STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310561	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYSIDE HOME	1 EASTOWN MANOR ELKHORN, WI 53121

(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 08/23/2023, Surveyor conducted a standard survey at Sunnyside Home. One deficiency was identified. Census: 8	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the individual service plan was reviewed and revised when there was a change in resident's needs, abilities or physical or mental condition for 2 of 2 residents reviewed, and did not ensure Resident 2's legal representative signed the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. Resident 1's individual service plan (ISP) was not	N 389		

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

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N 389	Continued From page 1	N 389		

revised to include restrictions placed on telephone use, cigarettes, and bodywash/shampoo/conditioner, GPS tracking bracelet worn on ankle, or hallucinations and delusions and was not signed by his/her legal representative.

Resident 2's ISP did not address restrictions placed on walking down the road or going off grounds with family.

Findings Include:

Example 1- Resident 1
On 08/23/2023 at 8:50 AM, Surveyor interviewed Caregiver B who stated Resident 1 was allowed to make 2 phone calls per day, s/he was not allowed to smoke cigarettes, staff measured his/her body wash/shampoo/conditioner, and s/he wore a court ordered ankle bracelet to prevent elopement off the property. Caregiver B stated Resident 1 was delusional and experienced hallucinations.

On 08/23/2023 at 10:42 AM, Surveyor interviewed Administrator A who stated Resident 1 wore the GPS tracking bracelet since prior to admission, phone calls were limited to twice daily since prior to admission, Resident 1 was not allowed to smoke since 01/18/2023, and approximately 6 weeks prior to 08/23/2023 bodywash/shampoo/conditioner were limited to amount staff provided him/her at time of shower. Administrator A stated Resident 1 used ½ a bottle of body wash/shampoo/conditioner during a shower, and due to hallucinations and delusions had phone ordered cars and windows. Administrator A stated Resident 1 required redirection during hallucinations and delusions. Administrator A stated Resident 1's ISP was not

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N 389	Continued From page 2	N 389		

signed because the guardian was unavailable for the past year and the interim guardian had not attended the ISP meeting and had not visited during the past year.

On 08/23/2023 at 10:58 AM, Surveyor observed the GPS tracking bracelet on Resident 1's right ankle.

On 08/23/2023, Surveyor reviewed Resident 1's record. S/he was admitted 12/17/2018. Diagnoses included Schizophrenia. Resident 1 had a corporate guardian and was under protective placement.

Letter signed by guardian, dated 12/18/2018 " ...As guardian, I am consenting to have [Resident1] wear an alarm device on [his/her] person for safety concerns ..."

An assessment (not dated) completed by the county (and attached to the Petition for Annual Review of Protective Placement dated 06/12/2022) stated " ...[Resident 1] continues to display paranoia and hallucinations on a regular basis ...On 10/10/2018, [s/he] was admitted to [name of mental health center] after s/he eloped from [name of previous assisted living facility] the day prior and staff found a knife on [him/her] ... [s/he] remained at name of mental health center] until 12/17/2018, where [s/he] was then transferred to Sunnyside location ...Due to [his/her] elopement[s/he] now wears a GPS tracking bracelet on [his/her] ankle ..."

Letter/MD order dated 01/18/2023 and signed by Physician D: " ...This is to certify that [Resident 1] is a patient under my care. Due to [his/her] health conditions, please do not allow [him/her] to smoke ..."

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N 389	Continued From page 3 Annual Assessment/ISP dated 06/14/2023: In the area of Specialized Services: Supervision/Monitoring daily. In the area of Other: Aide-level health related activities, daily, RA [resident assistant] must accompany while sitting outside. In the area of Ability to use telephone: Chooses or needs ALR staff to help them make calls or make the call on their behalf, daily, staff will dial phone numbers. The ISP did not address restrictions (no smoking cigarettes, 2 outgoing phone calls per day, bodywash/shampoo/conditioner limited to amount provided by staff during each shower, or GPS tracking bracelet), hallucinations or delusions, and was not signed by Resident 1's guardian. Example 2- Resident 2 On 08/23/2023 at 12:20 PM, Surveyor interviewed Resident 2 who stated s/he had golfed and enjoyed being outdoors his/her entire life and wanted to walk down the road but had to stay close to the house. On 08/23/2023, Surveyor reviewed Resident 2's record. S/he was admitted 07/18/2023. Diagnoses included degenerative brain disorder. Resident 2 had a guardian of person and estate. Initial Assessment dated 07/14/2023 identified (summarized) Resident 2 was at risk for wandering and elopement. ISP dated 07/19/2023: In the areas of Transfers and Mobility: Independent with no assistive devices In the area of Fall Risk Reduction: No known	N 389		

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N 389	Continued From page 4 history and "N/A' In the area of Specialized Services: Supervision/monitoring daily Resident 2's ISP did not address risk for wandering and elopement or restriction of going off grounds with family. On 08/23/2023 at 1:21 PM, Surveyor discussed concern of ISP's not updated with changes with Administrator A who stated Resident 2's guardian would not allow him/her to walk down the road or allow family to take him/her off grounds for visits, as guardian was afraid Resident 2 would not return to facility. Administrator A stated Resident 2's ISP was a combined temporary and comprehensive ISP and Assistant Administrator C did not know the ISP's needed to include restrictions and behaviors.	N 389		