STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015292	A. BUILDING: _____ B. WING _____	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET RIDGE MEMORY CARE	816 E REINEL ST JEFFERSON, WI 53549

(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 04/09/2025, Surveyor conducted a standard survey at Sunset Ridge Memory Care. Four (4) deficiencies were identified. Census: 16	N 000		
N 415	83.37(2)(d) Documentation of medication administration. 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 correctly document the dosage of Novolog that Resident 1 was administered in the medication administration record (MAR). Repeat violation from statement of deficiency (SOD) 8LZL11, dated 05/19/2021. Findings include: On 04/09/2025, Surveyor conducted a standard survey. Surveyor asked Assistant Administrator A to review Resident 1's record. Resident 1 was	N 415		

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

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N 415	Continued From page 1	N 415		

admitted to the provider on 03/31/2025 with diagnoses including heart disease and diabetes. Resident 1 has a physician order for Novolog 100 units/ML flexpen to inject 0-12 units under the skin three times a day with meals per sliding scale. If Blood Sugars is 150-200 inject 2 units, if blood sugar is 201-250 inject 4 units, if blood sugar is 251-300 inject 6 units, if blood sugar is 301-350 inject 8 units, if blood sugar is 351-400 inject 10 units, if blood sugar is >400 inject 12 units.

Surveyor reviewed Resident 1's April 2025 MAR. Resident 1's MAR does not document the dose of sliding scale Novolog that was administered on the following dates:
04/01/2025 at 8:00 a.m. - Novolog dose not documented
04/01/2025 at 11:30 a.m. - No medication documented as administered
04/01/2025 at 4:30 p.m. - Novolog dose not documented
04/02/2025 at 8:00 a.m. - Novolog dose not documented
04/02/2025 at 11:30 a.m. - Novolog dose not documented
04/02/2025 at 4:30 p.m. - Novolog dose not documented
04/03/2025 at 8:00 a.m. - Novolog dose not documented
04/03/2025 at 11:30 a.m. - Novolog dose not documented
04/03/2025 at 4:30 p.m. - Novolog dose not documented
04/04/2025 at 8:00 a.m. - Novolog dose not documented
04/04/2025 at 11:30 a.m. - Novolog dose not documented
04/04/2025 at 4:30 p.m. - Novolog dose not documented

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N 415	Continued From page 2 04/05/2025 at 11:30 a.m. - Novolog dose not documented 04/06/2025 at 8:00 a.m. - Novolog dose not documented 04/06/2025 at 11:30 a.m. - Novolog dose not documented 04/07/2025 at 8:00 a.m. - Novolog dose not documented 04/07/2025 at 11:30 a.m. - No medication documented as administered 04/07/2025 at 4:30 p.m. - Novolog dose not documented 04/08/2025 at 8:00 a.m. - Novolog dose not documented 04/08/2025 at 11:30 a.m. - Novolog dose not documented 04/08/2025 at 4:30 p.m. - Novolog dose not documented 04/09/2025 at 8:00 a.m. - Novolog dose not documented 04/09/2025 at 11:30 a.m. - Novolog dose not documented At approximately 2:00 p.m., Surveyor interviewed Assistant Administrator A about Resident 1's sliding scale insulin documentation. Assistant Administrator A looked in the provider's electronic MAR and stated there is not a prompt in the MAR for caregivers to record Resident 1's blood sugar or the unit dose of sliding scale insulin that is administered, so the few times that caregivers have documented it, they have had to add a note. Assistant Administrator A stated s/he will work on adjusting the MAR so the caregivers are prompted to record Resident 1's blood sugars and sliding scale insulin dose upon administration.	N 415		

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N 431	Continued From page 3	N 431		
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 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 had his/her health, including blood sugars, monitored as ordered. Repeat violation from statement of deficiency (SOD) 7O8Y11, dated 04/05/2023.	N 431		

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N 431	Continued From page 4 Findings include: On 04/09/2025, Surveyor conducted a standard survey. Surveyor asked Assistant Administrator A to review Resident 1's record. Resident 1 was admitted to the provider on 03/31/2025 with diagnoses including heart disease and diabetes. Resident 1 has a physician order for Novolog 100 units/ML flexpen to inject 0-12 units under the skin three times a day with meals per sliding scale. If Blood Sugars is 150-200 inject 2 units, if blood sugar is 201-250 inject 4 units, if blood sugar is 251-300 inject 6 units, if blood sugar is 301-350 inject 8 units, if blood sugar is 351-400 inject 10 units, if blood sugar is >400 inject 12 units. At approximately 1:50 p.m., Surveyor asked to review Resident 1's blood sugars for April 2025. Assistant Administrator A printed out Resident 1's April 2025 medication administration record (MAR) that had two blood sugars documented. Surveyor asked Assistant Administrator A how caregivers know the appropriate dose of sliding scale insulin to administer if the blood sugars are not documented. Assistant Administrator A stated that Resident 1 has a glucose monitor on his/her arm, so the staff swipe that before administering insulin. Assistant Administrator A provided Surveyor with the glucose monitor to review Resident 1's blood sugars. Based on the glucose monitor's data, Resident 1's blood sugar was not checked on the following dates/times: 04/01/2025 at 8:00 a.m. 04/01/2025 at 11:30 a.m. 04/01/2025 at 4:30 p.m. 04/02/2025 at 8:00 a.m. 04/02/2025 at 11:30 a.m. 04/03/2025 at 11:30 a.m.	N 431		

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N 431	Continued From page 5 04/04/2025 at 11:30 a.m. 04/05/2025 at 8:00 a.m. 04/07/2025 at 8:00 a.m. 04/07/2025 at 11:30 a.m. 04/08/2025 at 4:30 p.m. 04/09/2025 at 8:00 a.m. 04/09/2025 at 11:30 a.m. At approximately 2:00 p.m., Surveyor interviewed Assistant Administrator A about monitoring Resident 1's blood sugars. Assistant Administrator A stated that s/he understood that the provider was not monitoring Resident 1's health by not checking Resident 1's blood sugars 3 times daily, as ordered, before administering sliding scale insulin. Cross Reference 0486 DHS 83.37(2)(d) Documentation of Medication Administration	N 431		
N 486	83.44(1)(a) Adequate laundry appliances available Laundry area. The CBRF shall make an adequate number of laundry appliances available to residents who choose to do their own laundry. The CBRF shall have a laundry area to sort, process and store clean and soiled laundry and shall handle clean and soiled laundry so as to prevent the spread of infection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not have a laundry area to sort, process and store clean and soiled laundry and handle clean and soiled laundry so as to prevent the spread of infection. Residents' soiled laundry was stored next to clean laundry in the laundry room.	N 486		

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N 486	Continued From page 6 Findings include: On 04/10/2025, Surveyor conducted a standard survey. Upon entering the facility, Surveyor observed a sign on the door that stated the facility was experiencing a gastrointestinal illness (GI) outbreak. At 10:24 a.m., Surveyor toured the facility with Assistant Administrator A, including 3 rooms where residents were Assistant Administrator A stated the residents were isolation due to the GI bug. Surveyor observed Resident 2's room, which did not have any personal or clothing items in it. Assistant Administrator A stated that Resident 2's clothing items are kept in the facility's laundry room. At 10:46 a.m., Surveyor observed the laundry room. Resident 2's bed comforter and other linens were on a counter just to the left of the entrance. Under the counter was a hamper of linens that Assistant Administrator A identified was soiled; a corner of Resident 2's comforter was hanging over the side of the counter and touching the soiled laundry basket. Surveyor observed a pillow and comforter in a service sink in the left back corner of the laundry room as well as two piles of laundry on the floor. Assistant Administrator A stated that the laundry was backed up due to the GI outbreak. Surveyor asked if Resident 2's linens that were on the counter was clean or soiled. Assistant Administrator A stated clean and then stated s/he understood the concern that all soiled laundry that comes into the laundry room would pass by Resident 2's linens and clothing before being washed and stated s/he would ensure staff pick up the soiled laundry and clean the floors.	N 486		

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Y3241	50.09(1)(i) Personal Possessions (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (i) Retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonably secure manner This Rule is not met as evidenced by: Based on observation, record review and interview, the facility did not ensure Resident 2's right to retain and use personal clothing was respected. Resident 2's linen and clothing was stored in the facility's locked laundry room which Resident 2 did not have independent access to. Finding include: On 04/10/2025, Surveyors conducted a standard survey. The facility is licensed as a class CNA (non-ambulatory) community based residential facility (CBRF) able to serve up to 25 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. At 10:24 a.m., Surveyor toured the facility with Assistant Administrator A. Surveyor observed Resident 2's room, which did not have any linens, clothing or personal items in it; only a mattress on the floor. Assistant Administrator A stated that Resident 2's clothing items and linens are kept in the facility's laundry room. Surveyor then	Y3241		

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Y3241	Continued From page 8	Y3241		

observed the facility's locked laundry room, with Resident 2's bed comforter and other linens on a counter to the left of the entrance. Assistant Administrator A explained that Resident 2's other clothing was in the cabinets in the laundry room.

Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 09/20/2023 with diagnoses including dementia, depressive disorder and irritable bowel syndrome. Resident 2's current individual service plan (ISP), not date noted, states, "Resident's clothes are kept in the laundry room to prevent [Resident 2] from wearing multiple layers of clothing." The ISP was not signed by Resident 2's power of attorney (POA).

At 11:12 a.m., Surveyor interviewed Assistant Administrator A and Administrator D. Administrator D stated that Resident 2 was destroying his/her clothing, bed, bed frame, so they removed everything from his/her room for his/her safety and to replace the floor and floor boards and are now re-introducing his/her personal items. Surveyor asked if there was a client rights limitation approval for removing Resident 2's personal possessions and if it was care planned with Resident 2's managed care organization and his/her activated POA. Administrator D stated no, that since it was temporary for right now, they were going to see how it went and go from there.