

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/28/2026
NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 10135 W HAMPTON AVE, STE B 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 07/28/2026, Surveyor completed a standard survey, 2 complaint investigations and 2 verification visits for Statement of Deficiency (SOD) XC5M11 and SOD XEOS11 for Golden Oaks Villa. As a result, 4 of the previous deficiencies were corrected, and 3 new deficiencies identified. The 2 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 5	{N 000}		
N 182	83.13(1)(j) Maintain records detection system testing The CBRF shall maintain documentation of all of the following: Results of the CBRF 's smoke and heat detection system testing as required under s. DHS 83.48(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the results of the community based residential facility (CBRF) smoke and heat detection system testing was maintained for 2 of 2 years reviewed (2024 and 2025). Findings include: On 07/27/2026, at 12:32 PM, Surveyor reviewed the facility safety file. The system was tested on	N 182		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 182	Continued From page 1 06/18/2026. Surveyor was unable to locate evidence of the smoke and heat detection system testing for 2024 and 2025. On 07/27/2026, at 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had the system tested annually. Licensee A reported s/he was unable to find the documentation for 2024 and 2025. Licensee A reported s/he would send the documentation to Surveyor by 12:00 PM on 07/28/2026. As of 07/28/2026, at 2:00 PM, no documentation was received by Surveyor.	N 182			
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	N 220			

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N 220	Continued From page 2 practitioner, or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease within 90 days before the start of employment for 1 of 2 caregivers (Caregiver H). This is a repeat deficiency. See Statement of Deficiency (SOD) TZWE11, dated 08/04/2022. Findings include: On 07/27/2026, at 12:50 PM, Surveyor reviewed Caregiver H's record. Caregiver H was hired 02/08/2026. Caregiver H's record contained 2 tuberculosis tests dated 10/06/2025 and 02/26/2026. Caregiver H's record contained a form for communicable disease screening. The form was blank. On 07/27/2026 at 2:00 PM, Surveyor 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 confirmed the form was not filled out to indicate Caregiver H was screened for communicable diseases.	N 220			
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	N 530			

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N 530	Continued From page 3 inspection for 2 of 2 years reviewed (2024, 2025, and to date in 2026). Findings include: On 07/27/2026, at 12:32 PM, 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 07/27/2028 at approximately 1:00 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he found out the fire inspections were not completed during a previous survey at her/his other facility. Licensee A reported s/he would make sure the fire inspection was completed.	N 530		