STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013780	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HARBOR LLC	505 S WATER ST SHEBOYGAN, WI 53081

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N 000	Initial Comments On 04/25/2024, with information gathered through 04/30/2024, Surveyors conducted two (2) complaint investigations and reviewed two (2) self-reports at Golden Harbor. As a result of the survey two (2) self-reports were filed, two (2) of 2 complaints were substantiated, resulting in six (6) deficiencies. Census: 37	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not ensure each resident's needs and abilities were assessed at least annually or upon change for Resident 4. Findings Include: On 04/25/2024, at approximately 10:30AM, Surveyor interviewed Resident 4 in his/her room. Resident 4 reported s/he self-administered insulin and eye drops and completed blood sugar	N 381		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 381	Continued From page 1	N 381		

checks. During the interview, Surveyor observed Resident 4's insulin and eye drops were stored in an open basket in the bathroom between the toilet and sink. Insulin refills were stored in Resident 4's refrigerator.

The insulin observed were as follows:
Degludec (Tresiba) FlexTouch Pen - inject 52 units sub-q (subcutaneously) twice daily.
Novolog Flex Pen - inject sub-q three times daily before meals per sliding scale.
Victoza 18mg/3ml - Inject 1.8mg into the skin daily.

The eye drops observed were as follows:
Latanoprost (xalatan) 0.005% Ophth Soln - instill 1 drop in both eyes at bedtime.
Dorzolamide (Trusopt) 2% ophth soln - instill 1 drop in both eyes twice a day for glaucoma.

On 04/30/2024 at approximately 11:15AM, Surveyor reviewed the document titled, "Self-Administration of Medications Evaluation of Resident's Ability's," dated 09/17/2020. The assessment noted Resident 4's ability to independently administer the following insulin: Novolog, Victoza and Lantus. The eye drops observed in Resident 4's room were not included in the assessment. Additionally, the addition of degludec to replace the Lantus was not identified in the assessment.

On 04/30/2024, at 11:23AM, Surveyor interviewed Administrator A and Regional Manager B. Surveyor inquired if Resident 4 had any current self-administration of medication assessments that included eye drops. On 04/30/2024, at 12:05PM, Regional Manager B responded by email and stated, " ...I will also have the RN do another self medication administration evaluation,

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N 381	Continued From page 2 as well as the self administration for [his/her] eye drops, which I do believe was done." Resident 4's ability to administer his/her insulin was completed on 09/17/2020 but did not include eye drops. There was no evidence of annual re-assessment of Resident 4's ability so self-administer. No further information was provided for review. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 381		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and revise the individual service plan (ISP) annually or on change of condition for one (1) of 1 resident reviewed. Findings include:	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 3 On 04/25/2024 at 10:35 AM, Surveyors interviewed Resident 3. Resident 3 stated s/he administered his/her insulin, checked and logged blood sugars and administered eye drops. Resident 3 acknowledged staff bring the remainder of medications to him/her. Resident 3 was observed using a concentrator and Resident 3 stated s/he had 2 portable tanks s/he utilized when s/he leaves his/her room. Resident 3 stated there have been problems with the portable tanks as staff did not fill them or put the empty tanks on the concentrator correctly, resulting in the tanks not filling and unavailable for Resident 3 to utilize when s/he leaves his/her room. Resident 3 stated s/he has talked to Administrator A about the portable oxygen tanks being unfilled, but the problems continue. Surveyors observed insulin and eye drops in Resident 3's bathroom and refrigerator. On 04/25/2024 at approximately 11:45 AM, Surveyors requested Resident 3's ISP from Administrator A. Resident 3's ISP reflected: Resident 3 was admitted to the facility on 05/14/2020. Resident 3's ISP was signed by resident on 04/24/2024 and Administrator A on 04/23/2024. General Questions Medication administered by staff - box checked Standard Medication Medication Information - List of medications including insulin's and refill oxygen tank Resident Goals & Outcomes - Blank	N 389		

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N 389	Continued From page 4 Function or Activity - Medication; Current Status - Not Applicable; Frequency of Service - blank; Resident Desired Goals - blank; Outcomes - blank; Service Provider Responsible Person - blank; Measurable Goals Outcomes and Review - blank Function or Activity - Eating; Current Status - Resident is currently on a general diet with no modifications and takes all medication whole with water; Frequency of Service - Facility offers 3 meals and 2 snack daily according to diet; Resident Desired Goals & Outcomes - Resident will continue to enjoy food offered by facility; ongoing; Service Provider Responsible Person - PMD, CBRF staff, Resident; Measurable Goals Outcomes and Review - Resident will continue to follow dietary guidelines as evidence by weekly menus until next review The ISP did not identify Resident 3 utilizing oxygen and/or orders for oxygen. The ISP did not identify Resident 3 self-administered insulin and eye drops. Review of hospital discharge on 11/30/2023 - Start taking these medications - "Oxygen 3L/min by Nasal route continuous. Pt is non ambulatory. Drops to 80% on RA at rest. Will need 3L O2 24 hours a day." The provider did not ensure the ISP was updated to include oxygen, diabetic diet and self-administering insulin and eye drops. Cross Reference N0381 DHS 83.35(1)(a) Pre-Admission And Ongoing Assessments	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 412	Continued From page 5	N 412		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 (Resident 3) resident reviewed had physician orders that identified their physical or mental capacity to self-administer their medications and did not provide a secure place for the storage of medications in resident's room. Resident 3 was identified to require assistance from provider staff with medication administration on the individual service plan (ISP). Resident 3 was observed having insulin and eye drops in a basket on his/her bathroom sink. Findings include:	N 412		

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N 412	Continued From page 6 On 04/25/2024 at 10:35 AM, Surveyors interviewed Resident 3. Resident 3 stated s/he administered his/her insulin, checked and logged blood sugars and administered eye drops. Resident 3 acknowledged staff bring the remainder of medications to him/her. Surveyors observed Latanoprost and Dorzolamide eye drops and Tresiba, Novolog and Victoza insulin's in Resident 3's bathroom on counter and new insulin pens in Resident 3's refrigerator in his/her room. On 04/25/2024 at approximately 11:45 AM, Surveyors requested Resident 3's record from Administrator A. Resident 3 was admitted to the facility on 05/14/2020. Resident 3 had a Self-Administration and Storage of Medications and Treatments form that stated, "I, [Resident 3] may administer the attached listed medications and treatments. I have been deemed capable by my physician." "I understand that a secure lock box will be in my room for me to keep all medications locked in at all times." The bottom of the form states "Your patient, [blank], wishes to self administer to following medications. She [sic] has demonstrated knowledge of the purpose of the medication and how it is to be used. In my opinion [blank] is capable to self administer medication in the CBRF setting." The MD signature and date were blank. On 04/25/2024 at 12:17 PM, Surveyors interviewed Administrator A. Administrator A stated s/he would talk with Resident 3 about his/her medications. On 04/30/2024 at 12:05 PM, Regional Manager (RM) B stated, "Per DHS 83, facility has provided	N 412		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013780	A. BUILDING: _____ B. WING _____	C 04/30/2024

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GOLDEN HARBOR LLC	505 S WATER ST SHEBOYGAN, WI 53081

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N 412	Continued From page 7 a secure location for storage of medications self-administered as evidenced by his locked door." At 12:14 PM, Surveyors shared observation of Resident 3 leaving his/her room open and housekeeper in his/her room with the medications out in the bathroom. When Surveyor and Resident 3 returned to room, the door was open and unlocked and the housekeeper had left the room. RM B stated "We will go today to purchase a locked box for inside [his/her] room and encourage [him/her] to use." In conclusion, Resident 3 administers her/his own insulin and eye drops, and the provider did not ensure Resident 3 had physician orders that identified their physical or mental capacity to self-administer their medications and did not provide a secure place for the storage of medications within Resident 3's room.	N 412		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 8	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. The temperature of the freezer units was not maintained at 0 degrees Fahrenheit or below. Food items in the pantry were not properly sealed to avoid contamination. The kitchen environment was not sanitary.

Findings include:

The facility is licensed to provide services for up to 40 residents who may be advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness and or developmentally disabled. The census at time of survey was 37.

On 04/25/2024 at 9:45 AM, Surveyors toured the kitchen with Cook C. Surveyors observed the floors to be tacky and dirty with food on the floor. Surveyors observed black specs resembling mold in the walk-in refrigerator on the walls and ceiling. Surveyors observed 3 freezers in the kitchen. In the walk in freezer located in a room off the kitchen, the temperature was observed to be 6 degrees Fahrenheit. Cook C pointed out 2 other freezers in the kitchen. Cook C stated s/he checks the temperature daily. Cook C shared his/her log which reflected for April 2024 the walk-in freezer was 9 degrees Fahrenheit, reach-in freezer #1 was 3 degrees Fahrenheit, and reach-in freezer #2 was 5 degrees Fahrenheit 04/01/2024 - 04/16/2024, and no temperatures were listed on the log after

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HARBOR LLC	505 S WATER ST SHEBOYGAN, WI 53081

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N 452	Continued From page 9 04/16/2024. Cook C asked Surveyors how to fix the freezers. Cook C acknowledged s/he had always maintained the freezer temp between 3 - 10 degrees Fahrenheit. In the walk-in refrigerator/freezer, Surveyors observed a large amount of food particles and other debris loose on the floor. Surveyors observed coffee cake unsealed in the refrigerator; some of which appeared to be adhered to the refrigerator and freezer floor surface. Surveyors observed the reach-in freezers to have food/liquid spilled on and running down the outsides. Surveyors observed the floor in the kitchen to be dirty/stained. On 04/25/2024 at 10:00 AM, Cook C toured with Surveyors. Cook C showed Surveyors a side pantry off the hallway. Surveyors observed a popcorn machine with popcorn in the basket and in the bottom of the machine. Cook C stated s/he was unsure how long the popcorn had been in the machine and believed the machine did not work. Surveyors observed a 50-pound bag of flour approximately 1/3 left in bag; bag was torn open on the top and open to air. Cook C stated they had a container in the kitchen, and they fill the container with the open flour bag. Cook C acknowledged s/he would get a garbage bag and put the flour in a garbage bag. Surveyors observed black spots on the ceiling resembling mold. Cook C toured the dining room with Surveyors. At approximately 10:20 AM, Surveyors observed the dining room floor had eggs spilled on the floor from breakfast. On 04/25/2024 at approximately 12:30 PM, Surveyors interviewed Administrator A who acknowledged the out-of-range temperature readings and indicated s/he would have the temperature adjusted on the freezers.	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013780	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HARBOR LLC	505 S WATER ST SHEBOYGAN, WI 53081

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N 452	Continued From page 10 Administrator A stated s/he was unaware the freezer temperatures were not maintained at 0 degrees Fahrenheit or below. Administrator A stated s/he was unaware of the condition of the kitchen and that there were black specs resembling mold. Surveyors and Administrator A toured the kitchen and Administrator A confirmed the freezer temperature was 6 degrees Fahrenheit, the black specs resembling mold, the eggs on the floor were from breakfast and that it appeared the floor had not been cleaned. Administrator A observed the flour in a garbage bag and acknowledged the garbage bag was not food grade and that s/he would get a food-grade container to store the flour in. Administrator A stated s/he would work with kitchen staff to ensure the concerns identified were addressed and that the kitchen would be cleaned. Cross Reference N0481 DHS 83.43(1) Environment Safe, Clean And Comfortable	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure they provided an environment that is safe, clean, comfortable, and homelike. Several areas of the building were identified unclean or needing repairs.	N 481		

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	0013780	A. BUILDING: _____ B. WING _____	C 04/30/2024

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N 481	Continued From page 11 Findings Include: On 02/19/2024, the department received a complaint that alleged concerns with cleanliness of the building. On 04/25/2025, from approximately 10:00AM through 1:00PM, Surveyors noted the following observations: PIPE WRAPPED IN PAPER TOWELS: On 04/25/2024, at approximately 10:00AM: Surveyor noted a pipe in the back hallway that was wrapped in wet paper towels. Maintenance D was nearby and explained the pipe had a lot of condensation which causes ongoing moisture. At approximately 1:00PM, Surveyor and Administrator A observed the pipe together. The paper towel was removed and revealed a black splotchy substance resembling mold and there was noticeable liquid on and around the pipe. Surveyor observed what appeared to be water stains on the wall from the leak/condensation. SALON: On 04/25/2024, at 10:04AM, Surveyor observed the salon area and noted a removed baseboard. The exposed wall had a black splotchy substance resembling mold. WALLS IN DINING AND COMMON AREA: On 04/25/2024, at 10:05AM, Surveyor observed the dining room and common areas and noted several areas of gouged and exposed dry wall. 1ST, 2ND AND 3RD FLOOR HALLWAY WALLS: On 04/25/2024, at approximately 10:08AM, Surveyor observed the hallway of the 3rd floor and noted several areas of gouged and exposed	N 481		

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N 481	Continued From page 12	N 481		

dry wall. At approximately 11:15AM, Surveyor observed the 1st and 2nd floor walls also had areas of gouged and exposed dry wall.

3RD FLOOR CEILING TILES:
On 04/25/2024, at At 10:08AM, Surveyor noted five ceiling tiles with water stains.

RESIDENT 1'S TRANSITION STRIP:
On 04/25/2024, at 10:09AM, Surveyor observed the doorway from the hallway into Resident 1's room was missing the transition strip. Resident 1 was present and reported s/he has issues navigating his/her walker over the missing transition strip.

RESIDENT 1'S SHARED BATHROOM:
On 04/25/2024, at approximately 10:20AM, Surveyor observed Resident 1's bathroom and noted the following: The toilet bowl was dirty with several stains resembling feces. There were strands of hair stuck to the floor connecting to the toilet. Resident 1 was present during the observation and stated s/he often cleans the toilet before using it.

RESIDENT 1'S BLINDS:
On 04/25/2024, at 10:25AM, Surveyor observed Resident 3's room and noted the blinds were not hanging on the wall. The blinds were sitting on top of the windowsill and cascading down the wall. The window was fully exposed. Resident 3 was present at the time and explained the maintenance person puts them up but they keep falling down.

RESIDENT 4'S DOOR AND FLOOR:
On 04/25/2024, at 10:30AM, Surveyor knocked on Resident 4's door. Resident 4 invited Surveyor into his/her room. Surveyor attempted to open the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 481	Continued From page 13 door, which was difficult to open. Surveyor had to give the door a big push for it to open. Surveyor observed the door was scraping the bottom of the floor and left a gouge in the laminate flooring. Resident 4 was advised the maintenance person is aware of the issue, but said s/he was told they do not have the right tools to fix it. RESIDNET 4'S GRAB BARS: On 04/25/2024, at 10:30AM, Surveyor observed Resident 4's bathroom. Surveyor noted the presence of grab bars on both sides of the toilet. Looking directly at the toilet, Surveyor observed the left side grab bar was attached to the wall. The right-side grab bar was an "L" shape and attaching to the floor and the wall behind the toilet. The left-side grab bar was very loose and was almost detached from the wall. Resident 4 was present during the observation and reported s/he is afraid of falling due to the loose grab bar. ELEVATOR TRANSITION STRIP: On 04/25/2024, at 11:24AM, Surveyor observed the elevator and noted a metal transition with horizontal lines creating crevices. There was significant amount of black debris stuck in the crevices. LIGHT FIXTURE COVER: On 04/25/2024, at 11:50AM, Surveyor noted a light cover that enclosed fluorescent light bulbs. Surveyor observed a significant amount of debris inside the light fixture. STAIRWELL LENTIL: On 04/25/2024, at 11:50AM, Surveyor observed a lentil above the first flight of steps and noted a vertical pattern of black splotchy substance resembling mold.	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013780	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 481	Continued From page 14 On 04/25/2023, at approximately 12:00PM, Surveyor interviewed Administrator A and Regional Manager B. Regarding the paper towel wrapped pipe, Administrator A explained this pipe has been repaired in the past, and s/he would begin the process of getting it repaired again. Administrator A stated s/he would notify Maintenance D to repair the transition strip for Resident 1's room. On 04/29/2024 at approximately 12:30PM, Surveyor interviewed Administrator A and Regional Manager B. Regional Manager B advised Kilz (sealer and stain-blocker) was applied to the black substance in the salon. Administrator A stated s/he would notify Maintenance D to repair Resident 3's blinds. Regional Manager B stated Resident 4's door was fixed today, but the floor was not yet repaired. Regarding Resident 4's grab bars, Administrator A and Regional Manager B explained the grab bar has been dislodged several times and will need to involve concrete to help secure it to the floor. Regional Manager B reported the stained ceiling tiles on the 3rd floor are from a past leak that was repaired and confirmed the stained tiles need to be replaced. Both Administrator A and Regional Manager B acknowledged the findings of regarding the shared bathroom, light fixtures gouges in walls and the observation from the stairwell. Cross Reference N0452 DHS 83.41(3)(a) Food Safety	N 481		
N 613	83.55(4)(a) Bath and toilet areas: privacy. Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or	N 613		

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N 613	Continued From page 15 shower room is accessed only from a resident room that is occupied by one person. All door locks shall be operable from both sides. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 bathroom doors had locks to ensure privacy. Findings include: On 04/25/2024, at approximately 10:00 AM, Surveyors toured the facility. Surveyor observed 2 of 2 bathrooms, Jack and Jill type bathrooms, with door to the bathroom from 2 resident bedrooms. The doors locked on the bedroom side, there was no way to lock the door in the bathroom for privacy. At 10:18 AM, Surveyors interviewed Resident 1. Resident 1 stated when s/he is in the bathroom the resident in the room on the other side enters the bathroom and s/he gets upset when Resident 1 is in the bathroom. Resident 1 stated s/he would like privacy when using the bathroom. Resident 1 confirmed there is no way to lock the door to ensure his/her privacy. Surveyor tested the door lock and found Resident 1 could push the button to lock the door to ensure no one could enter his/her room, but there was no way of locking the door when using the bathroom to ensure the resident on the other side would not enter the bathroom when Resident 1 is using it. At 11:25 AM, Surveyors interviewed Resident 2. Resident 2 confirmed s/he shares the bathroom with resident on the other side, however currently there was not a resident in that room. Resident 2 acknowledged s/he is unable to lock the door when using the bathroom to ensure the other resident does not come in on him/her.	N 613		

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N 613	Continued From page 16 On 04/25/2024 at approximately 12:30 PM, Surveyors interviewed Administrator A. Administrator A acknowledged there are 10 shared bathrooms with 20 resident rooms. Administrator A stated s/he was unaware the residents could not lock the bathroom to ensure their privacy. Administrator A stated s/he would check the shared bathrooms and ensure residents have privacy when using the bathroom.	N 613		