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 02/14/2024

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 An investigation into 4 complaints and a self-report was conducted on 02/13/2024. As a result of this investigation there were no concerns identified with the self-report. Two of 4 complaints were substantiated with 1 deficiency identified. Census: 35	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation, record review, and staff and resident interviews the provider did not ensure a safe environment for 3 of 3 residents who had bed bugs found in their rooms. Residents 1, 2, and 3 slept and ate in their rooms from 02/07/2024 to 02/12/2024 despite the provider knowing there were bed bugs in those rooms. There were no known bites from the bugs on these residents. Findings include: On 02/13/2024 Surveyor conducted complaint investigations at the facility in response to 2 complaints received at the State Agency of bed	N 358		

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

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N 358	Continued From page 1	N 358		

bugs at this facility. At approximately 9:30 a.m. ADM (Administrator) - A confirmed Platinum Pest Control inspected the facility on 02/07/2024 in response to complaints from staff about bed bugs in the facility in 6 resident rooms. Platinum's documents provided to Surveyor by ADM - A showed on 02/07/2024 live bed bugs were found in rooms 102, 212, and 305. ADM - A indicated they bagged and sealed, washed and dried all clothing and waiting for the full treatment on 02/12/2024. ADM - A confirmed Residents 1, 2, and 3 slept and ate their meals in those rooms during that timeframe.

Observation by Surveyor on 02/13/2024 at 10 a.m. showed room 212 had belongings bagged outside of room. Resident 2 was not available for interview. Room 305's room was locked. Residents 3 was not available for interview. Resident 1 was in room 102 which was noted to be very clean. Resident 1 confirmed there were live bed bugs in this room but said "they didn't get me." Resident 1 confirmed sleeping and eating in Room 102 prior to the pest control company treating for the bed bugs on 02/12/2024.

During an interview with Surveyor on 02/13/2024 at 11:20 a.m., ADM - A and RM (Regional Manager) - B confirmed there were bed bugs in the 3 rooms that Resident's 1, 2, and 3 slept and ate in from 02/07/2024 till 02/12/2024 when Platinum Pest Control came and treated the rooms. ADM - A and RM - B confirmed the pest control company will return in 2 weeks for a follow-up. RM - B indicated residents were not made to stay in their rooms but were encouraged to prevent the bugs from hitchhiking to other areas of the facility. The provider did not ensure a safe environment knowing their rooms contained live bed bugs from 02/07/2024 through

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N 358	Continued From page 2 02/12/2024 for Resident 1, 2, and 3.	N 358		