STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014855	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE CARE 1743	1743 SPRING STREET RACINE, WI 53404

(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
M 000	INITIAL COMMENTS On 02/17/2025, Surveyor conducted a standard licensing survey and complaint investigation at Golden Age Care 1743, an AFH located in Racine, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. The complaint was substantiated. Census: 3	M 000		
M 426	88.07(1)(a) RESIDENT CARE-GENERAL REQUIREMENTS The licensee shall provide a safe, emotionally stable, homelike and humane environment for residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a safe, emotionally stable and humane environment for 1 of 1 resident. Resident 1 was left unsupervised for at least 30 minutes on 09/30/2024. Findings include: On 10/03/2024, the Department received a complaint alleging the facility was left unsupervised for at least 30 minutes on 09/30/2024. On 02/17/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 09/30/2021 with diagnoses that include but are not limited to: History of Cerebral Vascular Accident, schizophrenia, traumatic brain injury,	M 426		

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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M 426	Continued From page 1	M 426		

encephalopathy. Resident 1's Individual Service Plan indicated that Resident 1 was identified as requiring 24 hour supervision.

On 02/17/2025, Surveyor interviewed Caregiver B. Caregiver B stated, "I was the one here that day (09/30/2024), and, yes, I left early to go to the hospital. I was feeling ill and thought that my replacement would be here before I left. I left here around 2:30 PM, and Caregiver C arrived at 3:00 PM. Before I left, I talked to Caregiver D, who works next door (different facility) and s/he said s/he would look in on Resident 1 until Caregiver C got here. I realize now that I should not have done that. It was explained to me that homes cannot share staff like that."

On 02/17/2025, Surveyor reviewed facility investigation regarding the incident on 09/30/2024. Caregiver B gave a written statement, "I, Caregiver B, left the facility at 2:30 PM on 09/30/2024 for a doctor's appointment. I thought it would be ok to ask staff next door (different facility) to look after Resident 1 until 2nd shift arrived. Resident 1 was the only resident in the home at the time."

On 02/17/2025 at 12:00 PM, Surveyor spoke with Regional Manager A. Regional Manager A acknowledged that Resident 1 required 24 hour supervision due to diagnoses and behaviors. Regional Manager A acknowledged that Caregiver B left the facility unsupervised for at least 20-30 minutes.