STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017075	A. BUILDING: _____ B. WING _____	R-C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GOLDEN STAR AFH III	1638 ERIE ST RACINE, WI 53402

(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 01/09/2024, Surveyors completed a standard survey, verification visit, and a complaint investigation. As a result, the previous 10 deficiencies were corrected, and 2 new deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not report to the department, within 24 hours, when 1 of 1 resident (Resident 5) eloped and was reported missing. Findings include: On 10/10/2023, the Department received a complaint alleging a resident eloped from the facility.	M 134		

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

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M 134	Continued From page 1 On 12/19/2023, at 11:00 AM, Surveyors entered the facility. Surveyors did not observe Resident 3 in the facility. On 12/19/2023, at 11:10 AM, Surveyors interviewed House Lead N. House Lead N stated, "We had [Resident 3] run away yesterday, I just found out, s/he is in jail." On 12/21/2023, at 1:00 PM, Surveyors reviewed Resident 5 record. Resident 5 was admitted to the facility on 07/22/2023 with diagnoses including anxiety, autism, intermittent explosive disorder, bipolar, oppositional defiant disorder, schizoaffective disorder, and psychosis. Resident 5's individual service plan (ISP) dated 08/1/2023. Under section "Supervision," Resident 5's ISP stated, "Member requires twenty-four hour supervision ...member has eloped in the past. Staff is to see elopement protocal [sic] per [behavior support plan]. Member requires staff readily available and supervising at all times due to members denoting behaviors." Surveyors reviewed incident forms and identified the following: - On 10/15/2023, Resident 5 eloped by cutting the window screen. Resident 3 was found in Illinois. - On 10/27/2023, Resident 5 eloped from the facility after coming back from the hospital. Resident 3 refused to enter the facility and sat on the porch. Resident 5 eloped and was found by police a few blocks away. Resident 5 refused to comply with police and was later found at a family member's house. On 12/21/2023, at 3:00 PM, Surveyors completed a review of the Department's facility file.	M 134		

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M 134	Continued From page 2 Surveyors did not observe any self-reports submitted to the Department in 2023. On 01/10/2024, at 2:30 PM, Surveyors interviewed Director A. Director A reported s/he was unaware of the requirement to report to the department when a resident eloped. Director A reported s/he thought s/he only needed to report to Resident 5's care team and guardian.	M 134		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure all residents of the home were free from seclusion/physical restraints when 3 of 3 residents of the home could not freely and independently open an emergency exit door from the home to leave the home without staff unlocking the exit from inside the home. Findings include: On 12/11/2023, at 11:30 AM, Surveyors toured the home with House Lead N. Surveyors observed the rear door in the kitchen. The door contained a deadbolt which had to be unlocked by a key. Staff observed House Lead N unlocked the door, which opened to a hallway. The rear exit of the home was located in this hallway.	M 338		

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M 338	Continued From page 3 On 12/21/2023, Surveyors reviewed Resident 5 record. Resident 5 was admitted to the facility on 07/22/2023 with diagnoses including anxiety, autism, intermittent explosive disorder, bipolar, oppositional defiant disorder, schizoaffective disorder, and psychosis. Resident 5's individual service plan (ISP) dated 08/1/2023. Under section "Supervision," Resident 5's ISP stated, "Member requires twenty-four hour supervision ...member has eloped in the past. Staff is to see elopement protocal [sic] per [behavior support plan]. Member requires staff readily available and supervising at all times due to members denoting behaviors." On 12/19/2023, at 11:39 AM, Surveyors interviewed Resident 4. Surveyors inquired how often s/he used the back door to exit. Resident 4 stated, "I only use the front door, I can't use the back door". Surveyors inquired what exit s/he would use if there were a fire between the living room and kitchen. Resident 4 stated s/he would need to use the back door. On 12/19/2023, at 1:00 PM, Surveyors interviewed Director A. Director A reported the rear door was locked to help monitor Resident 5 from eloping. Director A reported s/he had permission from Resident 5's case manager to lock the rear exit to assist staff in monitoring Resident 5.	M 338		