STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012778	A. BUILDING: _____ B. WING _____	09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN EAGLE CBRF	216 W BLACKHAWK DR FORT ATKINSON, WI 53538

(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 08/31/2023, with information gathered through 09/05/2023, the Bureau of Assisted Living, Southern Regional Office conducted an abbreviated licensing survey at Golden Eagle CBRF at 216 W Blackhawk Dr in Fort Atkinson, WI. One citation of noncompliance is issued. Census: 4	N 000		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the CBRF [community based residential facility) arranged for a 2022 annual inspection by the local fire authority or certified fire inspector and retained the fire inspection report for 2 years. Prior to this licensing survey conducted on 08/31/2023, the last documented fire inspection completed at the CBRF was dated 02/26/2021. The findings are: On 08/31/2023, Surveyor conducted an abbreviated licensing survey of the CBRF, including a review of the CBRF's most recent fire inspection, as required. The CBRF was licensed to serve up to 5	N 530		

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

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N 530	Continued From page 1 residents with developmental disabilities, advanced age, emotional disturbance/mental illness, traumatic brain injury, and/or were physically disabled. The CBRF's Class was CNA (non-ambulatory). On 08/31/2023 at 9:50 A.M., Surveyor conducted an interview with House Manager A about the 4 current residents. House Manager A told Surveyor Resident 1 was non-ambulatory, experienced extreme anxiety during transfers, required a mechanical lift transfer with caregiver assistance, and would require a point of rescue evacuation by the fire department at all times in the case of a fire emergency. House Manager A told Surveyor Resident 2 was non-ambulatory and required either a two-person pivot transfer or transfer assistance with a sit-to-stand mechanical lift. House Manager A told Surveyor Resident 2 would require caregiver assistance to evacuate the facility if Resident 2 was seated in his/her specialized wheelchair during a fire emergency. House Manager A said Resident 2 would require a point of rescue evacuation by the fire department if Resident 2 was in bed during a fire emergency. House Manager A told Surveyor Resident 3 was non-ambulatory, required one caregiver to assist with pivot transfers in to and out of bed and wheelchair, and Resident 3 was not able to propel his/her wheelchair independently. House Manager A said Resident 3 would be evacuated from the CBRF during a daytime fire emergency and would require a point of rescue by the fire department during a night time fire emergency. House Manager A told Surveyor Resident 4 was non-ambulatory and was transferred out of bed using a mechanical lift twice weekly for showers only related to end of life diagnoses and hospice care services. House Manager A told Surveyor	N 530		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 530	Continued From page 2	N 530		

Resident 4 would require a point of rescue evacuation by the fire department at all times in the case of a fire emergency.
House Manager A told Surveyor the CBRF was staffed with two caregivers during the daytime and afternoon/evening shifts, and one caregiver during the night shift.

On 08/31/2023 at approximately 11:00 A.M., House Manager A told Surveyor s/he was unable to locate the CBRF's annual fire inspection reports for 2022 and 2023. House Manager A told Surveyor s/he recalled the fire department being at the home some time during the summer of 2022 but was unable to verify if an inspection was completed. House Manager A provided Surveyor with the most recent completed and documented fire inspection, dated 02/26/2021. Program Manager B provided Surveyor with a copy of an email received from Fire Department Staff C on 02/27/2023 at 1:19 P.M. The email included, "[Fire Department Staff C] sent over the ones [inspections] which were completed in 2022. There was [sic] a few [Fire Department Staff C] was not able to complete last year [2022]."

On 08/31/2023 at 11:03 A.M., Program Manager B told Surveyor s/he spoke to Maintenance Staff D and s/he was going to call and get the fire inspection set up to be conducted.

On 08/31/2023 at 11:12 A.M., Program Manager B told Surveyor the fire department would be at the CBRF to conduct a fire inspection today, on 08/31/2023.

On 09/01/2023 at 2:03 P.M., Surveyor received an email from House Manager A including documentation of a fire inspection completed and signed by Fire Department Staff C on 08/31/2023

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N 530	Continued From page 3 at 5:21 P.M. On 09/05/2023 at 6:42 A.M., Surveyor received an email from House Manager A including, "The fire dept [department] and I [House Manager A] both recall the 2022 inspection but there's [sic] no paper trail that either of us can find."	N 530		