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
	0012968	A. BUILDING: _____ B. WING _____	C 09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYSIDE EAST	207 W PARRY ST DODGEVILLE, WI 53533

(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 09/17/2026, the bureau of assisted living southern regional office conducted a complaint investigation and standard survey at Sunnyside East a CBRF located in Dodgeville, WI. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was unsubstantiated. Census: 7	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 individual service plans (ISPs) reviewed were developed with	N 387		

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

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N 387	Continued From page 1 involvement from the resident and resident's legal representative. Resident 1, Resident 2, and Resident 3's ISP did not contain a signature from the resident or legal representative. Findings include: On 09/17/2026, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 12/31/2025. Resident 1's record indicated s/he had a legal representative. Resident 1's current ISP did not contain a date or signature from his/her legal representative. -Resident 2 was admitted on 6/6/2013. Resident 2's record indicated s/he had a legal representative. Resident 2's current ISP did not contain a date or signature from his/her legal representative. -Resident 3 was admitted on 12/23/2013. Resident 3's record indicated s/he had a legal representative. Resident 3's current ISP did not contain a date or signature from his/her legal representative. . On 09/17/2026 at approximately 10:30 AM, Surveyor interviewed Administrator A and shared concerns related to the missing signatures on the resident ISPs. Administrator A replied that they did not obtain the signatures, that the ISPs and reported s/he was responsible for updating resident ISPs and would follow up to ensure this is done in the future.	N 387		