STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019532	A. BUILDING: _____ B. WING _____	C 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET WOODS SENIOR LIVING	2900 S MOORLAND RD NEW BERLIN, WI 53151

(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 08/21/2024, Surveyor conducted a complaint investigation at Sunset Woods Senior Living, a CBRF located in New Berlin, WI. As a result of the investigation, 2 violations of Chapter DHS 83 were issued. The complaint was substantiated. Census: 39	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that adequate treatment was provided to 3 out of 3 residents reviewed. Findings include: On 07/15/2024, the Department received a complaint alleging that residents are made to wait hours when using their call light pendant for staff assistance. INTERVIEWS: On 08/21/2024 at 10:00 AM, Surveyor interviewed Resident 1 who stated that s/he needs help with transfers in/out of bed and wheelchair. Resident 1 stated that s/he often	N 353		

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 353	Continued From page 1	N 353		

must wait a long time for help when they ring their call button. Resident 1 stated s/he has waited anywhere from 5 minutes to hours for help and as a result has had unmet care needs.

On 08/21/2024 at 10:20 AM, Surveyor interviewed Resident 2 who stated s/he needs help with transfers in/out of bed, their wheelchair and needs assistance to use the toilet. Resident 2 confirmed s/he has had to wait a long time for help when using his/her call light. Resident 2 stated s/he has waited hours for help at times and 30 minutes is common and has unmet care needs as a result.

On 08/21/2024 at 10:40 AM, Surveyor interviewed Resident 3 who stated s/he has had to wait long periods of time for help when using his/her call light. Resident 3 nodded his/her head indicating yes. Surveyor asked Resident 3 if s/he has had to wait over 30 minutes for help when using his/her call light. Resident 3 nodded his/her head indicating yes.

On 08/21/2024 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated that all residents are given a call light pendant upon admission for use when they need staff assistance. Administrator A confirmed that the facility can track call light response times.

DOCUMENTATION

On 08/21/2024 at 9:15 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/24/2024 with diagnoses that include but are not limited to: Cerebral infarction, dysarthria following cerebral infarction, dysphagia following cerebral infarction, hemiplegia affecting right dominant side and abnormal gait.

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N 353	Continued From page 2 On 08/21/2024 at 9:15 AM Surveyor reviewed the documented call light response times for Resident 1 dated 06/24/2024 through 08/21/2024. The following dates confirm that Resident 1 waited more than 30 minutes for staff to respond when Resident 1 used his/her call light for assistance: JUNE 2024 06/24/2024 8:38 AM 39 minutes 06/24/2024 2:48 PM 1 hour 9 minutes 06/25/2024 8:09 AM 34 minutes 06/26/2024 5:54 PM 47 minutes 06/27/2024 5:42 PM 35 minutes 06/29/2024 2:33 PM 1 hour 37 minutes 06/29/2024 4:17 PM 2 hours 1 minute 06/30/2024 6:23 PM 1 hour JULY 2024 07/01/2024 10:59 AM 34 minutes 07/02/2024 6:40 PM 46 minutes 07/03/2024 2:08 PM 51 minutes 07/04/2024 5:50 PM 36 minutes 07/05/2024 2:27 PM 38 minutes 07/05/2024 4:18 PM 40 minutes 07/07/2024 5:46 PM 54 minutes 07/08/2024 2:52 PM 1 hour 23 minutes 07/10/2024 4:39 PM 55 minutes 07/11/2024 7:45 PM 51 minutes 07/12/2024 11:25 AM 35 minutes 07/12/2024 4:00 PM 1 hour 07/13/2024 2:49 PM 53 minutes 07/13/2024 6:11 PM 49 minutes 07/14/2024 6:24 PM 46 minutes 07/15/2024 7:15 AM 51 minutes 07/16/2024 6:30 PM 34 minutes 07/21/2024 8:23 AM 55 minutes	N 353		

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 353	Continued From page 3 07/25/2024 12:25 PM 41 minutes 07/27/2024 6:57 PM 54 minutes 07/29/2024 9:08 AM 31 minutes 07/31/2024 1:23 PM 58 minutes 07/31/2024 6:45 PM 1 hour 21 minutes AUGUST 2024 08/01/2024 10:46 AM 37 minutes 08/02/2024 8:28 AM 35 minutes 08/03/2024 10:02 AM 46 minutes 08/04/2024 3:38 PM 1 hour 5 minutes 08/05/2024 2:23 AM 4 hours 18 minutes 08/05/2024 6:43 AM 56 minutes 08/05/2024 4:40 PM 1 hour 6 minutes 08/06/2024 6:18 PM 36 minutes 08/13/2024 1:00 AM 52 minutes 08/16/2024 4:04 AM 40 minutes 08/16/2024 3:16 PM 51 minutes 08/17/2024 11:59 PM 2 hours 39 minutes On 08/21/2024 at 9:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 05/09/2024 with diagnoses that include but are not limited to: Diabetes mellitus type II, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cognitive communication deficit. On 08/21/2024 at 9:30 AM Surveyor reviewed the documented call light response times for Resident 2 dated 06/24/2024 through 08/21/2024. The following dates confirm that Resident 2 waited in excess of 30 minutes for staff to respond when Resident 2 used his/her call light for assistance: JUNE 2024 06/03/2024 3:53 PM 57 minutes	N 353		

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N 353	Continued From page 4	N 353		

06/05/2024 3:18 PM 42 minutes
06/05/2024 6:39 PM 3 hours 9 minutes
06/07/2024 12:38 AM 5 hours 32 minutes
06/07/2024 3:37 PM 59 minutes
06/08/2024 6:28 PM 42 minutes
06/11/2024 12:47 AM 48 minutes
06/11/2024 4:20 PM 50 minutes
06/12/2024 8:42 PM 1 hour 6 minutes
06/16/2024 2:16 PM 42 minutes
06/17/2024 3:38 PM 46 minutes
06/17/2024 5:20 PM 58 minutes
06/19/2024 3:59 PM 43 minutes
06/19/2024 8:10 PM 2 hours 4 minutes
06/23/2024 4:38 PM 42 minutes
06/23/2024 6:09 PM 1 hour 21 minutes
06/25/2024 5:54 PM 35 minutes
06/26/2024 8:29 AM 43 minutes
06/27/2024 2:35 AM 53 minutes
06/27/2024 6:19 PM 1 hour 7 minutes
06/29/2024 4:39 PM 1 hour 40 minutes
06/30/2024 8:16 PM 50 minutes

JULY 2024

07/01/2024 7:52 PM 1 hour 29 minutes
07/02/2024 5:50 PM 56 minutes
07/03/2024 6:30 PM 1 hour 4 minutes
07/05/2024 7:42 PM 1 hour 6 minutes
07/07/2024 6:13 PM 37 minutes
07/10/2024 7:59 PM 1 hour 30 minutes
07/11/2024 7:14 PM 1 hour 21 minutes
07/12/2024 3:47 PM 1 hour 15 minutes
07/12/2024 6:08 PM 1 hour 6 minutes
07/14/2024 6:31 PM 40 minutes
07/15/2024 2:17 PM 42 minutes
07/16/2024 6:28 PM 1 hour 22 minutes
07/19/2024 2:39 PM 59 minutes
07/21/2024 6:22 PM 46 minutes
07/26/2024 2:09 PM 35 minutes
07/31/2024 12:00 PM 50 minutes

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N 353	Continued From page 5 AUGUST 2024 08/02/2024 5:05 PM 1 hour 4 minutes 08/02/2024 8:55 PM 57 minutes 08/05/2024 1:51 AM 2 hours 49 minutes 08/05/2024 1:31 PM 43 minutes 08/12/2024 4:38 PM 47 minutes 08/15/2024 8:12 PM 39 minutes 08/16/2024 7:59 PM 37 minutes On 08/21/2024 at 9:45 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 03/23/2024 with diagnoses that include but are not limited to: Paraplegia, multiple sclerosis, and cerebral infarction. On 08/21/2024 at 9:45 AM Surveyor reviewed the documented call light response times for Resident 3 dated 06/24/2024 through 08/21/2024. The following dates confirm that Resident 3 waited more than 30 minutes for staff to respond when Resident 3 used his/her call light for assistance: JUNE 2024 06/11/2024 8:53 AM 45 minutes 06/17/2024 7:18 PM 30 minutes 06/19/2024 9:00 PM 35 minutes 06/20/2024 5:08 PM 33 minutes 06/30/2024 10:31 AM 56 minutes 06/30/2024 4:17 PM 1 hour 38 minutes JULY 2024 07/03/2024 1:44 PM 1 hour 45 minutes 07/04/2024 7:54 PM 35 minutes 07/09/2024 6:08 AM 40 minutes 07/11/2024 4:16 AM 1 hour 45 minutes	N 353		

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N 353	Continued From page 6 07/11/2024 8:38 PM 52 minutes 07/16/2024 7:16 PM 34 minutes 07/28/2024 12:04 AM 46 minutes AUGUST 2024 08/06/2024 4:55 PM 58 minutes 08/07/2024 5:11 PM 47 minutes 08/15/2024 5:37 PM 56 minutes 08/18/2024 9:12 PM 39 minutes On 08/21/2024 at 12:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that there were issues with staff answering call lights in a timely manner. Administrator A acknowledged that residents should get help sooner and would address timeliness in answering call lights with staff.	N 353		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a current written staffing schedule. Findings include: On 07/15/2024, the Department received a complaint alleging the facility did not schedule enough staff appropriate for resident needs.	N 399		

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N 399	Continued From page 7 On 08/21/2024 at 9:00 AM, Surveyor requested staff schedules for the months of June 2024, July 2024, and August 2024. On 08/21/2024 at 9:10 AM, Surveyor asked Administrator A what the facility staffing pattern was. Administrator A stated that the staffing pattern had recently changed and was currently 4-AM, 3-PM, 2-NOC. Administrator A stated that the staffing pattern from 06/01/2024-08/01/2024 were 3 staff on the AM shift, 2.5 staff on PMs, and 2 staff on NOC. On 08/21/2024 at 10:30 AM, Surveyor interviewed Wellness Director B who stated s/he is responsible for creating and maintaining the facility staff schedule. Wellness Director B stated that s/he could not prove through documentation which staff were on duty for NOC shift for the following dates: 06/02/2024 06/18/2024 06/21/2024 06/22/2024 06/23/2024 06/24/2024 06/25/2024 06/26/2024 07/12/2024 On 08/21/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A and Wellness Director B. Administrator A acknowledged understanding of the requirement that the staff schedule must be accurate and that all staff that are on duty must be documented in the facility staff schedule. Wellness Director B	N 399		

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N 399	Continued From page 8 confirmed that the staff schedule was not documented accurately.	N 399		