

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019683	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/05/2024
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS OF RANDOLPH II		STREET ADDRESS, CITY, STATE, ZIP CODE 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 07/05/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Golden Years of Randolph II, a community-based residential facility (CBRF) located in Randolph, WI. As a result of the survey, 0 deficiencies were identified. All previous deficiencies from Statement of Deficiency (SOD) YYEK11, dated 05/01/2024, were corrected. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed. The facility can be issued a regular license on 07/31/2024 when the probationary license expires. Census: 9	{N 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE