Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015110	A. BUILDING: _____ B. WING _____	C 05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE	2119 SUNSET LANE LA CROSSE, WI 54601

(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
M 000	INITIAL COMMENTS On 05/06/2026, Surveyor conducted 2 complaint investigations at Sunrise. Data collection continued through 05/18/2026. One of 2 complaints was substantiated. One deficiency was identified. Census: 4	M 000		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on interview and record review, the provider did not monitor Resident 1's health by observing and documenting changes in Resident 1's health. On 01/19/2026, Resident 1 experienced a witnessed fall in his/her room. There was no evidence Resident 1's health was monitored by observing for and documenting any changes resulting from the fall until 01/22/2026, the day Resident 1 was sent to the emergency room (ER) for evaluation. Findings include: On 02/26/2026, the department received a complaint regarding the provider's management of resident falls.	M 448		

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

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M 448	Continued From page 1 On 05/06/2026, at approximately 11:45 AM, Surveyor called Owner C via phone while onsite at the facility. Owner C stated Resident 1 had been complaining of hip pain after a fall, but Resident 1 did not inform staff at first. Owner C stated Resident 1 told his/her guardian about the hip pain before Resident 1 told staff. Owner C stated Resident 1 was sent to the ER a couple of days later and maybe had pulled a muscle. Owner C stated Resident 1 did not experience any fractures. When asked if staff monitored Resident 1 after the fall, Owner C stated they were not monitoring. Owner C stated Resident 1 was very verbal and had a lot of behaviors at that time. Surveyor requested Resident 1's record from Owner C. At 1:02 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/30/2021 and had a guardian. Resident 1 had multiple diagnoses including Cerebral Palsy. An incident report, dated 01/19/2026 at 7:33 AM, described a fall that took place in Resident 1's room. It read, "I was getting [Resident 1] out of bed and [s/he] was to [sic] close tothe [sic] edge and fell off the lift and bed on the the [sic] floor [sic] [s/he] was eased on the floor by the lift [sic] no hard fall [sic] I asked the co worker downstairs if [s/he] could assist me in getting [him/her] off the floor [sic] [s/he] and I got [him/her] on the bed then got [him/her] back up with [his/her] lift as [s/he] was better situated." Under a section titled, "Questioned About Pain Level" it read, "No." Under a section titled, "Physician Notified" it read, "No." Under a section titled, "Family or	M 448		

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Representative Notified" it read, "No."

Staff observation notes included the following:

01/19/2026 (Monday): An incident report was created. There was not another entry on that date.
01/20/2026 (Tuesday): A note was entered but no reference to the fall.
01/21/2026 (Wednesday): A note was entered but no reference to the fall.
01/22/2026 at 11:45 AM (Thursday): "Tuesday [Resident 1] had told me that [s/he] fell while [Caregiver A] was getting [him/her] out of bed, because [Caregiver B] didn't put [him/her] all the way on bed Sunday night. Later Tuesday evening while [s/he] was on the phone with [Guardian E] [s/he] had told me that [his/her] hip hurt and that [s/he] wanted something for pain. I offered [him/her] acetaminophen and [s/he] took it. [S/he] didn't complain at all during transfers or anything. Wednesday morning I again offered [him/her] acetaminophen and [s/he] took it. All day Wednesday [s/he] never said anything about pain at all, so I didn't offer [him/her] pain meds (medications). Also today [s/he] didn't say anything about pain to me."

Resident 1's January 2026 Medication Administration Record (MAR) showed the following:

Naproxen Sodium 220 MG Cap. Take 1 tablet by mouth every 12 hours as needed for pain.
-Administered on 01/19/2026 at 4:32 PM. The staff notation area was blank and did not indicate the need for medication.

Acetaminophen 500 MG. Take 1-2 tablets by mouth see administration instructions every 4-6

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hours as needed.
-Administered on 01/19/2026 at 4:17 PM, 01/20/2026 at 8:37 PM, 01/21/2026 at 7:24 AM, and 01/22/2026 at 12:54 PM. The staff notations area was blank on all entries and did not indicate the need for the medication.

Ibuprofen 200 MG. Take 1 tablet every 6 hours as needed for pain.
-Administered on 01/19/2026 at 4:33 PM. The staff notation area was blank and did not indicate the need for medication.

An urgent care visit, dated 01/22/2026, indicated Resident 1 was evaluated for a fall. The diagnoses indicated left hip pain and acute pain of left knee. Under a "History of Present Illness" section, it read, in part, "Pt here with [Caregiver D]; reports 3 days ago [s/he] slid from sit to stand at side of bed and landed on left side; states "my knee and hip popped"; c/o left hip and knee pain. Pt is non-ambulatory, uses motorized w/c (wheelchair) for mobility. Using Tylenol and ice PRN (as needed) ...[S/he] experienced a fall on Monday, during which [s/he] twisted [his/her] leg while being transferred from bed into a sit to stand ...[S/he] describes the current state of [his/her] hip as painful, with the pain intensifying upon movement. [S/he] has been managing the pain with acetaminophen." No fractures or abnormalities were found. Resident 1 was advised to take ibuprofen every 6 hours for 2 to 3 days and apply a warm pack to the affected area to alleviate pain and promote healing. The discharge instructions read, in part, "The pain you have is mostly from soft tissue injury from the fall." It advised Resident 1 to contact his/her primary care provider if Resident 1 did not improve over the course of the next 10 days.

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M 448	Continued From page 4 On 05/14/2026, Surveyor requested the provider's fall policy and procedure from Owner C via email. On 05/18/2026, at 1:36 PM, Surveyor received an email from Owner C with the provider's fall policy which included the following: "Procedure: ...c. Question the resident about pain: (using pain scale of 0-10, noting intensity, location, and description of pain.) 9. The facility manager will update the practitioner, the resident's guardian or designated representative, and the placing agency regarding the fall, the resident's status and immediate interventions implemented to prevent further occurrences. 13. Caregivers will monitor the resident and document the resident's condition no less than every shift for 48 hours after the fall to ensure the resident's condition is stable and to address any further change of condition if noted." At 2:00 PM, Surveyor interviewed Owner C via phone. Surveyor referenced the provider's fall policy and procedure. When asked if Resident 1's guardian was notified of the fall, Owner C stated s/he did not know if his/her manager notified the guardian or not. Owner C stated it was a gray area on whether it was a full fall or a partial fall because Resident 1 was described to have slid to the floor. When asked why Resident 1 was given multiple PRN pain medications the day of the fall, Owner C stated Resident 1 did not say anything to staff about pain and it was difficult to know. Owner C stated Resident 1 would often take additional PRN medications. The provider did not monitor Resident 1's health by observing and documenting changes in Resident 1's health after s/he experienced a fall	M 448		

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M 448	Continued From page 5 on 01/19/2026. Resident 1 began receiving PRN pain medications the day of the fall but there was no documentation to demonstrate the need or effectiveness of the pain medications.	M 448		