STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525493	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunrise Health Services	3540 S 43rd St Milwaukee, WI 53220

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure drugs and biologicals used in the facility were be labeled in accordance with currently accepted professional principles and include the expiration date when applicable for 1 of 2 medication carts observed. Insulin in the medication cart was not labeled and/or was expired. Findings include:The facility policy titled Medication Administration Injectable Vials and Ampules dated 01/23 documents (in part) .Vials and ampules of injectable medications are used in accordance with the manufacturer's recommendations or the providers pharmacy's directions for storage, use and disposal. 3. The date opened and the initials of the first person to use the vial are recorded on multi-dose vials (on the vial label or an accessory label affixed for that purpose).9. Discard multi-dose vials when empty, when suspected or visible contamination occurs or when the manufacturer's stated expiration date is reached, providing the manufacturer's storage conditions have been maintained. Expiration dating not specifically referenced in the manufacturer's package insert should not exceed 28 days once the vial has been opened. Medications with shortened expiration dates:Humalog (Lispro) insulin: Vial and Kwik pen - once opened, product expires 28 days. Aspart (Novolog): Vial and Flex pen - product expires 28 days after first use. On [DATE], at 2:43 PM, Surveyor observed the 2nd floor medication cart B. In the right middle drawer, Surveyor located the following:-Aspart insulin pen labeled with R3's first name. The insulin pen was open and used, dated opened [DATE]. Surveyor noted another date written in black marker [DATE]. Licensed Practical Nurse (LPN)-G reported the insulin belonged to R3 and he was not sure why there were 2 dates written or which one is correct. -Humalog insulin pen not labeled with a resident name. The insulin pen was open and used, dated opened [DATE]. LPN-G was not sure why the insulin was not labeled with a resident name. -Lispro insulin vial labeled with R1's name. The insulin vial was open and used, dated opened [DATE]. Surveyor asked LPN-G how long insulin is good for once opened. LPN-G stated, 30 days. I think almost all insulins are good for only 30 days. Surveyor showed LPN-G the above insulins and the dates opened. LPN-G stated, I guess they're expired.On [DATE], at 3:42 PM, Surveyor shared concerns with Nursing Home Administrator-A and Director of Nursing-B regarding the above insulins that were not labeled and/or were expired. No additional information was provided.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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