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(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 04/30/2024, with information obtained through 05/01/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a probationary licensing survey at Golden Years of Randolph I, a community-based residential facility (CBRF) located in Randolph, WI. As a result of the survey, 6 deficiencies were identified. Census: 9	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the communicable disease screening documentation for Resident 2 was maintained in his/her record.	N 302		

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

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N 302	Continued From page 1 Findings include: On 04/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/04/2024 with diagnoses including unspecified dementia, spinal stenosis, and type II diabetes. There was no evidence of communicable disease screening in his/her record. At approximately 3:30 p.m., Surveyor interviewed Co-Administrator B and Licensee C. Licensee C confirmed the provider did not have any communicable disease screening records for Resident 2. Licensee C reported that the previous facility where Resident 2 lived had conducted a screen prior to him/her admitting to the provider but s/he did not receive a copy of it. Licensee C reported that s/he was e-mailing the previous facility to obtain the record.	N 302		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for	N 310		

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N 310	Continued From page 2 resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's admission was contingent on his/her legal representative signing and dating an admission agreement. Findings include: On 04/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/04/2024 with diagnoses including unspecified dementia, spinal stenosis, and type II diabetes. Resident 2 was documented as having an activated power of attorney for healthcare. Surveyor reviewed Resident 2's admission agreement, dated 02/05/2024. The admission agreement contained no evidence of being signed by his/her power of attorney.	N 310		

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N 310	Continued From page 3 At approximately 3:30 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B confirmed s/he could not find evidence that Resident 2's power of attorney signed his/her admission agreement.	N 310		
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, Resident 2's legal representative did not sign Resident 2's individual service plan (ISP) acknowledging his/her involvement in, understanding of, and agreement with it. Findings include:	N 387		

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N 387	Continued From page 4 On 04/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/04/2024 with diagnoses including unspecified dementia, spinal stenosis, and type II diabetes. Resident 2 was documented as having an activated power of attorney for healthcare. Surveyor reviewed Resident 2's ISP, which was not signed or dated as reviewed by his/her legal representative. At approximately 3:30 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B confirmed s/he did not have a signed ISP for Resident 2 and stated that it was "probably something else we didn't have [him/her] sign."	N 387		
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 observation, record review, and interview, the provider did not ensure that the individual service plans (ISPs) for 2 of 2 residents	N 389		

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reviewed were updated when there were changes in their needs.

Resident 1's ISP was not signed as reviewed since his/her admission and was not updated to clarify inconsistencies in his/her care needs or provide information regarding his/her behaviors.

Resident 2's ISP was not updated to eliminate the need for bowel movement monitoring or add information regarding his/her needs with mobility, transfers, and toileting.

Findings include:

Example 1 - Resident 1

On 04/30/2024, at approximately 9:45 a.m., Surveyor toured the environment with Administrator A. Surveyor observed Resident 1's room and bathroom. The toilet had brown matter, consistent in appearance with fecal matter, across the toilet lid, toilet bowl rim, and within the toilet bowl (Photo 2). Small stains consistent in appearance with fecal matter were observed on his/her bathroom floor, outer toilet area, and wall. The stains all appeared dry. The towel holder in Resident 1's room was observed on his/her counter with its bracket still affixed to the wall (Photo 3).

While observing Resident 1's room, Surveyor interviewed Administrator A. Administrator A reported that Resident 1 was expected to clean his/her own room but that staff were responsible for cleaning his/her bathroom. Administrator A reported that Resident 1 was not known to have any inappropriate defecation or urination-related behaviors. Administrator A reported that room cleaning typically occurred once per week but

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staff were expected to check resident rooms for any cleaning needs at least daily. Administrator A reported that Resident 1 was mostly independent with activities of daily living, including toileting, dressing, ambulating, and transferring. Administrator A reported that Resident 1 was known to have outburst-type behaviors, which were monitored and addressed by staff. Administrator A reported that these behaviors included yelling out, throwing his/her objects, and breaking/his/her objects. Administrator A reported that s/he thought Resident 1's towel holder broke likely due to him/her after an outburst.

On 04/30/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 10/02/2023 with diagnoses including unspecified schizophrenia and anxiety. Resident 1 was documented as being his/her own legal decision maker. Surveyor reviewed Resident 1's observation notes from 02/01/2024 - 04/30/2024 and observed the following entries related to his/her toileting hygiene, room cleaning, and behaviors:

- 02/04/2024 (10:00 p.m.): "in a fine mood, did some yelling out after dinner went in to ask why [s/he] was yelling and [s/he] was [sic] stared at me..."
- 02/11/2024 (6:00 a.m.): "yelling a lot..."
- 02/15/2024 (5:15 a.m.): "...found 2 pairs of jeans that had hardened [bowel movement] stains on them. Appears resident is not wearing any underwear either so staff may have to pay close attention to any dirty laundry in [his/her] room. Did not have time to mop and clean toilet, but will need to be done."
- 02/22/2024 (9:30 p.m.): "Shouting out for a lil [sic] while other than that nothing new."
- 02/24/2024 (3:45 a.m.): "...minimal outburst

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noted..."
- 03/08/2024 (5:15 a.m.): "...Resident room needs to be swept and mopped, sometime today." Another entry at 3:15 p.m. documented, "Cleaned room and bathroom."
- 03/09/2024 (3:30 a.m.): "...minimal outbursts so far through [overnight]..."
- 03/23/2024 (4:45 a.m.): "...Very few outbursts tonight..."
- 04/03/2024 (5:15 a.m.): "Resident had an okay night. Was yelling off and on throughout the night. Writer asked resident to keep it down. Resident just grunted..."
- 04/06/2024 (4:15 a.m.): "...A lot of screaming outburst between 8pm-245AM. when asked if everything was okay, [s/he] would just ignore me and turn [his/her] back. resident seems to finally be calming down at this time."
- 04/14/2024 (5:30 a.m.): "Resident had an okay night. Was very rude to staff, and kept yelling and slamming things around [his/her] room. Incident report filled out."
- 04/18/2024 (5:15 a.m.): "[Resident 1] was being very loud tonight. Writer had to tell [Resident 1] to quiet down due to others being asleep, and [his/her] neighbor complaining about [him/her] being to [sic] loud. [Resident 1] was told twice to quiet down. After the second time [s/he] did quiet down..."
- 04/20/2024 (3:45 a.m.): "...had very few loud and short outbursts but is was [sic] not an all night thing..."

Surveyor reviewed Resident 1's current ISP, which was not signed as reviewed on a specific day. Surveyor observed certain care needs documented as requiring inconsistent levels of assistance, including the following:

- Under the "Oral Care" heading: "Substantial

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dependence for oral care needs. Resident will need assistance with using toothbrush/toothpaste/floss or denture or maintenance. Monitor any oral defects or deficiencies. No assistance required with oral needs."

- Under the "Dressing" heading: "Physical and verbal assistance with dressing needs. Requires hands-on assistance with choosing attire and changing into clothes. Independent. Can independently put on, secure, and take off clothing."

- Under the "Bathing" heading: "Physical and verbal assistance with bathing/showering needs. Requires hands-on assistance with washing, shampooing and getting in and out of tub/shower. Independent. Resident requires no staff assistance. No special needs are required."

Regarding Resident 1's behaviors, the ISP documented the following:

- Under the "Destructive of Property or Self Physically or Mentally Abusive" heading: "To receive light monitoring to prevent or put a stop to any destructive or abusive behaviors."

- Under the "Behavior Patterns - Other" heading: "Input the current status of resident behaviors you are monitoring and the defined interventions to use for this resident." Within this section, service provider responsibilities were documented as, "Please document the behaviors the resident was exhibiting, interventions used, and their effectiveness. Personal interventions: _____" A list of "standard" interventions that included validating concerns, taking a resident to the bathroom, checking for bowel movement

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documentation, offering foods/fluids, assessing for pain, and letting the resident continue if there were no adverse consequences was listed underneath.

- Under the "Aggressive / Combative" heading: "To receive light monitoring and verbal prompting to avoid aggressive/combative behaviors/attitudes."

Regarding Resident 1's cleaning services, the ISP documented the following inconsistency:

- Under the "Housekeeping Skills" heading: "Resident requires total assistance support including physical and verbal assistance with housekeeping needs. Requires hands-on assistance with vacuuming, dusting, bed-making, etc. Monitor and cue resident to execute housekeeping on their own. Issuance of verbal prompting and encouragement as needed."

Surveyor did not observe any evidence of Resident 1's outbursts, which included verbally shouting out and breaking objects, or management interventions of them, documented in his/her ISP. Surveyor did not observe any additional clarification regarding the inconsistencies in Resident 1's level of independence and required assistance with self-cares and housekeeping documented in his/her ISP.

At approximately 3:05 p.m., Surveyor interviewed Co-Administrator B and Licensee C. Co-Administrator B confirmed s/he did not have evidence that Resident 1 had signed his/her ISP and that s/he wasn't sure why. Co-Administrator B acknowledged Surveyor's concern that Resident 1's ISP did not seem to be individualized

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to his/her needs.

Example 2 - Resident 2

On 04/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/04/2024 with diagnoses including unspecified dementia, spinal stenosis, and type II diabetes. Resident 2 was documented as having an activated power of attorney for healthcare. Surveyor reviewed Resident 2's observation notes from 04/01/2024 - 04/30/2024 and observed the following related to his/her condition:

- 04/04/2024 (8:30 p.m.): "...Daughter called at 5:30a to ask how resident was doing, and asked if [s/he] had a [bowel movement] yesterday at all. Writer told daughter that as far as writer knew resident did not have one..."

- 04/18/2024 (9:00 p.m.): "...would not listen to me about riding on [his/her] walker started hollering at me that it was ok. Tried to tell [him/her] that [s/he] will get hurt would not listen..." Another entry that day, at 9:30 p.m., documented, "Flipped me off when I entered the dinning [sic] area tonight because I wanted [him/her] off [his/her] walker."

- 04/20/2024 (4:30 a.m.): "...writer assisted resident with toileting and cares..."

Surveyor reviewed Resident 2's ISP, which was not dated. The ISP documented the following:

- Under the "Toileting" heading: "Monitoring of [bowel movements] and their classification. Monitor and cue resident to execute toileting on their own. Issuance of verbal prompting and

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N 389	Continued From page 11 encouragement as needed." Surveyor did not observe any information in Resident 2's ISP regarding his/her mobility, including walker use, transfer ability, or physical assistance required with toileting as staff indicated providing in his/her observation notes. At approximately 3:30 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B reported that Resident 2 ambulated with a 4 wheeled walker and needed occasional assistance from one staff for certain transfers, such as getting up from a chair in the kitchen. Surveyor requested all bowel movement monitoring records for Resident 2, referenced from his/her ISP. After several minutes, Co-Administrator B reported s/he was unable to find any such records. Co-Administrator B reported s/he didn't think staff were routinely documenting Resident 2's bowel movements and that bowel movement monitoring was not a current need for him/her. Co-Administrator B acknowledged Surveyor's concern that Resident 2's was not updated to reflect his/her mobility and transferring ability, nor him/her not needing bowel movement monitoring.	N 389		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least	N 397		

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one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that at least one qualified care staff was on duty when one or more residents were present in the community-based residential facility (CBRF).

Findings include:

On 04/30/2024, at approximately 9:45 a.m., Surveyor interviewed Administrator A. Administrator A reported that the typical staffing ratio was 1 day shift staff (AM), 1 evening shift staff (PM), and 1 overnight shift staff (NOC). Administrator A reported that during the day shift him/herself and Co-Administrator B also worked at the facility and sometimes helped with resident care needs.

On 04/30/2024, Surveyor reviewed Caregiver D's record to verify compliance with training requirements. Caregiver D was hired on 06/28/2022 and was documented as being a 2nd shift (PM) staff. Within the 2023 training record for Caregiver D, it was documented that

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GOLDEN YEARS OF RANDOLPH I	131 ELLIS AVE RANDOLPH, WI 53956

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N 397	Continued From page 13 Caregiver D did not participate in medication administration training with the annotation, "Does not do meds." Surveyor then verified that Caregiver D was not on the Community-Based Care and Treatment training registry for medication administration. On 04/30/2024, Surveyor reviewed the staff schedule from 03/31/2024 to 04/30/2024. The schedule showed the following dates/times that Caregiver D worked alone: - 04/02/2024: 2:00 p.m. - 10:00 p.m. - 04/06/2024: 2:00 p.m. - 10:00 p.m. - 04/07/2024: 2:00 p.m. - 10:00 p.m. - 04/21/2024: 2:00 p.m. - 10:00 p.m. - 04/29/2024: 4:00 p.m. - 10:00 p.m. At approximately 12:50 p.m., Surveyor interviewed Licensee C. Licensee C confirmed the staffing ratios and that caregiving staff typically worked alone unless the administrators were helping with cares when they worked. Licensee C confirmed that Caregiver D did not pass medications. Licensee C reported that when residents needed any medications when Caregiver D was working, Caregiver D would switch houses with the staff working next door (Golden Years of Randolph II, a separately licensed CBRF) for any medication passes. Licensee C acknowledged Surveyor's concern that during Caregiver D's shifts there was not a qualified staff member working since s/he was not trained in medication administration.	N 397		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more	N 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019684	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 488	Continued From page 14 than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer vent tubing was of a rigid material. Findings include: On 04/30/2024, at approximately 11:20 a.m., Surveyor toured the environment with Administrator A. Surveyor observed the facility's clothes dryer, which appeared to be made of flexible material (Photo 1). Administrator A reported s/he was unaware of the rigid clothes dryer vent tubing requirement. At approximately 4:45 p.m., Surveyor interviewed Co-Administrator B and Licensee C. After reviewing the rigid dryer vent tubing regulation, Licensee C reported s/he would have his/her spouse, who conducted maintenance for the facility, to address the concern.	N 488		