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 01/16/2025

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 12/18/2024, with information gathered through 01/16/2024, Surveyor investigated one complaint. The complaint was substantiated, and 3 new deficiencies were identified. Census 38	N 000		
N 554	83.48(6)(e) Integrated heat detector in laundry room. CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications: Laundry room. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure laundry rooms were equipped with a heat detector for 3 or 3 laundry rooms. Findings Include: The provider is licensed as a class CNA (nonambulatory) to serve the following client groups: irreversible dementia/Alzheimer's, emotionally disturbed, physically disabled, developmentally disabled, advanced age and public funding. On 12/18/2024, at 11:34AM, Surveyor toured the building with Administrator A. Surveyor observed there were laundry rooms on the first, second and third floors. Each laundry room was equipped with a smoke detector, but no heat detector. On 12/18/2024, at approximately 11:45AM,	N 554		

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

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N 554	Continued From page 1 Surveyor reviewed the buildings most current annual fire alarm system inspection and testing summary from Fire Detection Group dated 02/09/2024. The report indicated the devices in the laundry rooms were labeled as photoelectric smoke detectors. On 12/18/2024, at approximately 11:45AM, Administrator A acknowledged that smoke detectors were installed in the laundry room instead of the required heat detectors.	N 554		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the building provided 2 unobstructed exits that were ramped to grade. Findings Include: The provider is licensed as a class CNA (non-ambulatory) to serve the following client groups: irreversible dementia/Alzheimer's, emotionally disturbed, physically disabled, developmentally disabled, advanced age and	N 631		

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N 631	Continued From page 2 public funding. On 12/18/2024, at 11:34AM, Surveyor toured the building with Administrator A. The tour began on the ground floor and observed three exits. Surveyor observed the main entrance of the building provided unobstructed travel to the outside and was ramped to grade. The second exit led to a patio that had stairs and was not ramped to grade. The third exit was in the back stairwell, but also had stairs and was not ramped to grade. On 12/18/2024, at 11:34AM, Administrator A confirmed the exits observed were emergency exits, but the main entrance was the only exit that was ramped to grade exit.	N 631		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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Y3244	Continued From page 3 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure residents received care within the capacity of the facility for Resident 1. Findings Include: On 12/12/2024, the department received a complaint alleging a resident was not receiving adequate care and supervision. On 12/18/2024 at 10:57AM, Surveyor observed and interviewed Resident 1 in his/her room. Upon entering the room, Surveyor noted a strong urine like smell. Resident 1 was lying in bed wearing a noticeably urine soiled adult brief. Surveyor observed the floor to be covered in debris and stains. The trash can next to Resident 1's bed was full and there was a soiled brief on top. Resident 1's nightstand had used plastic utensil and used empty cups. Surveyor noted a Styrofoam food container with a cold pancake and sausage. Surveyor observed a bedside commode at the end of Resident 1's bed. The seat of bedside commode had areas of smeared feces. The bucket portion of the commode also had smeared feces and was filled with approximately 2-3 inches of urine. Resident 1 reported s/he broke his/her hip and returned from a rehabilitation facility after surgery to repair his/her hip. Resident 1 stated s/he did not want to leave the rehabilitation facility because s/he had help there. Resident 1 explained the current caregivers are nice, but there is "no one to help go to the bathroom." Resident 1 reported s/he still has pain in the hip area.	Y3244		

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Y3244	Continued From page 4 On 12/18/2024, Surveyor returned to Resident 1's room. Guardian B was observed in the room wearing latex gloves and assisting Resident 1 with transferring to the commode. Surveyor arranged a time to speak with Guardian B once s/he was finished assisting Resident 1. On 12/18/2024, at approximately 12:43PM, Surveyor interviewed Guardian B. Guardian B reported /she arrived at Resident 1's room at approximately 9:00AM on 12/18/2024. Guardian B stated s/he immediately noticed the urine odor upon entry. Guardian B explained s/he checked Resident 1's post survey staples and noted Resident 1's bedding and adult brief was soaked with urine. Guardian B explained during his/her visit, s/he utilized Resident 1's call light and no one responded. Guardian B stated s/he had to attend a hearing regarding Resident 1 at 10:00AM and had to leave. Guardian B wanted to ensure Resident 1 was assisted with changing his/her bedding and incontinence needs. Guardian B reported s/he could not find anyone on the 3rd floor. Guardian B went to the other two floors and finally found a caregiver. Before leaving, Guardian B informed the caregiver of the assistance Resident 1 needed. Guardian B further explained at approximately 11:15AM, s/he returned to Golden Harbor to check on Resident 1. Guardian B reported Resident 1 was still laying in urine-soaked bedding, wearing a wet adult brief and attempting to transfer his/herself. Guardian B stated s/he donned gloves and proceeded to assist Resident 1 with transferring to the bedside commode. Guardian B stated s/he changed Resident 1's bedding, cleaned resident up and assisted him/her with putting on a fresh adult brief. Guardian B expressed concern about Resident 1's bedroom stating it has become progressively filthier. Guardian B confirmed she is	Y3244		

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Y3244	Continued From page 5	Y3244		

currently looking for alternate placement for Resident 1.

On 12/19/2024, at approximately 10:00AM, Surveyor reviewed Resident 1's Individual Support Plan (ISP) updated on 12/10/2024. The ISP noted the following regarding toileting, transfers and housekeeping and falls:

Toileting: "Resident will continue to toilet with assistance; ongoing. Resident will remain clean dry and free from odor..."

Ambulation/Transferring: "Resident uses a walker to assist with ambulation. Staff to provide stand by assist for safety. Resident does not always use his/her walker and needs frequent verbal reminders and supervision."

Housekeeping: "Resident currently not able to clean and maintain room ... Staff are to clean rooms for the resident to ensure a clean, orderly and odor free living environment weekly and daily as needed ... Resident will have a clean and tidy room; ongoing."

Falls: The ISP noted Resident 1 experienced a fall in October that resulted in a fracture hip. The fractured hip required surgical repair and rehabilitation from a skilled nursing facility. The ISP stated, " ...Resident returned to facility and will be frequent check ..."

On 12/19/2024, at approximately 10:10AM, Surveyor reviewed an assessment completed for Resident 1, dated 12/16/2024. The assessment noted Resident 1 had a hip fracture from a fall and will be on frequent checks.

On 12/18/2024 at 12:04PM, Surveyor interviewed

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Y3244	Continued From page 6 Administrator A. Administrator A confirmed Resident 1 recently returned from a skilled nursing facility due to receiving rehabilitation after a hip fracture. Administrator A reported Resident 1 uses a walker and is on 2-hour checks. Administrator A stated there is a housekeeper that cleans rooms once a week, but caregivers should clean as needed. Administrator A acknowledged surveyor's discussion of observations in Resident 1's room. Resident 1 requires frequent checks, assistance with transfers and stand by assist for the use of his/her walker. Guardian B arrived to Resident 1's room at approximately 9:00AM to find Resident 1 soiled. Guardian B notified caregivers that Resident 1 needed assistance and left to attend a court hearing. Surveyor arrived at Resident 1's room at 10:57AM and Resident 1 remained soiled. At approximately 11:15AM, Guardian B returned from the court hearing and Resident 1 remained soiled. Guardian B assisted Resident 1 with transferring, toileting, hygiene and changed his/her bedding.	Y3244		