STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 11/18/2024, Surveyor conducted two complaints and a verification visit at Golden View, a CBRF located in Milwaukee, WI. As a result of the survey, two violations of Chapter DHS 83 issued. Three violations from previous SOD CU9L1A were corrected. One complaint substantiated, 1 complaint unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 30	{N 000}		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 1 resident (Resident 26) was free from mistreatment. Former Cook P yelled at Resident 26 in the dining area.	N 348		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 348	Continued From page 1 Findings include: On 09/23/2024, the Department received a complaint alleging that staff verbally abused residents in the dining area. No specific date was given. On 11/18/2024 at 9:15 AM, Surveyor reviewed Resident 26's medical record. Resident 26 was admitted 07/06/2023 with diagnoses that include but are not limited to: alcohol abuse, major depressive disorder, panic disorder, post-traumatic stress disorder (PTSD), congestive heart failure, chronic obstructive pulmonary disorder. On 11/18/2024 at 9:15 AM, Surveyor reviewed Resident 26's Individual Service Plan (ISP), dated 08/10/2024. Resident 26's ISP indicates that due to PTSD, Resident 1 may get upset when triggered and cannot think or respond appropriately. Resident 26's ISP indicated that staff are to offer reassurance when Resident 26 is anxious or upset. On 11/18/2024 at 9:30 AM, Surveyor interviewed Administrator O. Administrator O acknowledged there was an incident regarding a verbal altercation between Former Caregiver O and Resident 26 on 05/26/2024. Administrator O stated that Resident 26 became agitated when s/he got to the dining area and his/her place at the table was not cleaned properly. Administrator O stated that Resident 26 yelled at Former Cook P, and threw a napkin at him/her. Administrator O stated that Former Cook P yelled back at Resident 26 in a loud, profane voice that included swearing. Administrator O stated that Resident 26 was able to recall the events of the incident and identified Former Cook P as the one that	N 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 348	Continued From page 2	N 348		

yelled at him/her. Administrator O stated that Former Cook P was suspended pending investigation and his/her employment was terminated.

On 11/18/2024 at 9:45 AM, Surveyor reviewed the facility's documentation regarding the incident on 05/26/2024. Documentation dated 05/26/2024 indicates that Resident 26 yelled at Former Cook P in the dining room and Former Cook P yelled back. Both Resident 26 and Former Cook P used loud, profane language towards each other. Caregiver Q and Caregiver R intervened and separated Resident 26 and Former Cook P. Documentation indicated that Former Cook P was interviewed and confirmed that s/he yelled at Resident 26 and knew that was wrong.

Former Caregiver Q's written statement dated 05/26/2024, indicated that Former Caregiver Q heard Former Cook P and Resident 26 yelling at each other. Former Caregiver Q indicated that s/he intervened and separated Former Cook P and Resident 26. Former Caregiver Q described the verbal altercation as "they were both swearing and yelling at each other."

Former Caregiver R's written statement dated 05/26/2024 indicated that Former Cook S told Former Caregiver R that Resident 1 and Former Cook P were arguing. Former Caregiver R stated, "I went upstairs and I could hear Former Cook P and Resident 26 arguing. Former Cook P was swearing and yelling at Resident 26."

Former Cook S's written statement dated 05/26/2024 indicated that Former Cook S heard Former Cook P and Resident 26 arguing, Former Cook S stated, "Former Cook P and Resident 26 were going at it! They were yelling at each other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 348	Continued From page 3 so I went to get Former Caregiver R to intervene." On 11/18/2024 at 12:15 PM, Surveyor discussed the above concern with Administrator O. Administrator O acknowledged that staff cannot yell and/or swear at residents at any time. Administrator O acknowledged that Former Cook P yelled and swore at Resident 26.	N 348		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were kept free from odors. There was a strong smell of urine outside of Resident 27's apartment. Findings include: On 09/23/2024, the Department received a complaint that the facility smells strongly of urine. On 11/18/2024 at 9:00 AM, Surveyor toured the physical environment with Manager T. OBSERVATIONS: The hallway outside of Resident 27's apartment smelled strongly of urine. The smell of urine could be detected at least 10 feet on either side of Resident 27's apartment. Resident 27's apartment smelled strongly of urine. Surveyor observed Resident 27 lying in bed. Resident 27 was observed to have a	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 489	Continued From page 4 catheter emptying into a collection bag. On 11/18/2024 at 10:15 AM, Surveyor interviewed Administrator O. Administrator O confirmed that Resident 27 has a catheter and bag to help Resident 27 pass urine. Administrator O acknowledged that Resident 27's apartment smelled strongly of urine and that the facility needs to do a better job of cleaning and sanitizing Resident 27's apartment.	N 489		