STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017295	A. BUILDING: _____ B. WING _____	C 10/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GOLDEN STAR AFH IV	**4817 39TH AVE KENOSHA, WI 53144**

(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
M 000	INITIAL COMMENTS On 10/19/2024, Surveyor concluded a standard survey and 5 complaint investigations at A Golden Star AFH IV. Five deficiencies were identified. Two complaints were substantiated. Three complaints were unsubstantiated. Census: 4	M 000		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were located in 1 of 8 required locations. There was no smoke detector in the basement. Findings include:	M 334		

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

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M 334	Continued From page 1 On 10/16/2024 at approximately 11:35 a.m., Surveyor toured the home with House Lead B. During the tour of the basement, Surveyor observed a smoke detector bracket on the ceiling. Surveyor asked House Lead B if s/he knew how long the basement smoke detector had been gone. House Lead B stated s/he was not sure but s/he would let the landlord know. On 10/16/2024 at approximately 3:55 p.m., during exit, Surveyor interviewed Co-Licensee A and asked why there were no smoke detectors in the basement. Licensee A stated staff was supposed to change the batteries and call maintenance when a smoke detector was missing. Co-Licensee A stated they would contact maintenance to replace the smoke detector.	M 334		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview the provider did not have a statement of agreement with the individual service plan (ISP) that was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2). Findings include: On 10/16/2024, at 1:00 p.m., Surveyor reviewed	M 420		

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M 420	Continued From page 2 resident records and identified the following: Resident 1 Resident 1 was admitted to the facility on 11/01/2022. Resident 1's ISP was dated 11/10/2023. Resident 1's ISP identified Resident 1 had a managed care organization (MCO) case management team. Resident 1's ISP also identified Resident 1 had a guardian. Resident 1's ISP did not contain a guardian signature. Resident 2 Resident 2 was admitted to the facility on 07/15/2024. Resident 2's ISP was dated 07/22/2024. Resident 2's ISP identified Resident 2 had a managed care organization (MCO) case management team. Resident 2's ISP also identified Resident 2 had a guardian. Resident 2's ISP did not contain a guardian signature or MCO case management team signatures. On 10/16/2024, at 1:50 p.m., Surveyor interviewed Co-Licensee A regarding Resident 1's ISP not containing a guardian signature. Co-Licensee A explained his/her previous House Lead oversaw retrieving signatures from the case managers and the guardians. Co-Licensee A stated s/he would work with his/her new house lead B to correct this issue.	M 420		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 3	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure prescription medications were securely stored for 1 of 1 resident. Resident 2's insulin was not securely stored in a lockbox in the refrigerator.

Findings include:

On 10/16/2024, at 12:30 p.m., Surveyor toured the facility. In the kitchen, which is accessible to residents, Surveyor observed a box of 4 single-dose pens of Trulicity insulin injection pens on the top shelf of the refrigerator, unsecured.

On 10/16/2024, at 11:23 a.m., Surveyor interviewed Resident 2, who stated they usually kept his/her insulin in the refrigerator. Resident 2 stated, "We don't lock it up."

On 10/16/2024, at 12:38 p.m., Surveyor interviewed House Lead B and asked whose insulin was in the refrigerator. House Lead B stated Resident 2 received insulin. Surveyor asked House Lead B if the insulin should have been in a locked box. House Lead B stated, "I always thought insulin should be locked up."

Resident 2 and Resident 3 were observed ambulating throughout the facility during the

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M 458	Continued From page 4 entire survey. On 10/16/2024, at 3:25 p.m., Surveyor interviewed Co-Licensee A. Co-Licensee A stated s/he was not aware that the medications in the refrigerator was not being locked up. Co-Licensee A went into medication closet and retrieved Resident 2's lockbox. Co-Licensee A stated they had it the whole time but were not using it.	M 458		
M 488	88.09(1)(d) RESIDENT RECORDS REQUIREMENTS A resident's record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop and maintain a records for 1 of 1 resident. Resident 2 did not have a complete record within the home. Findings include: On 10/16/2024, at 1:52 p.m., Surveyor reviewed the resident roster provided by Co-Licensee A and identified the following: Resident 2 was admitted to the home on 07/15/2024. On 10/16/2024, at 1:20 p.m., Surveyor requested to review Resident 2's record. The following information was unavailable in Resident 2's record: 1. The address of the resident's legal guardian.	M 488		

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M 488	Continued From page 5 2. The addresses of every person, including the resident's physician, to be notified in the event of an emergency. 3. Medical insurance or medical assistance and Medicare identification numbers and the name of the pharmacy that the resident uses. 4. The statement indicating that resident rights and grievance procedures had been explained and copies have been provided to the parties. 5. Records maintained by the licensee of the resident's finances, including written authorization from the resident or the resident's guardian to control the resident's funds. On 10/16/2024, at 12:20 p.m., Surveyor interviewed Co-Licensee A regarding Resident 2's record. Co-Licensee A stated, "I'm not sure where his/her paperwork is. I will have to check the office." On 10/16/2024, at 3:20 p.m., Surveyor interviewed Co-Licensee A regarding Resident 2's record. Co-Licensee A stated, "I don't know where everything went. I brought some things back for you to review from the office. But it is not the complete file." On 10/16/2024, at 3:45 p.m., Surveyor interviewed Co-Licensee A regarding resident records. Co-Licensee A confirmed s/he did not keep a resident record with all information listed in DHS 88 since Resident 2's admittance to the facility. Co-Licensee A reported s/he did not know where everything was and that s/he would need to work on organizing the records with House Lead B.	M 488		
M 510	88.09(1)(d)11 RESIDENT FUNDS	M 510		

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M 510	Continued From page 6	M 510		

Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) record had evidence of written authorization from the legal guardian to control the resident's funds.

Findings include:

On 08/05/2024 and 08/21/2024, the Department received two complaints that Co-Licensee A did not give what money a resident's parent had sent to him/her.

On 10/16/2024, at 1:52 p.m., Surveyor reviewed the resident roster provided by Co-Licensee A and identified the following:

Resident 1 was admitted to the home on 11/01/2022. Resident 1 had a legal guardian. Resident 1's record did not indicate who managed his/her funds or contain written authorization from the guardian for the provider to control their funds.

On 10/16/2024, at 10:20 a.m., Surveyor interviewed Co-Licensee A. Co-Licensee A stated s/he received $100 monthly from Guardian D for Resident 1's spending. Co-Licensee A explained how s/he gave Resident 1 $25 dollars a week, to spread out his/her money, so it would last throughout the month. Co-Licensee A stated Guardian D was okay with the plan. However, Resident 1 went through the money so fast, it did

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M 510	Continued From page 7 not work. Co-Licensee A stated, "I just ended up giving him everything at the beginning of the month." When Surveyor asked how transactions were documented, Co-Licensee A stated, "It never got into a formal plan, since it didn't last. We do not have any paperwork." On 10/18/2024 at 11:26 a.m., Surveyor emailed Co-Licensee A and Co-Licensee C and requested the records maintained by the licensee of Resident 1's finances, including written authorization from the resident's guardian to control his/her funds. As of 10/19/2024 at 4:00 p.m., no additional documentation was provided to the Department.	M 510		