STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018246	A. BUILDING: _____ B. WING _____	R-C 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS ASSISTED LIVING	21600 WETS CLEVELAND AVENUE NEW BERLIN, WI 53146

(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 01/08/2025, Surveyor conducted a verification visit and standard survey at Golden Oaks Assisted Living. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement Of Deficiency (SOD) XSHT11 dated 12/12/2023, and XSHT12 dated 06/05/2024. The 1 deficiency from SOD XSHT12 dated 06/05/2024 was not corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the resident's right to receive medications as ordered by the practitioner for 1 of 2 residents reviewed. A 30-day supply of Resident 2's eye drops were dispensed by pharmacy on 09/20/2024 and not re-filled until 01/08/2025.	{N 352}		

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

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{N 352}	Continued From page 1 This is a repeat deficiency. See Statement Of Deficiency XSHT11 dated 12/12/2023 and XSHT12 dated 06/05/2024. Findings include: On 01/08/2025 at 10:26 AM, Surveyor interviewed Resident 2 who stated s/he had not been receiving his/her eye drops because they had run out. Resident 2 stated s/he needed the eye drops because his/her eyesight was bad. On 01/08/2025 at 11:13 AM, Surveyor interviewed Team Lead/Caregiver E who stated s/he was administering medication on 01/08/2025. Team Lead/Caregiver E stated Resident 2 had been out of Refresh eye drops since 01/01/2025 and a re-order request had been sent to the pharmacy. Team Lead/Caregiver E showed Surveyor Resident 2's January 2025 medication administration record (MAR) and stated s/he had been documenting administration of Resident 2's eye drops when they had not actually been administered. On 01/08/2025, Surveyor reviewed Resident 2's record. S/he was admitted 07/24/2018. Diagnoses included bilateral pre-glaucoma, unspecified. Physician orders included Refresh Classic (PF) 1.4 %-0.6 % eye drops instill 1 drop in both eyes each morning for dry eyes. MAR dated 11/01/2024-12/31/2024: From 11/01/2024-12/31/2024, staff documented daily administration of Resident 2's Refresh eye drops. On 01/08/2025 at approximately 12:35 PM, Surveyor interviewed Administrator A who stated	{N 352}		

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{N 352}	Continued From page 2 s/he was not aware that Resident 2's Refresh eye drops had run out until 01/08/2025. Administrator A stated on 01/08/2025 s/he had checked both medication carts for the eye drops and re-ordered them from pharmacy. Administrator A stated s/he did not know how long ago the eye drops ran out because staff continued to document administering them. On 01/10/2025 at 12:54 PM, Surveyor interviewed Pharmacy Tech L who stated Resident 2's Refresh Classic (PF) 1.4 %-0.6 % eye drops were last dispensed on 09/20/2024 and 01/08/2025. Pharmacy Tech L stated on 09/20/2024 a 30-day supply of dropperettes was dispensed and the facility was responsible for requesting refills. On 01/10/2025 at 4:44 PM, Surveyor discussed concern of Resident 2 not receiving physician ordered eye drops with Administrator A. Administrator A stated not receiving the eye drops was concerning especially since s/he checked the MARs daily and staff had been signing them out. Administrator A stated Team Lead/Caregiver E was responsible for auding the medication carts but s/he herself would also start auding them. Cross Reference: N0415 DHS 83.37(2)(d) Documentation Of Medication Administration	{N 352}		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or	N 427		

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arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.

This Rule is not met as evidenced by:
Based on interview, observation, and record review the provider did not ensure a daily activity program that met the interests and capabilities of the residents was provided or an activity schedule was posted in an area available to residents.

Findings include:

The facility is licensed as a CLASS AS (semi-ambulatory) CBRF able to serve up to 16 residents within the client groups of irreversible dementia/Alzheimer's, advanced age and emotionally disturbed/mental illness. Census on 01/08/2025 was 12.

On 01/08/2025 upon arrival to facility at approximately 8:15 AM, Surveyor observed residents in the dining room and kitchen area eating breakfast.

On 01/08/2025 at 8:35 AM, Surveyor interviewed Administrator A who stated AM shift staff for 01/08/2025 were Lead/Caregiver K and Caregiver N.

On 01/08/2025 at 9:32 AM, Surveyor interviewed Resident 3 who stated there were not too many

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activities offered by staff. Resident 3 stated s/he did word puzzles and used his/her electronic tablet.

On 01/08/2025 at 9:35 AM, Surveyor interviewed Resident 1 who stated s/he did not have enough to do during the day. Resident 1 stated they went to the library but not consistently and Former Staff M used to do activities but left employment approximately 4 months ago.

On 01/08/2025 at 9:43 AM, Surveyor interviewed Resident 4 who stated s/he did not have enough to do to stay busy during the day.

On 01/08/2025 at 9:54 AM, Surveyor interviewed Resident 5 who stated staff did not offer group activities, rather residents did their own thing. Resident 5 stated s/he had enjoyed doing crafts with Former Staff M. Resident 5 stated if group activities were offered, s/he would like to do crafts play BINGO and have holiday parties. Resident 5 stated s/he watched television and used his/her electronic tablet.

On 01/08/2025 at 10:26 AM, Surveyor interviewed Resident 2 who stated no activities were offered by staff, but s/he went outside and smoked cigarettes with Resident 7, watched movies in his/her room, and did word search puzzles.

On 01/08/2025 at 10:04 AM, Surveyor observed the following:
Resident 3 and Resident 6 in their room.
Resident 1 and Resident 7 in their room, Resident 7 lying in bed.
Resident 5 and Resident 9 in their room, Resident 9 lying in bed, Resident 5 doing a crossword puzzle.

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Resident 4 in the living room meeting with an outside provider.
Resident 10 lying in bed.
No one was in the common areas.
At 10:13 AM, Resident 5 was showering.
At 10:16 AM, Resident 11 and Resident 12 were lying in their beds.
At 10:27 AM, Resident 8 left with Caregiver N to an appointment and Resident 3 was in living room looking at his/her electronic tablet.
At 11:13 AM, Team Lead/Caregiver K started the noon medication pass.
From approximately 12:00 PM to 1:15 PM, residents ate lunch in dining room.
From 1:15 PM to 2:32 PM, Surveyor observed residents mainly in their rooms except for a couple of residents who walked through the common areas.

On 01/08/2025 from 8:15 AM until 3:02 PM, staff did not offer a group activity to residents.

On 01/08/2025 at 2:32 PM, Surveyor interviewed Team Lead/Caregiver E regarding activities. Team Lead/Caregiver E stated on 01/08/2025 s/he did a grocery run and assisted a resident with a shower. Team Lead/Caregiver E stated individual activities were available and showed Surveyor board games and puzzles stored in a cupboard. Team Lead/Caregiver E stated a lot of residents had their own electronic tablets and on 01/08/2025 no AM group activity was offered. When asked where the activity calendar was located, Team Lead/Caregiver E stated they previously wrote the daily activities on the dry erase board located hanging on wall near dining room and showed Surveyor the board which was blank.

On 01/08/2025 at 2:38 PM, Surveyor interviewed

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N 427	Continued From page 6 Administrator A who stated Resident 4 and Resident 10 preferred to stay in their rooms, Resident 1 was always off grounds, and Resident 5 was on his/her electronic tablet all day. Administrator A stated when staff tried activities residents did not want to participate. Administrator A stated resident's individual service plans did not reflect preference for individual activities. Administrator A stated s/he believed the activity schedule was a monthly calendar. Administrator A stated s/he could not find the activity calendar in the binder. Administrator A stated Team Lead/Caregiver E was supposed to handle the activity calendar and activities, and when s/he asked Team Lead/Caregiver E where the activity calendar was, Team Lead/Caregiver E told him/her s/he did not know. Administrator A stated on 01/08/2025 the AM activity was Reminisce and PM was puzzles. On 01/08/2025 at 3:02 PM, Administrator A provided Surveyor with the January 2025 activity calendar which identified Yahtzee as the AM activity and Adult Coloring as the PM activity. On 01/10/2025 at 4:44 PM, Surveyor discussed concern of no activity programming or activity schedule available for residents with Administrator A who stated activities were the team lead's responsibility and s/he would follow-up.	N 427		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an	N 640		

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automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure enclosed furnace and laundry areas had self-closing doors when located on a common level with resident bedrooms.

Findings include:

The facility is licensed as a CLASS AS (semi-ambulatory) CBRF able to serve up to 16 residents within the client groups of irreversible dementia/Alzheimer's, advanced age and emotionally disturbed/mental illness. Resident bedrooms were located on the ground floor and in the basement, the laundry room was located on the ground floor and the furnace room was in the basement.

On 01/08/2025 at 11:46 AM, Surveyor toured facility with Maintenance O. Surveyor observed the door at the bottom of the basement steps had a self-closing mechanism, the furnace room door located in the basement did not have a self-closing mechanism, and resident occupied bedrooms were in the basement.

On 01/08/2025 at approximately 11:48 AM Surveyor observed the furnace room door self-close when checked by Surveyor and Maintenance O. Maintenance O stated

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N 640	Continued From page 8 sometimes the furnace room door self-closed and other times it did not, but s/he knew to pull it closed. Maintenance O stated staff used the furnace room door to retrieve food stored in the furnace room. On 01/08/2025 at 12:06 PM, Surveyor observed the laundry room door located on the ground floor. The door did not have a self-closing mechanism and did not self-close when checked by Surveyor and Maintenance O. Maintenance O stated the fire inspector did not identify need for a self-closing mechanism on the furnace room door because the door at the bottom of the steps had a self-closing mechanism, nor did the fire inspector identify need for a self-closing mechanism on the laundry room door. Surveyor reviewed DHS 83.59(2)(b) with Maintenance O who verbalized an understanding. On 01/10/2025 at 4:44 PM, Surveyor discussed concern of the furnace room and laundry room doors not self-closing when located on floors with resident occupied bedrooms with Administrator A. Administrator A stated Maintenance O would follow-up.	N 640		