STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019683	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS OF RANDOLPH II	137 ELLIS AVE RANDOLPH, WI 53956

(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 04/30/2024, with information obtained through 05/01/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a probationary licensing survey at Golden Years of Randolph II, a community-based residential facility (CBRF) located in Randolph, WI. As a result of the survey, 4 deficiencies were identified. Census: 9	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, Resident 2 did not sign his/her individual service plan (ISP) acknowledging his/her involvement in,	N 387		

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

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N 387	Continued From page 1 understanding of, and agreement with it. Findings include: On 04/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 03/10/2024 with diagnoses including anxiety disorder. Resident 2 was documented as being his/her own legal representative. Surveyor reviewed Resident 2's ISP, which did not contain evidence of having been signed as reviewed by him/her. At approximately 4:28 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B reported s/he could not find any evidence of Resident 2 having signed an ISP since his/her admission.	N 387		
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 2	N 389		

provider did not ensure that the individual service plan (ISP) for Resident 1 was reviewed with him/her annually and updated to reflect changes in his/her health monitoring.

Findings include:

On 04/30/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 01/21/2020 with diagnoses including peripheral neuropathy, dementia, and low back pain. Resident 1 was documented as being his/her own legal representative. Surveyor reviewed the most recently signed ISP for Resident 1, provided by Co-Administrator B. The ISP consisted of the following:

- One page with his/her diagnoses and signatures from him/herself, Former Administrator D, and his/her case managers dated 05/16/2023.

- Three pages consisting of a service plan from his/her managed care organization (MCO). Page 1 of this plan documented that Resident 1 required a nursing home level of care and listed financial information regarding his/her financial obligation to his/her MCO and the MCO's funding. Pages 2 and 3 of this plan documented a list of acknowledgments regarding Resident 1's contractual agreement with his/her MCO.

Surveyor did not observe any information regarding Resident 1's specific care needs, program services, measurable goals, or specific methods for delivering his/her needed care in the ISP that had been reviewed. At approximately 4:00 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B confirmed that s/he could not find any other evidence of a signed ISP for Resident 1.

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N 389	Continued From page 3 Surveyor then reviewed Resident 1's current ISP, provided by Co-Administrator B, dated 04/30/2024. In addition to documenting a comprehensive list of care needs and program services, the ISP documented the following: - Under the "Daily Vitals" heading: "Please take Vitals daily per doctor request. Faxing vitals to doctor." The vitals listed to be taken included blood pressure, pulse, pulse oximetry, and respirations. - Under the "Resident Daily Temp and Symptom Tracker" heading: "Residents [sic] temp and symptom checks are to be done DAILY. RESIDENT TEMPS ARE TO BE DONE DAILY. PER RECOMMENDATIONS ACCURATE BODY TEMP IS IN THE AFTERNOON. PLEASE MONITOR TEMP AND SYMPTOMS AT 2:30 P.M. DAILY AND AS NEEDED." The current ISP was not signed as reviewed by Resident 1. At approximately 4:00 p.m., Surveyor requested from Co-Administrator B Resident 1's daily vitals and temperature records for the last month. Co-Administrator B confirmed s/he was unable to find such records. Co-Administrator B reported that Resident 1's daily vitals and temperature tracking must have been old information because staff had not been completing it. Co-Administrator B reported that s/he didn't think this was a current need for Resident 1.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate	N 394		

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N 394	Continued From page 4 each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1 was evaluated at least annually for his/her mental and physical capability to respond to a fire alarm. Findings include: On 04/30/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 01/21/2020 with diagnoses including peripheral neuropathy, dementia, and low back pain. The most recent evacuation assessment completed for Resident 1 was dated 01/11/2023. At approximately 3:55 p.m., Surveyor interviewed Co-Administrator B. Co-Administrator B confirmed s/he was unable to find a more recent evacuation assessment for Resident 1.	N 394		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer vent tubing	N 488		

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N 488	Continued From page 5 was of a rigid material. Findings include: On 04/30/2024, at approximately 11:45 a.m., Surveyor toured the environment with Administrator A. Surveyor observed the facility's clothes dryer, which appeared to be made of semi-rigid material with ridges (Photo 1). Administrator A reported s/he was unaware of the rigid clothes dryer vent tubing requirement. At approximately 4:45 p.m., Surveyor interviewed Co-Administrator B and Licensee C. After reviewing the rigid versus semi-rigid dryer tubing materials, Licensee C reported s/he would have his/her spouse, who conducted maintenance for the facility, to address the concern.	N 488		