STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310402	A. BUILDING: _____ B. WING _____	08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS ASSISTED LIVING RESIDENCE	270 RIDGE RD WALWORTH, WI 53184

(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 08/13/2025, Surveyor conducted an abbreviated survey at Golden Years Assisted Living Facility. Five deficiencies were identified. One of 5 deficiencies was a repeat violation. See Statement Of Deficiency D01Y12, dated 08/02/2022. Census: 35	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees had been screened for clinically apparent communicable disease including tuberculosis (TB) using centers	N 220		

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

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N 220	Continued From page 1 for disease control and prevention standards within 90 days before the start of employment. One of 2 employees reviewed did not have a documented TB test until 481 days after hire date. Findings include: On 08/13/2025, Surveyor reviewed Resident Assistant C's employee record. S/he was hired 02/22/2023. His/her record contained documentation of TB tests conducted on 06/07/2024 and 06/10/2025. On 08/13/2025 at 3:19 PM, Surveyor interviewed Assisted Living Manager B who stated they were unable to find a TB test conducted within 90 days prior to hire date for Resident Assistant C. On 08/13/2025 at 4:44 PM, Surveyor discussed concern of no TB test conducted within 90 days prior to hire date for Resident Assistant C with Administrator A and Assisted Living Manager B. Administrator A stated s/he did not know why no documentation of a TB test conducted prior to hire was not available and the 06/07/2024 TB test was possibly conducted when staff records were audited.	N 220		
N 344	83.32(2)(b) Post resident rights, grievance procedure Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests.	N 344		

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N 344	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the grievance procedure was posted in a prominent public place available to resident, employees and guests. Findings include: The facility is licensed as a Class CNA CBRF able to serve up to 44 residents within the client groups of terminally ill, advanced age, and irreversible dementia/Alzheimer's. On 08/13/2025 at 11:40 AM, while touring facility with Assisted Living Manager B, Surveyor was unable to locate a posted grievance procedure. On 08/13/2025 at 12:01 PM, Surveyor interviewed Assisted Living Manager B who stated the grievance procedure was not posted. Assisted Living Manager B stated the grievance procedure was posted on the large dry erase board in the hall but sometime during the past 2 weeks activities staff took it down to post paintings by residents on the dry erase board. On 08/13/2025 at 4:44 PM, Surveyor discussed concern of grievance procedure not posted with Administrator A and Assisted Living Manager B. Administrator A stated s/he understood the grievance procedure needed to be posted and they would repost it right away. Cross Reference: N0523 DHS 83.47(2)(b) Exit Diagram	N 344		
N 523	83.47(2)(b) Exit diagram.	N 523		

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N 523	Continued From page 3 Exit diagram. The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exit diagram was posted in a conspicuous place where it could be seen by the residents when no exit diagram was posted. Findings include: The facility is licensed as a Class CNA CBRF able to serve up to 44 residents within the client groups of terminally ill, advanced age, and irreversible dementia/Alzheimer's. On 08/13/2025 at 11:40 AM, while touring facility with Assisted Living Manager B, Surveyor was unable to locate a posted emergency exit diagram. On 08/13/2025 at 12:01 PM, Surveyor interviewed Assisted Living Manager B who stated no emergency exit diagram was posted. On 08/13/2025 at 4:44 PM, Surveyor discussed concern of emergency exit diagram not posted with Administrator A and Assisted Living Manager B. Administrator A stated s/he did not know what happened with the emergency exit diagram or how long it had not been posted. Administrator A stated they would post it right away.	N 523		

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N 523	Continued From page 4 Cross Reference: N0344 83.32(2)(b) Post Resident Rights, Grievance Procedure	N 523		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 fire evacuation drill was held annually that simulated the conditions during usual sleeping hours. No fire drill simulating conditions during usual sleeping hours (simulated night fire drill) was held in 2024. Findings include:	N 525		

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N 525	Continued From page 5 The facility is licensed as a Class CNA CBRF able to serve up to 44 residents within the client groups of terminally ill, advanced age, and irreversible dementia/Alzheimer's. On 08/13/2025, Surveyor reviewed 2023 and 2024 fire drill documentation. No simulated night fire drill was documented in 2024. On 08/13/2025 at 4:29 PM, Surveyor interviewed Administrator A who stated they did not have documentation of a simulated night fire drill in 2024. On 08/13/2025 at 4:44 PM, Surveyor discussed concern of no simulated night fire drill conducted in 2024 with Administrator A and Assisted Living Manager B. Administrator A stated they were not sure why the drill was not completed and the staff person in charge of fire drills had left employment. Cross Reference: N0525 DHS 83.47(2)(e) Other Evacuation Drills	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuation drills were conducted at least semi-annually.	N 526		

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N 526	Continued From page 6 One other emergency or disaster evacuation drill was conducted in 2023 and 2024. This is a repeat deficiency. See Statement Of Deficiency D01Y12, dated 08/02/2022. Findings include: The facility is licensed as a Class CNA CBRF able to serve up to 44 residents within the client groups of terminally ill, advanced age, and irreversible dementia/Alzheimer's. On 08/13/2025, Surveyor reviewed 2023 and 2024 other emergency evacuation drills. Tornado drills were documented on 04/21/2023 and 04/11/2024 and no additional other emergency evacuation drills were documented in 2023 and 2024. On 08/13/2025 at 4:29 PM, Surveyor interviewed Administrator A who stated they did not have documentation of second other emergency evacuation drills in 2023 and 2024. On 08/13/2025 at 4:44 PM, Surveyor discussed concern of only 1 other evacuation drill completed in 2023 and 2024 with Administrator A and Assisted Living Manager B. Administrator A stated the staff person in charge of evacuation drills had left employment. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills	N 526		