale insulin dosage was ordered to be adjusted (slide) from 8 to 20-unit dosages based on Resident 1's blood glucose level at the time of insulin administration. From 11/01/2024 to 11/28/2024, staff documented Resident 1 was administered Amelog Solostar sliding scale insulin subcutaneously 74 times. Staff did not document the number of sliding scale insulin units administered 11 of the 74 administrations. Staff did not document administration or refusal of the	N 431		

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N 431	Continued From page 11 Amelog Solostar sliding scale insulin for 7 administrations. FINDINGS INCLUDE: The facility provides care to the following client groups: physically disabled, developmentally disabled and traumatic brain injury (TBI). On 11/29/2024, Surveyor arrived at facility for a standard survey. On 11/29/2024, Surveyor reviewed Resident 1's facility record. Resident 1 was admitted to the facility on 10/31/2024. Resident 1's individualized service plan (ISP) dated 10/31/2024 documented facility staff were to administer Resident 1's prescription medication. Resident 1 was diagnosed with but not limited to: insulin dependent diabetes mellitus (IDDM). On 11/29/2024, Surveyor reviewed Resident 1's physician orders. Resident 1's order set contained the following orders regarding sliding scale insulin: 1.) "ADMELOG SOLOSTAR 100 UNIT/ML Inject Subcutaneously Per Sliding Scale 3 Times a Day Before Meals: 0-100=0u; 101-150=8u; 151-200=10u; 201-250=12u; 251-300=14u; 301-350=16u; 351-400=18u; >400=20u and call MD..." On 11/29/2024 at 11:00 AM, Surveyor reviewed Resident 1's November 2024 EMAR and down time paper MAR with Administrator A. Surveyor asked Administrator A where staff had documented the number units of Amelog insulin administered. Administrator A told Surveyor staff were to document the number units administered in the MAR, and the number of units would be in	N 431		

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N 431	Continued From page 12	N 431		

the notes. Surveyor reviewed a total of 74 administrations of Amelog insulin were documented as administered from 11/01/2024 to 11/28/2024. Surveyor found 54 of the 74 administrations of Amelog sliding scale insulin did not have the number of units documented.

Surveyor reviewed the following administrations of sliding scale insulin contained record of the number of sliding scale units administered:
1.) 11/06/2024 at 12:13 PM - "gave 8 units of insulin"
2.) 11/07/2024 at 11:26 AM - "was given 10 units"
3.) 11/08/2024 at 11:46 AM - "injected 8 units"
4.) 11/09/2024 at 7:42 AM - "14 units"
5.) 11/09/2024 at 11:25 AM - "8 units"
6.) 11/15/2024 at 11:40 AM - "10 units"
7.) 11/18/2024 at 11:42 AM - "8 units"
8.) 11/18/2024 at 4:53 PM - "8 units"
9.) 11/20/2024 at 7:19 AM - "14 units"
10.) 11/20/2024 at 11:40 AM - "does not need it blood sugar is 93"
11.) 11/21/2024 at 11:49 AM - "was not needed blood sugar was 100 = 0 units"
12.) 11/22/2024 at 7:13 AM - "10 units"
13.) 11/22/2024 at 11:25 AM - "8 units"
14.) 11/22/2024 at 4:57 AM - "Refused by Resident...due too (sic.) blood sugar"
15.) 11/25/2024 at 12:07 PM - "8 units"
16.) 11/26/2024 at 7:09 AM - "14 units"
17.) 11/26/2024 at 11:40 AM - "8 units"
18.) 11/27/2024 at 11:28 AM - "10 units"
19.) 11/28/2024 at 7:08 AM - "225 blood sugar. 12 units to be given SQ (subcutaneously)"
20.) 11/28/2024 at 11:54 AM - "does not need this afternoon"

On 11/29/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged s/he could not

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 _____	C 12/03/2024

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 431	Continued From page 13 monitor the dosage of sliding scale insulin injected into Resident 1 for 54 different administrations from 11/01/2024 to 11/28/2024. Administrator A stated staff were trained to document the number of sliding scale units administered at the time of administration. Administrator A denied staff keeping a record of sliding scale insulin units administered outside of the MAR. CROSS REFERENCE: N0415 DHS Chapter 83.37(2)(a) Documentation of Medication Administration	N 431		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the	N 525		

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	0012225	A. BUILDING: _____ B. WING _____	C 12/03/2024

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N 525	Continued From page 14 provider did not ensure fire evacuation drills were conducted at least quarterly with both employees and residents during the calendar year of 2023. FINDINGS INCLUDE: On 11/29/2024, Surveyor arrived at facility for a standard survey. On 11/29/2024, Surveyor reviewed facility environmental records. Surveyor reviewed 1 fire evacuation drill was conducted during the calendar year of 2023. On 11/29/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged 1 fire drill was conducted during the calendar year of 2023. Administrator A acknowledged fire drills are to be conducted at least quarterly on an annual basis. CROSS REFERENCE: N0393 DHS Chapter 83.35(5)(a) Initial Evaluation of Evacuation Limits CROSS REFERENCE: N0526 DHS Chapter 83.47(2)(e) Other Evacuation Drills	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills for tornado, flooding, or other emergency or disaster were conducted at least semi-annually during the calendar year of 2023.	N 526		

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 _____	C 12/03/2024

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 526	Continued From page 15 FINDINGS INCLUDE: On 11/29/2024, Surveyor arrived at facility for a standard survey. On 11/29/2024, Surveyor reviewed environmental records. Surveyor reviewed zero severe weather drills documented for the calendar year of 2023. On 11/29/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged the facility did not conduct a severe weather drill at least semi-annually during the calendar year of 2023. CROSS REFERENCE: N0393 DHS Chapter 83.35(5)(a) Initial Evaluation Of Evacuation Limits CROSS REFERECNE: N0525 DHS Chapter 83.47(2)(d) Fire Drills	N 526		