STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016654	A. BUILDING: _____ B. WING _____	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GOLDEN STAR AFH	3337 CHARLES STREET 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 02/14/2024, Surveyor concluded a standard survey and a complaint investigation at A Golden Star AFH. Two deficiencies were identified. One complaint was unsubstantiated. Census: 2	M 000		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) were evaluated annually for evacuation time, using the Department's form, in 2023. Findings include: On 07/05/2023 at 11:05 a.m., Surveyor reviewed resident records. The following was identified: -Resident 1 was admitted to the facility on 08/01/2022. Surveyor observed fire evacuation evaluation form dated 07/14/2022. Resident 1's record did not contain a fire evacuation evaluation form for 2023.	M 346		

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

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M 346	Continued From page 1 -Resident 2 was admitted to the facility on 07/01/2022. Surveyor observed fire evacuation evaluation form dated 06/14/2022. Resident 2's record did not contain a fire evacuation evaluation form for 2023. On 02/07/2024 at 11:10 a.m., Surveyor interviewed Lead Caregiver (LC) C. LC C provided the fire evacuation evaluation forms. LC C stated, "2023 is not in the file. I missed doing the 2023 ones."	M 346		
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 interview, the provider did not ensure each resident's individual service plan (ISP) contained a statement of agreement with the plan that was signed and dated by all persons involved in developing the plan for 1 of 1 resident reviewed (Resident 1). Findings include: On 02/07/2024 at 12:08 p.m., Surveyor reviewed Resident 1's file and identified the following: Resident 1 was admitted on 07/11/2022 with diagnoses including, autism and anger disorder. Resident 1's ISP, dated 04/05/2023 and 10/05/2023, identified the resident's guardian did not sign Resident 1's ISP.	M 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016654	A. BUILDING: _____ B. WING _____	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GOLDEN STAR AFH	3337 CHARLES STREET RACINE, WI 53402

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M 420	Continued From page 2 On 02/07/2024 at 2:32 p.m., Administrator B stated, "[Resident 1's] [Family G] doesn't come to the facility and it's difficult for us to get ahold of [him/her] to sign the ISP. I think [Licensee A] emails it to him/her." 02/07/2024 at 3:20 p.m., Surveyor gave Administrator B until 02/08/2024 at 4:00 p.m. to provide documentation Resident 1's guardian was involved in the creation of the ISP and signed it. As of 02/14/2024 at 8:00 a.m., no additional information was received.	M 420		