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 06/24/2025

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

(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 06/24/2025, Surveyors investigated 6 complaints at Golden Harbor LLC. Two of 6 complaints were substantiated and 3 new deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement of Deficiency (SOD) 7JZM11, dated 04/30/2024. Census 37	N 000		
N 162	83.12(3)(b) Documentation of investigations of injuries. Investigating injuries of unknown source. The CBRF shall maintain documentation of each investigation of an injury referenced under par. (a). The CBRF shall report the incident as required under sub. (2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an investigation of unknown injury was reported to the department for Resident 1. Findings Include: On 01/29/2025, the department received a complaint alleging a resident was found to have bruising that could not be explained by the resident. On 06/24/2025, at approximately 11:30AM, Surveyor reviewed an incident report dated, 01/19/2025. The incident report noted the following: "Staff report bruising ...upper arm from elbow to armpit. Staff deny any fall or slips. Noted round nickel sized bruise to left posterior leg by knee ..."	N 162		

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

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N 162	Continued From page 1 Under section for resident statement, the incident reported noted, "I do not know." On 06/24/2025, at approximately 11:40AM, Surveyor reviewed the Aurora Emergency Department Progress notes dated, 01/23/2025. The progress notes stated the following: "... the injury was discovered on his/her right arm on Sunday. It is suspected the injury occurred 2 days prior. The patient does not recall any fall or incident that could have resulted in the injury. The area under [his/her] armpit was observed to be bright red with blisters, and there was an open wound on [his/her] elbow ... Additionally, 2 large bruises were noted on [his/her] right back ..." On 06/24/2025, Surveyor reviewed the provider's investigation dated 01/19/2025, regarding the bruising of unknown origin. The investigation noted the following: "Problem: Resident was noted to having bruising on right upper arm and right knee ... Resident: reports that [s/he] does not know what happened ... Staff Interviewed: Staff member ... stated that there was an incident that occurred where [s/he] was lowered to the floor when walking ... does feel this could have resulted in bruising ..." On 06/24/2025, at 1:40PM, Surveyor interviewed Regional Director of Operations A (RDO-A). RDO-A confirmed the investigation of injury of unknown origin on 01/19/2025, was not reported to the department because the investigation determined a possible cause of the bruising. On 06/24/2025, at approximately 4:00PM, Surveyor reviewed the departments self-report files and noted the incident was not reported to	N 162		

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N 162	Continued From page 2 the department. DHS 83.12(3)(a) states, " ...CBRF shall investigate any of the following: 1. An injury that was not observed by any person ..." Sub (2) states, "The source of an injury to a resident that cannot be adequately explained by the resident." DHS 83.12(3)(b) refers to sub 2 of 83.12(3)(a) regarding the requirement to report to the department. The code specifies, "The CBRF shall report the incident as required under sub. (2)." The provider's investigation found Resident 1 could not adequately explain the injury. The investigation into the injury of unknown origin was not reported to the department as required.	N 162		
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	N 389		

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N 389	Continued From page 3	N 389		

provider did not update the individual support plan (ISP) when there was a change in a resident 's needs, abilities or physical or mental condition.

Resident 1's ISP was not updated after experiencing 2 falls within a 3 day period.

This is a repeat deficiency. See Statement of Deficiency (SOD) 7JZM11, dated 04/30/2024.

Findings Include:

On 01/29/2025, the department received a complaint alleging a resident was experiencing frequent falls.

On 06/24/2025, at approximately 11:00AM, Surveyor reviewed Resident 1's incident reports related to falls. Surveyor noted a fall occurred on 01/28/2025 and 01/31/2025. The incident reports noted the following:

01/28/2025: " ...went into residents [sic] room and [s/he] was at the edge of the bed. I than [sic] tried to help [him/her] [s/he] scooted back and flipped off [his/her] bed and hit [his/her] head and bottom ..."

01/31/2025: "When staff was doing rounds/report and staff noticed [s/he] was ringing we went into [his/her] room and observed [him/her] sitting on the floor with [his/her] back leaned up against [his/her] dresser ..."

On 06/24/2025, at approximately 1:15PM, Surveyor reviewed Resident 1's updated Individual Service Plan (ISP) dated, 01/29/2025. The ISP noted the following for falls:

"Due to residents [sic] vision impairment and

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N 389	Continued From page 4 unsteady gait, resident is at risk for falls. Resident has a history of falls. Staff to remind resident to use call pendent when needing assistance, wear proper footwear at all times, staff to do frequent checks ...Staff will monitor for falls and changes in condition ..." Further review of Resident 1's ISP revealed it was not updated after Resident 1 experienced 2 falls within a 3-day period. On 06/24/2025, at approximately 3:00PM, Surveyor interviewed Regional Director of Operations A (RDO-A). RDO-A confirmed the ISP was not updated upon change in condition.	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation of the resident's medications administered.	N 415		

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N 415	Continued From page 5 Findings include: On 06/24/2025, at approximately 10:00 AM, Surveyors requested Resident 2's April and May 2025 medication administration record (MAR). The MAR reflected medications and dates were as follows: MAR for April 2025 Sertraline 100 MG Tablet - Take by mouth once daily for anxiety/for depression (with 50 MG = 150 MG dose) at 8:00 AM - Meds documented given on 04/01/2025, 04/02/2025, 04/03/2025, 04/04/2025, 04/05/2025, 04/06/2025, 04/09/2025, 4/10/2025, 04/11/2025; refused 04/07/2025 and 04/08/2025 Sertraline 50 MG Tablet - Take by mouth once daily for anxiety/for depression (with 100 MG = 150 MG dose) at 8:00 AM - Meds documented given on 04/01/2025, 04/02/2025, 04/03/2025, 04/04/2025, 04/05/2025, 04/06/2025, 04/09/2025, 4/10/2025, 04/11/2025; refused 04/07/2025 and 04/08/2025 Sertraline 100 MG Tablet - Take 1 Tab by mouth once daily for 7 days (4/12-4/18/25) - Meds documented given on 04/12/2025, 04/14/2025, 04/15/2025, 04/16/2025, 04/17/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/21/2025, 04/22/2025, 04/23/2025, 04/24/2025, 04/25/2025, 04/26/2025, 04/28/2025, 04/29/2025, 04/30/2025; meds marked (1) other on 04/13/2025 and 04/27/2025 Sertraline 50 MG Tablet - Take 1 Tab by mouth once daily for 7 days (4/19-4/25/25) - Meds documented given on 04/12/2025, 04/14/2025, 04/15/2025, 04/16/2025, 04/17/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/21/2025,	N 415		

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N 415	Continued From page 6 04/22/2025, 04/23/2025, 04/24/2025, 04/25/2025, 04/26/2025, 04/28/2025, 04/29/2025, 04/30/2025; meds marked (1) other on 04/13/2025 and 04/27/2025 Sertraline 25 MG Tablet - Take 1 Tab by mouth once daily (4/26-5/2/25) - Meds documented given on 04/12/2025, 04/14/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/21/2025, 04/23/2025, 04/24/2025, 04/26/2025, 04/28/2025, 04/29/2025, 04/30/2025; meds marked (1) other on 04/13/2025, 04/15/2025, 04/16/2025, 04/17/2025, 04/22/2025 and 04/27/2025; med refused on 04/25/2025 MAR for May 2025 Sertraline 100 MG Tablet - Take 1 Tab by mouth once daily for 7 days (4/12-4/18/25) - Meds documented given on 05/01/2025, 05/02/2025, 05/03/2025, 05/05/2025, 05/06/2025, 05/07/2025, 05/08/2025, 05/09/2025, 05/11/2025; marked other on 05/10/2025 and 05/13/2025; refused on 05/04/2025 and 05/12/2025 Sertraline 50 MG Tablet - Take 1 Tab by mouth once daily for 7 days (4/19-4/25/25) - Meds documented given on 05/01/2025, 05/02/2025, 05/03/2025, 05/05/2025, 05/06/2025, 05/07/2025, 05/08/2025, 05/09/2025; marked other on 05/10/2025, 05/11/2025 and 05/13/2025; refused on 05/04/2025 and 05/12/2025 Sertraline 25 MG Tablet - Take 1 Tab by mouth once daily (4/26-5/2/25) - Meds documented given on 05/01/2025, 05/02/2025, 05/03/2025, 05/05/2025, 05/06/2025, 05/07/2025, 05/08/2025, 05/09/2025; marked other on 05/10/2025, 05/11/2025 and 05/13/2025; refused on 05/04/2025 and 05/12/2025	N 415		

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N 415	Continued From page 7 On 06/24/2025 at 2:13 PM, Surveyors interviewed Regional Director of Operations (RDO) A. RDO A stated pharmacy sent number of doses for each titration for Resident 2 to wean off the Sertraline. RDO A stated s/he did not believe there were additional doses available for staff to administer. RDO stated s/he believed Resident 1 only received the dose ordered, and staff charted inaccurately. The provider did not ensure documentation of the resident's medications administered.	N 415		