STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016303	A. BUILDING: _____ B. WING _____	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK RIDGE LIVING SUN PRAIRIE	605 WOOD VIOLET LN 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
N 000	Initial Comments On 06/02/2025, Surveyor conducted a standard licensure survey at Oak Ridge Living Sun Prairie. One deficiency was identified. Census: 8	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure outdated medications were separated from other medications in current use in the facility and disposed of.	N 406		

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N 406	Continued From page 1 Resident 1's outdated prescribed Loperamide (medication for diarrhea) and Fluticasone Propionate (nasal spray) were stored with his/her current prescribed medications. Resident 2's outdated Bisacodyl (suppository) was stored with his/her current prescribed medications. Findings include: On 06/02/2025, at approximately 2:30 PM, Surveyor and Manager A observed the medications stored in the med cart. Surveyor observed Resident 1's package of Loperamide that was dispensed on 04/29/2024 which stated, "Take 1 tablet by mouth 3 times a day as needed." The Discard Date was 04/20/2025. Surveyor observed Resident 1's bottle of Fluticasone Propionate that was dispensed on 04/29/2024 which stated, "Use 2 sprays in each nostril once daily as needed." The Discard Date was 04/2025. Surveyor observed Resident 2's package of Bisacodyl that was dispensed on 04/08/2024 which stated, "Unwrap and insert 1 suppository rectally every 3 days as needed (constipation)." The Discard Date was 04/2025. Manager A stated s/he would discuss the concern with staff to ensure expiration dates were being recognized.	N 406		