STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008657	A. BUILDING: _____ B. WING _____	R 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SONRISAS ASSISTED LIVING	315 LLANOS ST VERONA, WI 53593

(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 02/07/2025, with information gathered through 02/12/2025, Surveyor conducted a verification visit at Sonrisas Assisted Living. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 4	{M 000}		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Manager B, Caregiver D and Caregiver E did not complete annual training regarding standard precautions in 2024. Findings include:	M 235		

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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M 235	Continued From page 1 U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." This provider is licensed to care for 4 residents in the following client groups: alcohol/drug dependent, physically disabled, emotionally disturbed/mental illness, advanced age, correctional clients, traumatic brain injury, irreversible dementia/Alzheimer's disease, terminally ill, and developmentally disabled. On 02/10/2025 at 10:52 AM, Surveyor interviewed Assistant Administrator (AA) F. AA F stated staff had completed the required 2024 continuing education, along with the 2023 training, which they had been previously cited for. On 02/12/2025, Surveyor reviewed Manager B's, Caregiver D's and Caregiver E's employee file. Manager B was hired 04/10/2016. Manager B's file did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024. Caregiver D was hired 01/09/2019. Caregiver D's file did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024.	M 235		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 235	Continued From page 2 Caregiver E was hired 04/10/2016. Caregiver E's file did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024.	M 235		