STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019163	A. BUILDING: _____ B. WING _____	C 09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY RIDGE HOME	N2725 COUNTY ROAD G BOYD, WI 54726

(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 09/04/2024, Surveyors conducted a complaint investigation and licensure survey at Sunny Ridge Home. Data collected through 09/05/2024. The complaint was unsubstatianed. Three deficiencies were identified. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department within 24 hours, a significant change in Resident 4's condition resulting in an emergency room (ER) visit and being arrested. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled.	M 134		

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

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M 134	Continued From page 1 On 09/03/2024, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the facility on 11/28/2022. According to Resident 4's pre-admission report, s/he had a history of schizophrenia, moderate intellectual disabilities, and aggressive behaviors. Surveyor reviewed the following staff progress notes on Resident 4: A staff progress note dated 09/01/2023, stated "Yesterday this staff asked [him/her] why [s/he] urinated on the floor in [his/her] room and [s/he] stated [s/he] didn't want to talk about it." A staff progress note, dated 09/16/2023, stated Resident 4 was in a bad mood, had urinated on the carpet again, and was rude to housemates and staff. S/he refused breakfast, to take a shower, and to get dressed. This progress note also stated "POLICE CONTACT." A staff progress note dated 09/17/2023, stated that Resident 4 went to the hospital on 09/16/2023 after becoming violent with Administrator A's family member. When Resident 4 was discharged from the hospital, s/he did not want to return home. An additional staff progress note, dated 09/17/2023, stated Resident 4 awoke in a good mood. However, during a medication pass, Resident 4's behavior escalated. Resident 4 threw water at Administrator A, then continued to have aggressive behaviors. "[S/he] came at me as I was grabbing my bag, punched me in the head multiple times (probably at least 10), [s/he] had me in a hold around my neck, grabbed my	M 134		

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M 134	Continued From page 2	M 134		

glasses off my face and grabbed my hair and pushed me to the ground trying to put me in a hold." 911 was called, deputies responded, and Resident 4 was removed from the home and taken to jail.

On 09/04/2024, a check of Department records concluded there was no self-report for Resident 4's incidents on 09/16/2023 or 09/17/2024.

On 09/04/2024 at approximately 12:40 PM, Surveyors interviewed Administrator A. Administrator A stated that urinating on the floor was not a normal behavior for Resident 4. S/he stated the end of August was when s/he started seeing an increase in Resident 4's behaviors. Administrator A reported that the provider had called the police on 09/16/2023 and 09/17/2023. S/he stated that on 09/16/2023, Resident 4 had gotten angry and beat up Administrator A's family member. Administrator A thought Resident 4 could have possibly had a urinary tract infection (UTI), so Resident 4 was taken to the ER to be evaluated. Resident 4 returned home that night. Administrator A stated that on 09/17/2023, the morning started out normal. Administrator A reported that Resident 4's behaviors escalated later that morning. Resident 4 threw water in his/her face and then began hitting him/her in the head non-stop. Administrator A reported that 911 was called and Resident 4 wore him/herself out before police arrived. Administrator A reported that s/he told police s/he wanted to press charges. Police arrested and escorted Resident 4 to jail. Administrator A went to the hospital and was found to have a severe concussion.

On 09/05/2024 at approximately 2:52 PM, Surveyor interviewed Administrator A.

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M 134	Continued From page 3 Administrator A stated s/he did not remember sending anything to the department regarding the incidents on 09/16/2023 or 09/17/2023. S/he stated s/he only remembered filling out the police report and sending a report to Resident 4's managed care organization (MCO). Administrator A acknowledged that for future incidents like this, it must be reported to the department within 24 hours. The provider did not report to the department, within 24 hours, a significant change in Resident 4's condition.	M 134		
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 3 of 3 residents' ability to evacuate in an emergency was evaluated annually. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled. On 09/04/2024 at approximately 10:50 AM, Surveyor reviewed the records of Resident 1,	M 346		

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M 346	Continued From page 4 Resident 2, and Resident 3. Resident 1 was admitted to the facility on 04/11/2023. Resident 1's initial evacuation assessment was completed. No annual assessments were completed for Resident 1 after the initial evacuation assessment. Resident 2 was admitted to the facility on 01/19/2023. Resident 2's initial evacuation assessment was completed. No annual assessments were completed for Resident 2 after the initial evacuation assessment. Resident 3 was admitted to the facility on 08/08/2023. Resident 3's initial evacuation assessment was completed. No annual assessments were completed for Resident 3 after the initial evacuation assessment. On 09/04/2024 at approximately 1:47 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had no idea that annual evacuation assessments were necessary. Administrator A acknowledged evacuation assessments need to be completed annually or upon change in condition. The facility did not ensure annual resident evacuation assessments were completed as required for Resident 1, 2, or 3.	M 346		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The	M 570		

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M 570	Continued From page 5 adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards. Water temperatures in the basement bathroom and kitchen faucet exceeded 120 degrees Fahrenheit. Findings include: Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). The provider is licensed to care for 4 residents in the client group developmentally disabled. On 09/04/2024 at approximately 12 PM, Surveyor measured the hot water temperature at	M 570		

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M 570	Continued From page 6 the bathroom sink faucet in the basement used by 1 of 3 residents in the home. The water temperature was 123.4 degrees Fahrenheit. On 09/04/2024 at approximately 12:10 PM, Surveyor measured the hot water temperature at the kitchen faucet used by 3 of 3 residents in the home. The water temperature was 124.6 degrees Fahrenheit. At approximately 1:47 PM, Surveyor interviewed Administrator A. Administrator A stated they had just gotten a new water heater and did not realize the water temperatures exceeded 120 degrees Fahrenheit. Administrator A stated s/he has a thermometer and would adjust the water temperature to ensure it was below 120 degrees.	M 570		