Wisconsin Department of Health Services

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 _____	R 07/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS OF RANDOLPH I	131 ELLIS AVE RANDOLPH, WI 53956

(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 07/05/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Golden Years of Randolph I, a community-based residential facility (CBRF) located in Randolph, WI. As a result of the survey, 0 deficiencies were identified. All previous deficiencies from Statement of Deficiency (SOD) HBGN11, dated 05/01/2024, were corrected. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The facility can be issued a regular license on 09/30/2024 when the probationary license expires. Census: 9	{N 000}		

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