STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018550	A. BUILDING: _____ B. WING _____	R-C 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS TERRACE	10135 W HAMPTON AVE, STE A MILWAUKEE, WI 53225

(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 01/22/2026, Surveyor completed a standard survey, verification visit and complaint investigation at Golden Oaks Terrace. As a result, the previous 3 deficiencies were corrected, 2 deficiencies were recited, and 10 new deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the facility permitted 1 of 1 caregiver (Caregiver C) to work in the home when Caregiver C had a substantiated finding of abuse and was placed on the Wisconsin Caregiver Misconduct Registry;	N 219		

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

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N 219	Continued From page 1 Caregiver C was not eligible to work as a caregiver in a Department of Health Services (DHS) regulated facility in Wisconsin. Findings include: On 12/30/2025, the Department received a complaint alleging concerns with caregiver background checks. Observations On 01/21/2026, at 9:15 AM, Surveyor observed Caregiver C working in the facility. Surveyor observed Caregiver C assist residents with cares during the survey. Surveyor observed another caregiver in the facility during the survey. Record Review On 01/21/2026, at 10:50 AM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 12/01/2025. Caregiver C's background information disclosure (BID) was dated 11/22/2025. Surveyor reviewed the following responses: Question 4, "Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? If Yes, explain, including when and where it happened." The response area was left blank, the yes or no box was not marked for this question Question 6, "Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? If Yes, explain, including when and where it happened." The response area was left blank, the yes or no box was not marked for this question	N 219		

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N 219	Continued From page 2 Caregiver C's Government Findings Report (GFR), dated 12/01/2025, noted Caregiver C had a finding of abuse on 11/15/2024. Surveyors verified the findings as noted on the Caregiver Misconduct Registry. The finding documented Caregiver C was not eligible to work as a caregiver in a DHS regulated facility in Wisconsin. Surveyor reviewed staff schedules. Caregiver C was scheduled to work on 12/01/2025, 12/06/2025, 12/07/2025, 12/15/2025, 12/20/2025, 12/21/2025, 01/01/2026, 01/06/2026, 01/07/2026, 01/15/2026, 01/20/2026 and 01/21/2026. Interviews: On 01/21/2026, at 9:20 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he had been employed with the facility for about 2 months. Caregiver C reported s/he worked in both facilities owned by the licensee as a caregiver. Caregiver C reported s/he normally worked during the day shift and weekends. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for reviewing BID forms and conducting background checks for staff. When Surveyor inquired if s/he reviewed Caregiver C's background information, Licensee A reported s/he had an old manager assist her/him with some of the paperwork in December and s/he was the person who reviewed Caregiver C's background information. Licensee A reported s/he was unaware of Caregiver C's record. Licensee A reported s/he would take over the hiring process to ensure staff were vetted thoroughly.	N 219		

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N 220	Continued From page 3	N 220		
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 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 (TB), within 90 days before the start of employment for 2 of 2 (Caregiver E and Caregiver C) staff members reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) NTIP11, dated 05/20/2022. Findings include: On 01/21/2026, at 10:50 AM, Surveyor reviewed staff files and identified the following: Caregiver E was hired on 09/15/2025. Caregiver E's record contained a communicable disease	N 220		

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N 220	Continued From page 4 screening dated 06/24/2025. Caregiver E's record did not contain any evidence of a TB test. Caregiver C was hired on 12/01/2025. Caregiver C's record contained a communicable disease screening dated 12/31/2025, which was 30 days after her/his start date. Caregiver C's record did not contain any evidence of a TB test. Surveyor reviewed staff schedules. Caregiver C was scheduled to work on 12/01/2025, 12/06/2025, 12/07/2025, 12/15/2025, 12/20/2025, 12/21/2025. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had a nurse who was responsible for completing the employee screenings. Licensee A reported the paperwork may be in a different file. Surveyor requested the information to be sent by 01/22/2026 at 9:00 AM. As of 01/22/2026, at 2:00 PM, no documentation was received by Surveyor.	N 220		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion,	N 243		

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N 243	Continued From page 5 retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed, obtained all training as required within 90 days after starting employment.	N 243		

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N 243	Continued From page 6 Caregiver E did not have training in required client groups within 90 days after starting employment. Findings include: The facility was licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced aged, terminally ill alcohol/drug dependent, physically disabled, emotionally disturbed/mental illness, traumatic brain injury and developmentally disabled. On 01/21/2026, at 10:50 AM, Surveyor reviewed Caregiver E's file. Caregiver E was hired 09/15/2025. Caregiver E's record did not contain evidence of client group training or evidence of meeting an exemption for client group training. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed Caregiver E did not receive training in client groups within 90 days. Licensee A reported they complete the training with continuing educations.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment.	N 247		

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N 247	Continued From page 7 Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review, interview, and observation, the provider did not ensure 1 of 1 employee obtained dietary training. Caregiver E who had responsibilities for performing dietary duties, did not have dietary training prior to or within 90 days after assuming these duties. Findings include: Record Review	N 247		

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N 247	Continued From page 8 On 01/21/2026, at 10:50 AM, Surveyor reviewed staff files and identified the following: Caregiver E was hired on 09/15/2025. Caregiver E's record did not contain any evidence of dietary training. Caregiver E's record did not contain evidence of an exemption for dietary training. Interviews On 01/21/2026, at 9:20 AM, Surveyor interviewed Caregiver C. Caregiver C reported all the staff were responsible for cooking the meals for the residents. Caregiver C reported they did not have a designated cook, so all staff took turns with cooking. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A was unaware of the code requirement. Licensee A confirmed all staff were responsible for cooking. Licensee A reported s/he would ensure all staff received dietary training prior to performing dietary duties within the kitchen.	N 247		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure training hours were documented for 1 of 1 caregiver (Caregiver D). Caregiver D's record did not contain the dates and hours of continuing education training.	N 284		

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N 284	Continued From page 9 This is a repeat deficiency. See Statement of Deficiency (SOD) NTIP11, dated 05/20/2022. Findings include: On 01/21/2026, at 10:50 AM, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 12/30/2021. Caregiver D's record did not contain evidence of continuing education hours or dates the continuing education was received for 2024 and 2025. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he would need to get the information from the nurse. Surveyor requested the information be sent by 01/22/2026 at 9:00 AM. As of 01/22/2026, at 2:00 PM, no documentation was received by Surveyor.	N 284		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing	N 447		

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N 447	Continued From page 10 and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all equipment and utensils were cleaned using separate steps for pre-washing, washing, rinsing, and sanitizing. Findings include: On 01/21/2026, at 9:15 AM, Surveyor observed Caregiver C washed dishes by hand in a 1-compartment sink. Caregiver C turned on the water in the sink, but did not fill the sink with water, put dish soap on a washcloth, and wipe the washcloth over the dishes. Caregiver C then rinsed off the dishes under the running water and place them on a dish drying rack. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported caregivers were to fill the sink with water with soap and bleach and then use a bin to rinse off the dishes. Licensee A was unaware of the code requirement. Licensee A reported s/he had staff hand wash dishes due to staff would run the dishwasher with only 3 plates or use dish soap and not dishwasher tablets in the dishwasher, which caused the dishwasher to overflow with bubbles. Licensee A reported s/he would need to reinstitute the dishwashers.	N 447		

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N 481	Continued From page 11	N 481		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safe, clean and comfortable for 7 of 7 residents. Resident shared bathrooms and the kitchen were in need of cleaning and repair. Findings include: On 01/21/2026, at 9:10 AM, Surveyor toured the facility and observed the following: Bathroom located off of the living room: - A grab bar was located on the south wall. Between the grab bar and the wall contained what appeared to be a broken toilet paper holder. There were brackets for the toilet paper holder above the grab bar. - A plastic commercial toilet paper holder, located below the grab bar was empty. The roll of toilet paper was located resting on top of the grab bar. - A black end table was located between the toilet and sink. A brown roll of paper towel was on top of the table. The empty paper towel holder was located on the north wall. - There was no soap dispenser located in the bathroom. Surveyor observed a bar of soap, located behind the faucet. - The exhaust fan, located above the sink was	N 481		

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N 481	Continued From page 12 covered in a thick grey fuzzy substance, similar to dust. Bathroom 1 - A sign on the shower curtain indicated "Please do not use this shower!!!!" - The bathroom door was missing a piece of metal trim on the inside. - Surveyor attempted to close the bathroom door until the door latched, the door swung back at Surveyor. Surveyor had to apply pressure with her/his body to ensure the door latched closed. Surveyor was unable to apply enough pressure for the door to close by just using her/his hand. - The paper towel was located on the counter, underneath the empty paper towel holder. Bathroom 2, closest to the other facility door - The bathroom door was unable to latch and close. Surveyor attempted to close the door by utilizing her/his hand, the door swung open at Surveyor. Surveyor attempted to use her/his body to apply more pressure for the door to latch and close. The door again swung open at Surveyor. Surveyor again used her/his body and attempted to jiggle the handle to get the door to latch and closed. Once Surveyor stopped applying pressure, the door swung open at Surveyor. - The light between the shower and toilet was burnt out. - There was no shower curtain on the shower. - There was no toilet paper in the bathroom. - The paper towel roll was located on the counter, under the empty paper towel holder. Kitchen - The paper towel holder was broken and empty. The paper towel roll was located on the counter. - The cabinets were black in color and speckled with debris, similar to dried food particles	N 481		

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N 481	Continued From page 13 - One of the cabinets, north of the sink was missing a center stile of the cabinet, which caused an approximately 2-inch gap. - The refrigerator contained red and orange staining on the shelves similar to food splatter. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported the shower in the bathroom was broken a couple of years ago due to a resident, and the landlord refused to fix it. Licensee A reported s/he would ensure the facility was cleaned and repaired as able.	N 481		
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	N 525		

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	0018550	A. BUILDING: _____ B. WING _____	R-C 01/22/2026

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GOLDEN OAKS TERRACE	10135 W HAMPTON AVE, STE A MILWAUKEE, WI 53225

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N 525	Continued From page 14	N 525		

provider did not ensure fire drills were conducted quarterly for 2 of 2 years. There were no fire drills documented in 2024. There was no fire drill conducted in the 2nd quarter of 2025. Fire drills conducted in the 3rd and 4th quarter of 2025 did not contain the time the drill was conducted or the evacuation time of the drills. There was no 3rd shift simulated drill conducted in 2024 or 2025.

Findings include:

On 01/21/2026, at 10:15 AM, Surveyor reviewed the facility safety file. The safety files indicated fire drills were conducted:

2025
1st Quarter - 01/27/2025 2 minute evacuation time [time of drill not documented]

03/24/2025 2 minute 17 second evacuation time [time of drill not documented]

2nd Quarter - [no fire drills completed]

3rd Quarter - 07/10/2025 [no evacuation time or time of drill documented]

4th Quarter - 10/11/2025 [no evacuation time or time of drill documented]

There was no evidence of fire drills being conducted in 2024.

On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported lead staff, or the management were responsible for conducting the fire drills. Licensee A reported s/he would ensure fire drills contained all required documentation and were conducted as code

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N 525	Continued From page 15 required.	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 drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in 2024. Findings include: On 01/21/2026, at 10:15 AM, Surveyor reviewed the facility safety file. Tornado drills were conducted on 01/27/2025 and 04/15/2025. Surveyor did not locate evidence of other evacuation drills for 2024. On 09/09/2025, at 2:30 PM, Surveyor interviewed Director A and Residential Manager B. Director A reported they had been unable to find the documentation. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported lead staff, or the management were responsible for conducting other drills. Licensee A reported s/he would ensure the other drills contained were conducted as code required.	N 526		

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N 530	Continued From page 16	N 530		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection for 2 of 2 years reviewed (2024, 2025, and to date in 2026). Findings include: On 01/21/2026, at 10:15 AM, Surveyor reviewed the facility safety file. A fire inspection was conducted on 12/27/2023. Surveyor did not locate evidence of a fire inspection conducted in 2024, 2025, and to date in 2026. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported when the previous person s/he used to complete the annual fire inspections had retired, s/he hired a new company. Licensee A reported s/he would need to contact the new company as s/he thought they were going to be completing the fire inspections. Surveyor requested the inspection to be sent by 01/22/2026 at 9:00 AM. As of 01/22/2026, at 2:00 PM, no documentation was received by Surveyor.	N 530		
N 538	83.48(3)(a) Fire detection systems inspected annually.	N 538		

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N 538	Continued From page 17 After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire detection system to be inspected for 3 of 3 years (2023, 2024 and 2025). Findings include: On 01/21/2026, at 10:15 AM, Surveyor reviewed the facility safety file. The documentation indicated the fire alarm system was last inspected 12/28/2021. There was no documentation indicating the fire system had been inspected in 2023, 2024 and 2025. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he hired a new company. Licensee A reported s/he had the inspection report for the emergency lights and fire extinguishers by the same company. Licensee A reported s/he would need to contact the new company for the fire detection inspections. Surveyor requested the inspection to be sent by 01/22/2026 at 9:00 AM. As of 01/22/2026, at 2:00 PM, no documentation was received by Surveyor.	N 538		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement	Z 019		

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Z 019	Continued From page 18 Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 1 of 1 caregiver (Caregiver D) reviewed. Caregiver D did not have a background check completed at least every 4 years. Findings include: On 01/21/2026, at 10:50 AM, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 12/30/2021. Caregiver D's original background information disclosure (BID) was dated 10/25/2021 and 12/13/2025, Department of Justice check (DOJ) was dated 12/02/2025, and Governmental Findings Report was dated 12/02/2025. Surveyor did not locate evidence of an updated 4-year background check, DOJ check, or to Governmental Findings Report for 2025. On 01/21/2026 at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he must	Z 019		

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Z 019	Continued From page 19 have missed it and would ensure it was completed immediately.	Z 019		