STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020012	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLIGHT HOME CARE LLC	268 TALL GRASS TRL SUN PRAIRIE, WI 53590

(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 From 09/09/2026 through 09/10/2026, Surveyor conducted a standard survey at Sunlight Home Care LLC, an AFH in Sun Prairie. Four deficiencies were identified. Census: 2	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 1 of staff reviewed obtained 8 hours of continuing education for calendar year 2025. Caregiver B did not have 8 hours of continuing education in 2025. Findings include: On 09/09/2026 at approximately 9:00 AM, Surveyor conducted a review of 3 employees to verify compliance with continuing education training requirements. Records included the following: -Caregiver B, hired 06/06/2024, did not receive	M 246		

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

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M 246	Continued From page 1 continuing education in 2025. On 09/09/2026 at approximately 11:00 AM, Surveyor shared concern with Licensee A that Caregiver B did not have continuing education training in 2025. Licensee A confirmed that s/he had no documentation of Caregiver B completing any continuing education in 2025. Licensee A stated that s/he would have Caregiver B work to complete continuing education.	M 246		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that had resided at the home greater than 1 year, was evaluated, using the department's form, annually to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1 and Resident 2's ability to evacuate the home was not evaluated annually using the department's form. Findings include: On 09/09/2026 at approximately 10:00 AM, Surveyor reviewed Resident 1 and Resident 2's	M 346		

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M 346	Continued From page 2 records which indicated the following: - Resident 1 was admitted to the provider's home on 12/01/2024. Resident 1's record included the initial evacuation assessment that was not dated. Resident 1's record did not include an annual evacuation assessment. -Resident 2 was admitted to the provider's home on 06/03/2025. Resident 2's record did not include an annual evacuation assessment. On 09/09/2026 at approximately 11:00 AM, Licensee A stated that s/he did not realize that it needed to be updated. Licensee A stated that s/he would get the forms updated and in the Resident 1 and Resident 2's record.	M 346		
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 record review and interview, the provider did not ensure the health of 2 of 2 residents reviewed was monitored. Resident 1's blood sugar was not monitored 1 time daily as ordered. Resident 2's blood sugar was not monitored 4 times daily as ordered. Findings include:	M 448		

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M 448	Continued From page 3 On 09/09/2026 at approximately 10:00 AM, Surveyor reviewed Resident 1 and Resident 2's records which indicated the following: -Resident 1 was admitted to the provider's home on 12/01/2024 with diagnosis including diabetes. Resident 1's physician orders included an order, to test his/her blood sugar 1 time daily at 8:00 AM. Resident 1's record, dated 08/01/2026 to 09/09/2026, included recordings of 1 blood sugar checks 2 to 3 times a week. Resident 1's Medication Administration Record (MAR), dated 07/30/2026 through 09/09/2026 included no documented recordings of Resident 1's blood sugar checks. -Resident 2 was admitted to the provider's home on 06/03/2025 with a diagnosis including diabetes. Resident 2's physician orders included and order to test his/her blood sugar 4 times a day. Resident 2's MAR, dated 07/30/2026 through 09/09/2026 included no documented recordings of Resident 2's blood sugar. On 09/09/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A and shared concern that Resident 1 had an order to monitor his/her blood sugar 1 times daily; however, the record indicated the provider was monitoring the blood sugar 2 to 3 times a week. Licensee A reviewed Resident 1's record and confirmed Surveyor's observation that blood sugar was not documented as ordered. Licensee A stated Resident 1 had started Mounjaro, and his/her blood sugars had improved so much that s/he didn't realize that the facility had to monitor the blood sugar daily. Surveyor shared concern that Resident 2 had an order to monitor his/her blood sugar 4 times a day; however, the record	M 448		

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M 448	Continued From page 4 indicated that there were no blood sugars being monitored. Licensee A stated that Resident 2 had an omni pod and the facility monitored the blood sugar on the phone application. Licensee A stated that the omni pod would alarm if there was a problem. Licensee A stated that there was no written documentation that Resident 2's blood sugars were monitored 4 times a day as ordered.	M 448		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff. The provider did not maintain accurate records of all medications administered to Resident 2. Findings include: On 09/09/2026 at approximately 10:15 AM, Surveyor reviewed Resident 2's Medication Administration Record (MARs) from 07/30/2026 through 08/26/2026 and identified the following medications had blank entries:	M 466		

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M 466	Continued From page 5 - Budes/formot Aer 160-4.5 at 8:00 AM: 17 of 28 entries were blank. - Budes/formot Aer 160-4.5 at 8:00 PM: 16 of 28 entries were blank. - Buspirone 10 mg at 8:00 AM: 4 of 28 entries were blank. - Buspirone 10 mg at 8:00 PM: 5 of 28 entries were blank. - Colestipol 1gm at 8:00 AM: 4 of 28 entries were blank - Colestipol 1gm at 8:00 PM: 4 of 28 entries were blank - Escitalopram 10 mg at 8:00 AM: 4 of 28 entries were blank - Folic Acid 1 mg at 8:00 AM: 4 of 28 entries were blank On 09/09/2026 at approximately 11:00 AM, Surveyor shared concern with Licensee A about the blank entries in the MARs. Licensee A stated that the staff were not sure what to document when Resident 2 was not at the facility. Licensee A stated that going forward the staff will document on all the entries on the MAR.	M 466		