

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Racine

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Racine County.**

**The report includes only facilities located within the City of RACINE. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 290.00 pages. If you wish to read the profile for a particular**

**facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.**

**Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** 1ST CHOICE ADULT FAMILY (0015993)

**Address:** 3341 HAMLIN, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/28/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137490      **End Date:** 9/13/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q6QU11      Served 10/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/29/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/29/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** 2713 GILLEN (0018606)

**Address:** 2713 GILLEN STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142235    **End Date:** 1/25/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #5M8311    Served 2/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	4/7/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/7/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	4/7/23	Yes

**Survey ID:** 0137672    **End Date:** 10/1/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (2713 GILLEN--0018606)

**Date Complaint Received:** 11/14/2022

**Date Investigation Completed:** 1/25/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A BETTER WAY ADULT FAMILY HOME LLC (0017677)

**Address:** 5201 LILAC LN, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/23/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A GOLDEN STAR AFH I (0017562)

**Address:** 4205 MONTEREY DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/17/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141109      **End Date:** 10/17/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136808      **End Date:** 7/19/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (A GOLDEN STAR AFH I--0017562)

**Date Complaint Received:** 9/21/2022

**Date Investigation Completed:** 10/17/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 9/13/2022

**Date Investigation Completed:** 10/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A GOLDEN STAR AFH III (0017075)

**Address:** 1638 ERIE ST, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/13/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141083      **End Date:** 10/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141336      **End Date:** 4/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G8I211      Served 11/11/2022

Deficiencies Cited

88.07(2)(b)5

88.07(3)(a)

88.07(3)(e)1

88.10(3)(q)

Subject Area

MONITORING HEALTH

PRESCRIPTION MEDICATIONS

MEDICATION- RECORD KEEPING

MEDICATIONS

Compliance  
Verified

Corrected

**Survey ID:** 0136579      **End Date:** 6/22/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (A GOLDEN STAR AFH III--0017075)

**Date:** 11/11/2022      **SOD #**5ND311      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (A GOLDEN STAR AFH III--0017075)

**Date Complaint Received:** 9/27/2022

**Date Investigation Completed:** 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 1/31/2022

**Date Investigation Completed:** 4/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G8I211

**Date Complaint Received:** 3/30/2021

**Date Investigation Completed:** 6/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** A GOLDEN STAR AFH V (0017971)

**Address:** 4201 MONTEREY DRIVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/6/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142447    **End Date:** 11/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #V2VZ11    Served 3/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(2)(b)5	MONITORING HEALTH		
88.10(3)(a)	FAIR TREATMENT		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0141712    **End Date:** 8/3/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JWRC11    Served 12/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(a)	SERVICES		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

### Enforcement History (A GOLDEN STAR AFH V--0017971)

**Date:** 3/13/2023    **SOD #**V2VZ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 12/29/2022    **SOD #**JWRC11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A GOLDEN STAR AFH V--0017971)

**Date Complaint Received: 9/30/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

V2VZ11

**Date Complaint Received: 5/9/2022**

**Date Investigation Completed: 8/3/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A GOLDEN STAR AFH (0016654)

**Address:** 3337 CHARLES STREET, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/23/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142965      **End Date:** 5/1/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141155      **End Date:** 10/25/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140566      **End Date:** 7/28/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138884      **End Date:** 10/26/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4UOE11      Served 3/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	7/28/22	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	7/28/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0137910    **End Date:** 8/24/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZKOK12    Served 12/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/28/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/28/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	7/28/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/28/22	Yes
88.10(3)(q)	MEDICATIONS	7/28/22	Yes

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**Survey ID:** 0136518    **End Date:** 2/1/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZKOK11    Served 6/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/18/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/18/21	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/6/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (A GOLDEN STAR AFH--0016654)

**Date:** 3/6/2022      **SOD #**4UOE11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 12/6/2021      **SOD #**ZKOK12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/18/2021      **SOD #**ZKOK11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A GOLDEN STAR AFH--0016654)

**Date Complaint Received: 1/11/2023**

**Date Investigation Completed: 5/1/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/30/2021**

**Date Investigation Completed: 10/26/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 6/17/2021**

**Date Investigation Completed: 8/18/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 4/12/2021**

**Date Investigation Completed: 8/16/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED  
ZKOK12

**Date Complaint Received: 1/25/2021**

**Date Investigation Completed: 2/2/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED  
ZKOK11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A LOVING CARE GROUP HOMES II LLC (0014287)

**Address:** 1341 VIRGINIA ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/7/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142137      **End Date:** 9/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XG6111      Served 2/13/2023

Deficiencies Cited  
88.05(3)(a)

Subject Area  
HOME ENVIRONMENT

Compliance  
Verified

Corrected

**Survey ID:** 0137221      **End Date:** 9/8/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (A LOVING CARE GROUP HOMES II LLC--0014287)

**Date:** 2/13/2023      **SOD #**XG6111      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A LOVING CARE GROUP HOMES II LLC--0014287)

**Date Complaint Received: 8/15/2022**

**Date Investigation Completed: 9/29/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XG6111

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A LOVING CARE GROUP HOMES LLC (0013619)

**Address:** 2710 WESTLAWN AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/16/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141130      **End Date:** 8/25/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138551      **End Date:** 1/20/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BE1F11      Served 1/31/2022

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified  
8/25/22

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0138356    **End Date:** 9/13/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MZCK12    Served 1/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	8/25/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	8/25/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	8/25/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/25/22	Yes
88.05(3)(b)	FREE OF HAZARDS	8/25/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/25/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/25/22	Yes

### Enforcement History (A LOVING CARE GROUP HOMES LLC--0013619)

**Date:** 1/31/2022    **SOD #**BE1F11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 1/18/2022    **SOD #**MZCK12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (A LOVING CARE GROUP HOMES LLC--0013619)

**Date Complaint Received:** 8/19/2021    **Date Investigation Completed:** 9/13/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	MZCK12

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A LOVING HEART ADULT FAMILY HOME LLC (0018507)

**Address:** 732 PARK AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137463      **End Date:** 9/8/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A NATURALLY NURTURING PLACE (0015742)

**Address:** 901 OSTERGAARD AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141064      **End Date:** 10/13/2022      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135023      **End Date:** 9/16/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GEY011      Served 10/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/13/22	Yes

### Enforcement History (A NATURALLY NURTURING PLACE--0015742)

**Date:** 10/26/2020      **SOD #**GEY011      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A NATURALLY NURTURING PLACE--0015742)

**Date Complaint Received: 1/16/2021**

**Date Investigation Completed: 10/13/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 9/2/2020**

**Date Investigation Completed: 9/16/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GEY011

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A SERENE ABODE LLC (0017245)

**Address:** 1606 CRABTREE LANE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/3/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141815    **End Date:** 9/1/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KI1H11    Served 1/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.09(2)(a)9	HEALTH SCREENING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (A SERENE ABODE LLC--0017245)

**Date:** 1/12/2023    **SOD #**KI1H11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A SERENE ABODE LLC--0017245)

**Date Complaint Received:** 12/16/2021

**Date Investigation Completed:** 9/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY 2 LLC (0014635)

**Address:** 2111 MOUNT PLEASANT STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/5/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139413      **End Date:** 4/12/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139763      **End Date:** 2/1/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LIOC12      Served 6/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/7/23	Yes

**Survey ID:** 0137267      **End Date:** 9/1/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LIOC11      Served 9/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	2/1/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	2/1/11	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/1/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (A+ JUST LIKE FAMILY 2 LLC--0014635)

**Date:** 6/5/2022      **SOD #** LIOC12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 9/21/2021      **SOD #** LIOC11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (A+ JUST LIKE FAMILY 2 LLC--0014635)

**Date Complaint Received:** 3/29/2022

**Date Investigation Completed:** 4/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 4/28/2021

**Date Investigation Completed:** 9/1/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY 3 LLC (0016987)

**Address:** 1108 ILLINOIS ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/11/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139053    **End Date:** 10/20/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #82VO11    Served 3/25/2022

Deficiencies Cited

88.06(3)(a)

88.07(2)(a)

Subject Area

INDIVIDUAL SERVICE PLAN & ASSESSMENT

SERVICES

Compliance  
Verified

Corrected

**Survey ID:** 0136605    **End Date:** 6/17/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136578    **End Date:** 4/27/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135569    **End Date:** 1/29/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (A+ JUST LIKE FAMILY 3 LLC--0016987)

**Date:** 3/27/2022

**SOD #**82VO11

**Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A+ JUST LIKE FAMILY 3 LLC--0016987)

**Date Complaint Received: 7/6/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/20/2021**

Result  
SUBSTANTIATED

SOD #  
82VO11

**Date Complaint Received: 5/5/2021**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 6/17/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/19/2021**

Subject Area(s)  
ADMINISTRATION

**Date Investigation Completed: 4/27/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/11/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 4/27/2021**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/26/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 4/27/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/23/2020**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 2/9/2021**

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY AFH (0013921)

**Address:** 1926 DEANE BLVD, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/20/2012 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141409    **End Date:** 11/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140309    **End Date:** 7/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137409    **End Date:** 6/2/2021    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BW0612    Served 12/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/18/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/18/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/18/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (A+ JUST LIKE FAMILY AFH--0013921)

**Date:** 10/7/2021      **SOD #** BW0612      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (A+ JUST LIKE FAMILY AFH--0013921)

**Date Complaint Received:** 11/11/2022      **Date Investigation Completed:** 11/21/2022

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY AFH (0018852)

**Address:** 2611 VIRGINIA ST, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/21/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141403      **End Date:** 11/21/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY FRANKLIN A (0017553)

**Address:** 1619 FRANKLIN ST A, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/3/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142037      **End Date:** 1/11/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137136      **End Date:** 8/18/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (A+ JUST LIKE FAMILY FRANKLIN A--0017553)

**Date Complaint Received:** 11/11/2022

**Date Investigation Completed:** 1/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** A+ JUST LIKE FAMILY FRANKLIN B (0017554)

**Address:** 1619 FRANKLIN ST B, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/3/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142016      **End Date:** 1/12/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141420      **End Date:** 11/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137648      **End Date:** 9/21/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137138      **End Date:** 8/18/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (A+ JUST LIKE FAMILY FRANKLIN B--0017554)

**Date Complaint Received: 11/11/2022**

**Date Investigation Completed: 11/21/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/2/2021**

**Date Investigation Completed: 9/2/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 8/17/2021**

**Date Investigation Completed: 8/17/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** AARNA FAMILY CARE LLC (0016897)

**Address:** 2427 RUSSET ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/4/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142654      **End Date:** 3/17/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141690      **End Date:** 8/18/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SML212      Served 12/27/2022

Deficiencies Cited  
88.07(2)(b)5

Subject Area  
MONITORING HEALTH

Compliance  
Verified  
3/17/23

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0138882    **End Date:** 10/27/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SML211    Served 3/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	8/18/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	8/18/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/18/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/18/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	8/18/22	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	8/18/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/18/22	Yes

### Enforcement History (AARNA FAMILY CARE LLC--0016897)

**Date:** 12/27/2022    **SOD #**SML212    **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 3/6/2022    **SOD #**SML211    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (AARNA FAMILY CARE LLC--0016897)

**Date Complaint Received: 2/8/2022**

**Date Investigation Completed: 8/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 2/2/2022**

**Date Investigation Completed: 8/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/28/2022**

**Date Investigation Completed: 8/18/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SML212

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

SML212

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** AASHIYANA FAMILY CARE LLC Unit A (0018954)

**Address:** 2900 RUSSET STREET UNIT A, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140241      **End Date:** 7/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** AASHIYANA FAMILY CARE LLC Unit B (0018953)

**Address:** 2900 RUSSET STREET UNIT B, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140240      **End Date:** 7/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** ABOVE & BEYOND AFH III (0017610)

**Address:** 5214 16TH ST, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/11/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142446    **End Date:** 12/22/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RRZT11    Served 3/13/2023

Deficiencies Cited

88.05(4)(d)2.c

Subject Area

SEMI-ANNUAL FIRE DRILLS

Compliance  
Verified

Corrected

**Survey ID:** 0138229    **End Date:** 1/3/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137328    **End Date:** 9/15/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136786    **End Date:** 6/25/2021    **Type:** OTHER    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0135531    **End Date:** 11/20/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MM1F11    Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/25/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/25/21	Yes
88.06(3)(f)	REVIEW OF ISP	6/25/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/25/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/25/21	Yes

### Enforcement History (ABOVE & BEYOND AFH III--0017610)

**Date:** 3/13/2023    **SOD #**RRZT11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 2/6/2021    **SOD #**MM1F11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (ABOVE & BEYOND AFH III--0017610)

**Date Complaint Received: 11/10/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 12/22/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 7/11/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 9/15/2021**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 10/16/2020**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

**Date Investigation Completed: 11/20/2020**

Result SOD #  
SUBSTANTIATED MM1F11  
SUBSTANTIATED MM1F11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ABOVE & BEYOND AFH PHASE I (0018431)

**Address:** 119 CRAB TREE LANE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/26/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136084      **End Date:** 4/26/2021      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ABOVE AND BEYOND ADULT FAMILY HOME (0013672)

**Address:** 5404 WRIGHT AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/5/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141231      **End Date:** 11/1/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136884      **End Date:** 7/22/2021      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135262      **End Date:** 8/27/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P4JR11      Served 12/7/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	7/22/21	Yes
88.06(3)(f)	REVIEW OF ISP	7/22/21	Yes

### Enforcement History (ABOVE AND BEYOND ADULT FAMILY HOME--0013672)

**Date:** 12/7/2020      **SOD #**P4JR11      **Appealed:** No

#### Sanctions

OTHER SANCTION

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (ABOVE AND BEYOND ADULT FAMILY HOME--0013672)

**Date Complaint Received: 7/27/2022**

**Date Investigation Completed: 11/1/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 5/26/2021**

**Date Investigation Completed: 7/22/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALLYSONS ADULT HOME II (0016469)

**Address:** 3600 10TH AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/6/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138075      **End Date:** 12/1/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #E2BW11      Served 12/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	2/7/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/7/22	

### Enforcement History (ALLYSONS ADULT HOME II--0016469)

**Date:** 12/23/2021      **SOD #**E2BW11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN I (390119)

**Address:** 1683 PERRY AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/1/1989 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140320      **End Date:** 7/20/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN II (0008611)

**Address:** 4212 DURAND AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/1987 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN III (390120)

**Address:** 1727 STODDARD CIRCLE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1988 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142707      **End Date:** 3/31/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ALPHA HOMES OF WISCONSIN III--390120)

**Date Complaint Received:** 10/26/2022

**Date Investigation Completed:** 3/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN IV (390121)

**Address:** 1427 OHIO ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1987 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136593      **End Date:** 6/15/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ALPHA HOMES OF WISCONSIN IV--390121)

**Date Complaint Received:** 4/13/2021

**Date Investigation Completed:** 6/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN V (0008612)

**Address:** 5238 ADMIRALTY DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/1/1987 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN VI (0008614)

**Address:** 701 CARLTON DR, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/1998 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138181      **End Date:** 11/17/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN VII (390123)

**Address:** 5405 ERIE ST, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/4/1990 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139461      **End Date:** 1/21/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN XVIII (0011654)

**Address:** 2126 SUTTON DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2006 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137893      **End Date:** 11/29/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135286      **End Date:** 12/2/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ALPHA HOMES OF WISCONSIN XVIII--0011654)

**Date Complaint Received:** 10/29/2021

**Date Investigation Completed:** 11/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 11/6/2020

**Date Investigation Completed:** 12/2/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALPHA HOMES OF WISCONSIN XX (0012314)

**Address:** 6435 KINZIE AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/20/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134496      **End Date:** 8/10/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** AMYS ADULT FAMILY HOME 3 (0014725)

**Address:** 1719 GRAND AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/14/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141810    **End Date:** 8/3/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #442N11    Served 1/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/17/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/17/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/17/23	Yes

### Complaint History (AMYS ADULT FAMILY HOME 3--0014725)

**Date Complaint Received:** 5/27/2022

**Date Investigation Completed:** 8/3/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** AMYS ADULT FAMILY HOME 4 (0016036)

**Address:** 2062 GEORGIA AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/5/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141415      **End Date:** 11/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138180      **End Date:** 9/15/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GB2C11      Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/11/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/11/22	Yes
88.07(2)(a)	SERVICES	11/11/22	Yes
88.09(1)(a)	RESIDENT RECORDS	11/11/22	Yes
88.10(3)(q)	MEDICATIONS	11/11/22	Yes

### Enforcement History (AMYS ADULT FAMILY HOME 4--0016036)

**Date:** 1/7/2022      **SOD #GB2C11**      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (AMYS ADULT FAMILY HOME 4--0016036)

**Date Complaint Received: 7/29/2022**

**Date Investigation Completed: 11/11/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** AMYS ADULT FAMILY HOME (0011232)

**Address:** 1703 W 6TH ST, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/16/2005 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BAILEY ROSE ADULT FAMILY HOMES (0018742)

**Address:** 4800 KINZIE AVENUE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/12/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139769      **End Date:** 5/12/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BARBS HOUSE LLC (0018593)

**Address:** 2417 HAMILTON AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/7/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139404      **End Date:** 4/7/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BELLS HAVEN LLC (0017576)

**Address:** 2512 DIANE AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135432      **End Date:** 12/15/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEST CARE RESIDENTIAL 2 (0018454)

**Address:** 1601 W 6TH ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/26/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142449    **End Date:** 12/12/2022    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T5R611    Served 3/13/2023

Deficiencies Cited  
88.07(2)(a)

Subject Area  
SERVICES

Compliance  
Verified

Corrected

**Survey ID:** 0136513    **End Date:** 5/26/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (BEST CARE RESIDENTIAL 2--0018454)

**Date:** 3/13/2023    **SOD #**T5R611    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (BEST CARE RESIDENTIAL 2--0018454)

**Date Complaint Received:** 11/28/2022

**Date Investigation Completed:** 12/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

T5R611

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEST CARE RESIDENTIAL AFH (0015141)

**Address:** 2001 CENTER STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/7/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0143065    **End Date:** 2/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZSC911    Served 2/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	2/21/23	

**Survey ID:** 0136362    **End Date:** 2/25/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #I2WJ13    Served 6/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	7/12/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0135273    **End Date:** 11/9/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #12WJ12    Served 12/10/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	2/25/21	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	2/25/21	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/25/21	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	2/25/21	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	2/25/21	Yes

### Enforcement History (BEST CARE RESIDENTIAL AFH--0015141)

**Date:** 12/9/2020    **SOD #**12WJ12    **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (BEST CARE RESIDENTIAL AFH--0015141)

**Date Complaint Received:** 10/19/2022    **Date Investigation Completed:** 2/21/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	ZSC911
PROGRAM SERVICES	NOT SUBSTANTIATED	

**Date Complaint Received:** 2/22/2021    **Date Investigation Completed:** 2/25/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received:** 5/20/2020    **Date Investigation Completed:** 12/9/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	12WJ12

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEST HOME CARE OF WI 2 LLC (0016768)

**Address:** 2524 DONNA AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/10/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142172    **End Date:** 11/25/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X2GY11    Served 2/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.08	TERMINATION OF PLACEMENT		

### Enforcement History (BEST HOME CARE OF WI 2 LLC--0016768)

**Date:** 2/15/2023    **SOD #**X2GY11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (BEST HOME CARE OF WI 2 LLC--0016768)

**Date Complaint Received:** 11/10/2022

**Date Investigation Completed:** 11/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEST HOME CARE OF WI (0015329)

**Address:** 1331 BLUFF AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/29/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BEYOND MEASURES ADULT FAMILY HOME LLC (0019032)

**Address:** 1916 CASE AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/19/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0143077      **End Date:** 4/18/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BLESSED ASSURANCE ADULT FAMILY HOME (0013784)

**Address:** 5645 REGENCY HILLS DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/29/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139408      **End Date:** 4/7/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137828      **End Date:** 7/22/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J4S411      Served 11/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/7/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	4/7/22	Yes

### Enforcement History (BLESSED ASSURANCE ADULT FAMILY HOME--0013784)

**Date:** 11/24/2021      **SOD #**J4S411      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRESHA SERENITY HOUSE (0009950)

**Address:** 5638 BYRD AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/6/2003 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRIGHTER DAY AFH CARLTON (0017376)

**Address:** 555 CARLTON DRIVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/19/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138589    **End Date:** 1/28/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MJ5811    Served 2/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		

**Survey ID:** 0134866    **End Date:** 9/23/2020    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134726    **End Date:** 8/26/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #8O3C11    Served 9/8/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK	9/30/20	Yes
88.11(1)	REQUIREMENTS		
	REPORTING OF ABUSE AND NEGLECT	9/30/20	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (BRIGHTER DAY AFH CARLTON--0017376)

**Date:** 2/2/2022

**SOD #**MJ5811

**Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRIGHTER DAY AFH TOO (0015406)

**Address:** 3435 ERIE STREET, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141573      **End Date:** 12/7/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138590      **End Date:** 1/28/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KBW111      Served 2/2/2022

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

**Survey ID:** 0138313      **End Date:** 11/24/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6IS611      Served 1/14/2022

Deficiencies Cited  
88.04(2)(b)  
88.11(1)

Subject Area  
AWAKE STAFF FOR CONTINUOUS CARE  
REPORTING OF ABUSE AND NEGLECT

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0134930    **End Date:** 9/11/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (BRIGHTER DAY AFH TOO--0015406)

**Date:** 2/2/2022    **SOD #** KBW11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 1/14/2022    **SOD #** 6IS611    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (BRIGHTER DAY AFH TOO--0015406)

**Date Complaint Received:** 9/20/2022    **Date Investigation Completed:** 12/7/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 11/2/2021

**Date Investigation Completed:** 11/24/2021

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

6IS611

**Date Complaint Received:** 6/8/2020

**Date Investigation Completed:** 9/11/2020

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** BRIGHTER DAY AFH (0014989)

**Address:** 1928 NEPTUNE AVENUE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/3/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140479    **End Date:** 5/18/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PERO16    Served 8/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(6)(a)	HOUSEHOLD PETS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)10	MEDICATION RECORDS		
88.09(2)(b)	LICENSEE RECORD		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0138435    **End Date:** 9/28/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PERO15    Served 1/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	5/18/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/18/22	No
88.05(3)(a)	HOME ENVIRONMENT	5/18/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/18/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	5/18/22	Yes
88.09(2)(b)	LICENSEE RECORD	5/18/22	No
88.11(3)	INVESTIGATION OF ABUSE OR NEGLECT	5/18/22	Yes

**Survey ID:** 0136621    **End Date:** 6/11/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PERO14    Served 6/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/28/21	Yes
88.04(2)(h)	COMPLY WITH OSHA	9/28/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/28/21	No
88.09(2)(a)	SERVICE PROVIDER RECORD	9/28/21	No
88.09(2)(b)	LICENSEE RECORD	9/28/21	No
88.10(3)(e)	SELF-DIRECTION	9/28/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (BRIGHTER DAY AFH--0014989)

**Date:** 8/17/2022      **SOD #**PERO16      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

REVOKE LICENSE  
NNAO EXTENDED

**Date:** 1/21/2022      **SOD #**PERO15      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 6/29/2021      **SOD #**PERO14      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (BRIGHTER DAY AFH--0014989)

**Date Complaint Received:** 7/19/2021      **Date Investigation Completed:** 9/28/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
PERO15

**Date Complaint Received:** 4/28/2021      **Date Investigation Completed:** 9/28/2021

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 2/16/2021      **Date Investigation Completed:** 6/11/2021

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CAMELLIA HOMES-MAGNOLIA HOUSE (0016236)

**Address:** 4101 SHADOW LN, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137233      **End Date:** 9/9/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137215      **End Date:** 9/1/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137081      **End Date:** 7/28/2021      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #B20E11      Served 8/24/2021

Deficiencies Cited  
88.03(4)(b)

Subject Area  
RENEWAL REQUIREMENTS

Compliance  
Verified  
9/9/21

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0136470    **End Date:** 4/29/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #08OC11    Served 6/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (CAMELLIA HOMES-MAGNOLIA HOUSE--0016236)

**Date:** 8/26/2021    **SOD #**B20E11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 6/16/2021    **SOD #**08OC11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

### Complaint History (CAMELLIA HOMES-MAGNOLIA HOUSE--0016236)

**Date Complaint Received:** 1/25/2021    **Date Investigation Completed:** 4/29/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CARIBE ASSISTED LIVING II (0016684)

**Address:** 1435 DOUGLAS AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/5/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134870      **End Date:** 9/21/2020      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CARIBE ASSISTED LIVING IV LLC (0018422)

**Address:** 1419 SUPERIOR ST, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138844      **End Date:** 3/1/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CARIBE ASSISTED LIVING LLC (0015001)

**Address:** 1415 SUPERIOR STREET, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/22/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0143212      **End Date:** 5/10/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136666      **End Date:** 6/10/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CARIBE ASSISTED LIVING LLC--0015001)

**Date Complaint Received:** 4/21/2023

**Date Investigation Completed:** 5/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** CARING HEARTS AFH 2 (0018405)

**Address:** 928 DELAMERE AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/8/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135715      **End Date:** 2/8/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CARING HEARTS AFH (0015586)

**Address:** 2826 Arlington Avenue, Racine, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/11/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142941      **End Date:** 4/28/2023      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141742      **End Date:** 8/31/2022      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QF0L11      Served 1/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (CARING HEARTS AFH--0015586)

**Date:** 1/4/2023      **SOD #** QF0L11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (CARING HEARTS AFH--0015586)

**Date Complaint Received:** 3/3/2023

**Date Investigation Completed:** 4/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 7/1/2022

**Date Investigation Completed:** 8/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CHARMING HOUSE II (THE) (0014105)

**Address:** 1509 ROOSEVELT AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/26/2012 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138078      **End Date:** 9/2/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5O5S11      Served 1/11/2022

Deficiencies Cited

50.065(2)(bb)

88.06(3)(d)

Subject Area

DETERMINE FINAL DISPOSITION OF CHARGE

INDIVIDUAL SERVICE PLAN

Compliance

Verified

Corrected

### Enforcement History (CHARMING HOUSE II (THE)--0014105)

**Date:** 11/27/2021

**SOD #**5O5S11

**Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** CHESAPEAKE ADULT FAMILY HOME (0017771)

**Address:** 6618 CHESAPEAKE RD, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/19/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Christopher House LLC (0019190)

**Address:** 1351 DEANE BLVD, Racine, WI 534055035

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/2/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141270      **End Date:** 11/1/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Com4rt LoveNcare AFH LLC (0019390)

**Address:** 4300 Maryland Ave, Racine, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/8/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142465      **End Date:** 3/8/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY PATHWAYS LLC RUBY HOUSE II (0012635)

**Address:** 3908 RUBY AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/18/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY PATHWAYS LLC VICTORY HOUSE I (0013129)

**Address:** 3744 DOUGLAS AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/8/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY PATHWAYS LLC VICTORY HOUSE II (0013694)

**Address:** 3736 DOUGLAS AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/5/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138122      **End Date:** 12/23/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY PATHWAYS RUBY HOUSE I (0012402)

**Address:** 3906 RUBY AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/2/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138770      **End Date:** 2/18/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY TIES (0013714)

**Address:** 3622 SOUTHWOOD DRIVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/30/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138188      **End Date:** 9/20/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9PYO14      Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(1)	LICENSING ADMINISTRATION		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.09(1)(d)10	MEDICATION RECORDS		
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS		
88.10(3)(q)	MEDICATIONS		

### Enforcement History (COMMUNITY TIES--0013714)

**Date:** 1/7/2022      **SOD #9PYO14**      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMPASSIONET & CARE 1 (0013232)

**Address:** 433 GRAHAM ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/18/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COMPASSIONET & CARE LLC II (0013655)

**Address:** 1400 S WISCONSIN AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/31/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134518      **End Date:** 8/12/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COUNTRY MEADOWS FAMILY CARE LLC (0013311)

**Address:** 4125 16TH ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/24/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** COZY AURORA ADULT FAMILY HOME LLC (0017125)

**Address:** 2719 MARYLAND AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/25/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141858    **End Date:** 8/2/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DOTQ11    Served 1/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	3/22/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	3/22/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DAVIS PLACE (0013014)

**Address:** 1009 DAVIS PL, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2009 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DELAMERES PLACE TO CALL HOME AFGH LLC (0017114)

**Address:** 1021 DELAMERE AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/17/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141509      **End Date:** 6/22/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PO0311      Served 12/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		

### Enforcement History (DELAMERES PLACE TO CALL HOME AFGH LLC--0017114)

**Date:** 12/6/2022      **SOD #**PO0311      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Complaint History (DELAMERES PLACE TO CALL HOME AFGH LLC--0017114)

**Date Complaint Received: 3/8/2022**

**Date Investigation Completed: 6/22/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PO0311

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DESTINY ADULT FAMILY HOME I (0009607)

**Address:** 2419 JEAN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/9/2002 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135040    **End Date:** 10/14/2020    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Q93K11    Served 10/29/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME	12/13/20	Yes

### Enforcement History (DESTINY ADULT FAMILY HOME I--0009607)

**Date:** 10/29/2020    **SOD #**Q93K11    **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DESTINY ADULT FAMILY HOME II (0010067)

**Address:** 1009 MAYFAIR DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/21/2003 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DESTINY ADULT FAMILY HOME III (0012075)

**Address:** 1011 MAYFAIR DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/3/2007 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DESTINY ADULT FAMILY HOMES V (0015604)

**Address:** 2301 ROMAYNE AVE UPPER, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/4/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137279      **End Date:** 9/13/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (DESTINY ADULT FAMILY HOMES V--0015604)

**Date Complaint Received:** 5/12/2021

**Date Investigation Completed:** 9/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DESTINY AFH LLC IV (0013920)

**Address:** 2301 ROMAYNE AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/19/2012 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138440    **End Date:** 9/20/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KUCV11    Served 1/24/2022

Deficiencies Cited

88.03(2)(b)2

88.05(2)

88.06(3)(d)

Subject Area

PROGRAM STATEMENT

ACCESS TO HOME AND WITHIN THE HOME

INDIVIDUAL SERVICE PLAN

Compliance  
Verified

Corrected

**Survey ID:** 0136391    **End Date:** 2/25/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (DESTINY AFH LLC IV--0013920)

**Date:** 1/23/2022

**SOD #**KUCV11

**Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** DIVINE LIVING (0018019)

**Address:** 817 ROMAYNE AVENUE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/6/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142179    **End Date:** 11/22/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N8VZ11    Served 2/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)	SERVICE PROVIDER RECORD		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (DIVINE LIVING--0018019)

**Date:** 2/15/2023    **SOD #**N8VZ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EUPHORIA ADULT FAMILY HOME LLC (0018876)

**Address:** 2332 GILSON ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/2/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139483      **End Date:** 5/2/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EVOLVING LLC (0019466)

**Address:** 1602 WEST ST, RACINE, WI 534043020

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/4/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142663      **End Date:** 4/4/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EXCEL FOUR (0015035)

**Address:** 139 OHIO STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/22/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EXCEL R3 (0016698)

**Address:** 2019 GREEN ST LOWER, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/27/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138989      **End Date:** 11/8/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #38CK11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(f)	REVIEW OF ISP		

### Enforcement History (EXCEL R3--0016698)

**Date:** 3/19/2022      **SOD #**38CK11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EXCEL SIX (0015750)

**Address:** 2040 CASE AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/21/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** EXCEL (0012795)

**Address:** 2220 SUMMIT AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/25/2009 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134506      **End Date:** 8/13/2020      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** FAITH COMMUNITY ADULT GROUP HOME (0014776)

**Address:** 5025 MARYLAND AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/25/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138676    **End Date:** 11/18/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136545    **End Date:** 3/24/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YIUX11    Served 6/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(n)2	CLEAN BEDDING AND LINENS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.09(1)(a)	RESIDENT RECORDS		

### Enforcement History (FAITH COMMUNITY ADULT GROUP HOME--0014776)

**Date:** 6/21/2021    **SOD #**YIUX11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (FAITH COMMUNITY ADULT GROUP HOME--0014776)

**Date Complaint Received: 9/1/2021**

**Date Investigation Completed: 11/18/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 3/8/2021**

**Date Investigation Completed: 3/24/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YIUX11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** FAITH GROUP HOME (0013990)

**Address:** 3317 OAKWOOD DRIVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/19/2012 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142674    **End Date:** 10/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DYLJ13    Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE		
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

**Survey ID:** 0136467    **End Date:** 5/4/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DYLJ12    Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	10/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/11/22	Yes
88.10(3)(e)	SELF-DIRECTION	10/11/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (FAITH GROUP HOME--0013990)

**Date:** 4/5/2023      **SOD #** DYLJ13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/15/2021      **SOD #** DYLJ12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (FAITH GROUP HOME--0013990)

**Date Complaint Received:** 4/19/2022      **Date Investigation Completed:** 10/13/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
DYLJ13

**Date Complaint Received:** 2/24/2022      **Date Investigation Completed:** 10/13/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 4/22/2021      **Date Investigation Completed:** 5/4/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 3/22/2021      **Date Investigation Completed:** 5/4/2021

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Family Touch Adult Homes (0019282)

**Address:** 1548 HOLMES AVE, Racine, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/25/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** FORGET ME NOT II AFH LLC (0018171)

**Address:** 3342 SOUTHWOOD DRIVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/20/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134720      **End Date:** 8/20/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** FORGET ME NOT (0016613)

**Address:** 1426 CARLISLE AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/25/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138162      **End Date:** 11/16/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GIFTED HANDS ADULT LIVING FACILITIES LLC (0018102)

**Address:** 1556 KEARNEY AVENUE LOWER, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/26/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0133797      **End Date:** 5/26/2020      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GOLDEN AGE CARE (1743) (0014855)

**Address:** 1743 SPRING STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/26/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GOLDEN AGE CARE (1745) (0014856)

**Address:** 1745 SPRING STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/26/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141476      **End Date:** 11/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GOLDEN AGE CARE 1663 (0015594)

**Address:** 1663 Village Drive, Racine, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/19/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0143182    **End Date:** 1/24/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3POD12    Served 5/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0138372    **End Date:** 9/2/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3POD11    Served 1/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Enforcement History (GOLDEN AGE CARE 1663--0015594)

Date: 1/19/2022

SOD #3POD11

Appealed: No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GOOD LIFE AT HOME (0017728)

**Address:** 2424 LORAIN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/12/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141813      **End Date:** 12/28/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141582      **End Date:** 6/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M0H813      Served 12/13/2022

Deficiencies Cited

88.03(5)(e)1

88.04(2)(b)

88.07(2)(a)

88.10(3)(a)

Subject Area

SIGNIFICANT CHANGE TO THE RESIDENT

AWAKE STAFF FOR CONTINUOUS CARE

SERVICES

FAIR TREATMENT

Compliance  
Verified

Corrected

**Survey ID:** 0140298      **End Date:** 6/10/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0138991    **End Date:** 11/24/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M0H812

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/9/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/9/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/9/22	Yes
88.10(3)(a)	FAIR TREATMENT	6/21/22	No

---

**Survey ID:** 0136965    **End Date:** 6/25/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M0H811    Served 8/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/24/21	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	11/24/21	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	11/24/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/24/21	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/24/21	No
88.10(3)(b)	PRIVACY	11/24/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (GOOD LIFE AT HOME--0017728)

**Date:** 12/13/2022      **SOD #**M0H813      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 3/19/2022      **SOD #**M0H812      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 8/11/2021      **SOD #**M0H811      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (GOOD LIFE AT HOME--0017728)

**Date Complaint Received: 11/30/2022**

**Date Investigation Completed: 12/28/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 5/17/2022**

**Date Investigation Completed: 6/21/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
RESIDENT RIGHTS  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

M0H813  
M0H813  
M0H813

**Date Complaint Received: 3/22/2022**

**Date Investigation Completed: 6/10/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 5/13/2021**

**Date Investigation Completed: 6/25/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 1/15/2021**

**Date Investigation Completed: 6/25/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GOOD LIFE AT HOME (0017982)

**Address:** 2301 WILLIAM STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/20/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140104    **End Date:** 2/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ONUY12    Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

**Survey ID:** 0138006    **End Date:** 11/2/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0NUY11    Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/24/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	2/24/22	Yes
88.06(3)(f)	REVIEW OF ISP	2/24/22	Yes
88.07(2)(a)	SERVICES	2/24/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/24/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

88.09(1)(a)

RESIDENT RECORDS

2/24/22

Yes

**Survey ID:** 0134709    **End Date:** 8/20/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (GOOD LIFE AT HOME--0017982)

**Date:** 7/13/2022    **SOD #**0NUY12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 12/17/2021    **SOD #**0NUY11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (GOOD LIFE AT HOME--0017982)

**Date Complaint Received:** 1/18/2022    **Date Investigation Completed:** 2/24/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 10/14/2021

**Date Investigation Completed:** 11/1/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

0NUY11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GRACEFUL HANDS ADULT FAMILY HOME LLC (0018846)

**Address:** 1700 WEST LAWN AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138886      **End Date:** 3/1/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GUARDIAN ANGEL HOMES 2 LLC (0019288)

**Address:** 2110 HARRIET ST, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/16/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141657      **End Date:** 12/16/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GUARDIAN ANGEL HOMES 2 LLC (0019294)

**Address:** 1901 MOUNT PLEASANT ST, RACINE, WI 534042236

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141612      **End Date:** 12/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HEALING HANDZ (0016644)

**Address:** 3023 GILSON STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/16/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141587    **End Date:** 11/2/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQSQ12    Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS		

**Survey ID:** 0138599    **End Date:** 2/2/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQSQ11    Served 2/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	11/2/22	No
88.04(2)(a)	RESPONSIBILITIES		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0135248      End Date: 7/8/2020      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0YC11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (HEALING HANDZ--0016644)

**Date:** 12/13/2022      **SOD #**LQSQ12      **Appealed:** No

Sanctions

REVOKE LICENSE  
NNAO EXTENDED

**Date:** 2/3/2022      **SOD #**LQSQ11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 12/6/2020      **SOD #**K0YC11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

### Complaint History (HEALING HANDZ--0016644)

**Date Complaint Received:** 6/12/2020

**Date Investigation Completed:** 7/8/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

K0YC11  
K0YC11  
K0YC11  
K0YC11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HEART OF LOVE HOMECARE (0018779)

**Address:** 2125 ROMAYNE AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/9/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139881      **End Date:** 6/9/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HELPING HANDS ASSISTED LIVING LLC (0018697)

**Address:** 2624 19th STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/23/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138458      **End Date:** 12/22/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HERITAGE HOMES LIVING LLC (0015046)

**Address:** 3711 LATHROP AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/28/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134658      **End Date:** 8/12/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOME OF HFL LLC (0016341)

**Address:** 4119 LASALLE STREET, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/30/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139771    **End Date:** 1/21/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #714W12    Served 6/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

**Survey ID:** 0137789    **End Date:** 10/22/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #714W11    Served 11/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/21/22	No
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	1/21/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/21/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (HOME OF HFL LLC--0016341)

**Date:** 6/8/2022      **SOD #**714W12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 11/17/2021      **SOD #**714W11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOMEWOOD ADULT FAMILY HOME LLC (0015517)  
**Address:** 3339 MONARCH DRIVE, RACINE, WI 53403  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/8/2015 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142143      **End Date:** 2/3/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135992      **End Date:** 3/12/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134570      **End Date:** 8/14/2020      **Type:** STANDARD      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HOMEWOOD ADULT FAMILY HOME LLC--0015517)

**Date Complaint Received:** 12/21/2022

**Date Investigation Completed:** 2/3/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 2/9/2021

**Date Investigation Completed:** 3/12/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOPE AWAY FROM HOME (0014727)

**Address:** 3100 BARBARA DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/23/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138514    **End Date:** 8/24/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y6CO11    Served 1/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.08	TERMINATION OF PLACEMENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (HOPE AWAY FROM HOME--0014727)

**Date:** 1/28/2022    **SOD #**Y6CO11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (HOPE AWAY FROM HOME--0014727)

**Date Complaint Received: 7/30/2021**

**Date Investigation Completed: 8/24/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Y6CO11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOUSE OF ABUNDANCE LLC (0019135)

**Address:** 6925 WILLOWBROOK RD, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/13/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140804      **End Date:** 9/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOUSE OF FAITH HOPE LOVE 2 (0016501)

**Address:** 2826 ORCHARD ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/20/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138839    **End Date:** 10/15/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XUB111    Served 3/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

### Enforcement History (HOUSE OF FAITH HOPE LOVE 2--0016501)

**Date:** 3/1/2022    **SOD #**XUB111    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** House of Hope Adult Family Home (0019353)

**Address:** 1515 Ohio Street, Racine, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/24/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142569      **End Date:** 3/24/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HOUSE OF LOVE LLC ADULT FAMILY HOME (0016121)

**Address:** 1518 HARMONY DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/20/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138184      **End Date:** 11/17/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HUNTING FOR MORE LOVE (0016649)

**Address:** 6 MCKINLEY AVENUE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/9/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138384    **End Date:** 9/21/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N76712    Served 1/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	1/20/22	Waiver

**Survey ID:** 0136576    **End Date:** 3/30/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N76711    Served 6/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (HUNTING FOR MORE LOVE--0016649)

**Date:** 1/20/2022      **SOD #**N76712      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 6/24/2021      **SOD #**N76711      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (HUNTING FOR MORE LOVE--0016649)

**Date Complaint Received:** 2/18/2021      **Date Investigation Completed:** 3/30/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 2/10/2021      **Date Investigation Completed:** 3/30/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** I CARE 2 LLC (0019424)

**Address:** 1700 FRANKLIN ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/4/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142683      **End Date:** 4/4/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** INDEPENDENT MOVEMENT (0015466)

**Address:** 1329 KEWAUNEE STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/21/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** INTEGRITY OF CARE AFH LLC (0018647)

**Address:** 1353 VIRGINIA ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/14/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139367      **End Date:** 3/10/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** IVYS PLACE (0016617)

**Address:** 1429 OREGON STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/6/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141368      **End Date:** 6/17/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136800      **End Date:** 6/24/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X6QP11      Served 7/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/15/22	Yes
88.05(5)	TELEPHONE	6/15/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/15/22	Yes
88.10(3)(q)	MEDICATIONS	6/15/22	Yes

### Enforcement History (IVYS PLACE--0016617)

**Date:** 7/21/2021      **SOD #**X6QP11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (IVYS PLACE--0016617)

**Date Complaint Received: 1/31/2022**

**Date Investigation Completed: 6/17/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 4/22/2021**

**Date Investigation Completed: 6/24/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X6QP11

RESIDENT RIGHTS

SUBSTANTIATED

X6QP11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** K&D ADULT FAMILY HOME LLC (0012674)

**Address:** 2519 LORAIN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2009 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** K&D ADULT FAMILY HOMES LLC II (0013176)

**Address:** 3707 10TH AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/23/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134746      **End Date:** 9/1/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** K&D AFH LLC 3 (0013710)

**Address:** 3709 10TH AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138791      **End Date:** 10/15/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8IRI11      Served 2/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

### Enforcement History (K&D AFH LLC 3--0013710)

**Date:** 2/23/2022      **SOD #**8IRI11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** K&D AFH LLC 4 (0016513)

**Address:** 2627 JEAN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/18/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138092      **End Date:** 12/8/2021      **Type:** OTHER      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KENWOOD KEYS INCORPORATED KENWOOD 2 (0015571)

**Address:** 2903 KENWOOD DR, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/28/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140000    **End Date:** 1/10/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #E2ID11    Served 6/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(2)(a)8	TRAINING DOCUMENTATION		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (KENWOOD KEYS INCORPORATED KENWOOD 2--0015571)

Date: 6/30/2022 SOD #E2ID11 Appealed: No

#### Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

### Complaint History (KENWOOD KEYS INCORPORATED KENWOOD 2--0015571)

Date Complaint Received: 12/28/2021 Date Investigation Completed: 1/10/2022

#### Subject Area(s)

PROGRAM SERVICES

#### Result

NOT SUBSTANTIATED

#### SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KIND CARE LLC (0016364)

**Address:** 1901 SATURN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139755      **End Date:** 1/18/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #42W211      Served 6/20/2022

Deficiencies Cited  
88.05(3)(n)2

Subject Area  
CLEAN BEDDING AND LINENS

Compliance  
Verified  
7/19/22

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KINZIE PLACE (0012747)

**Address:** 4618 KINZIE AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/27/2009 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142140    **End Date:** 1/31/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140580    **End Date:** 4/22/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UY7Y11    Served 8/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	1/31/23	Yes
88.04(2)(h)	COMPLY WITH OSHA	1/31/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/31/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/31/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/31/23	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (KINZIE PLACE--0012747)

**Date:** 8/27/2022      **SOD #**UY7Y11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KINZIE WAY LLC (0017042)

**Address:** 3900 KNOLL PLACE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/22/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142854    **End Date:** 4/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141880    **End Date:** 7/13/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VTOB11    Served 1/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.09(1)(a)	RESIDENT RECORDS		

### Enforcement History (KINZIE WAY LLC--0017042)

**Date:** 1/18/2023    **SOD #**VTOB11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (KINZIE WAY LLC--0017042)

**Date Complaint Received: 1/30/2023**

**Date Investigation Completed: 4/11/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 5/6/2022**

**Date Investigation Completed: 7/13/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** KNOLL PLACE (0011487)

**Address:** 3800 KNOLL PL, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/3/2007 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140312      **End Date:** 5/6/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (KNOLL PLACE--0011487)

**Date Complaint Received:** 1/20/2022

**Date Investigation Completed:** 5/6/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Liberty Willows Adult Family Home LLC #2 (0018447)

**Address:** 1828 Holmes Ave, Racine, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/29/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136926      **End Date:** 6/29/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Liberty Willows Adult Family Home LLC #3 (0018446)

**Address:** 628 North St, Racine, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/29/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139624      **End Date:** 5/6/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136925      **End Date:** 6/29/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Liberty Willows Adult Family Home LLC #3--0018446)

**Date Complaint Received:** 4/20/2022

**Date Investigation Completed:** 5/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIBERTY WILLOWS ADULT FAMILY HOME LLC (0016800)

**Address:** 1824 HOLMES AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/17/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135812    **End Date:** 2/16/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BXS312    Served 3/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS		
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS		

**Survey ID:** 0135708    **End Date:** 2/11/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135072    **End Date:** 10/27/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BXS311    Served 11/5/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	2/11/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

**Date:** 3/17/2021      **SOD #**BXS312      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 11/5/2020      **SOD #**BXS311      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

**Date Complaint Received:** 12/30/2020

**Date Investigation Completed:** 2/10/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

BXS312

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIFESTYLE ADULT FAMILY HOME 1 (0010694)

**Address:** 3620 SOVEREIGN DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/8/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135403      **End Date:** 12/15/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (LIFESTYLE ADULT FAMILY HOME 1--0010694)

**Date Complaint Received:** 11/25/2020

**Date Investigation Completed:** 12/15/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIFESTYLE ADULT FAMILY HOME 2 (0013686)

**Address:** 3628 SOVEREIGN DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/4/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIFESTYLE ADULT FAMILY HOME 3 (0013861)

**Address:** 3614 SOVEREIGN DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/23/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIFESTYLE ADULT FAMILY HOME 4 (0014696)

**Address:** 3616 SOVEREIGN DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/11/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Complaint History (LIFESTYLE ADULT FAMILY HOME 4--0014696)

**Date Complaint Received:** 3/27/2023

**Date Investigation Completed:** 5/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LIFESTYLE ADULT FAMILY HOME 5 (0014939)  
**Address:** 5224 ADMIRALTY DR, RACINE, WI 53406  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 3/10/2014 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134873      **End Date:** 9/16/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LILAC HOME (0017643)

**Address:** 141 DAVIDSON DR, RACINE, WI 53105

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/1/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE N COMFORT GROUP HOME (0016423)

**Address:** 1001 CENTER ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/28/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139977      **End Date:** 6/15/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE OF CARING LLC DAISY AFH (0016012)

**Address:** 2214 WILLIAM STREET, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/6/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141816    **End Date:** 9/2/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z9PK11    Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.10(3)(g)	CLOTHING AND POSSESSIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0135364    **End Date:** 12/10/2020    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0134972      End Date: 9/15/2020      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GXMO11    Served 10/14/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)2	COMMUNICABLE DISEASE	12/10/20	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/10/20	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/10/20	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/10/20	Yes
88.06(3)(f)	REVIEW OF ISP	12/10/20	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/10/20	Yes

### Enforcement History (LOVE OF CARING LLC DAISY AFH--0016012)

Date: 1/13/2023      SOD #Z9PK11      Appealed: No

Sanctions

ORDER TO COMPLY

Date: 10/14/2020      SOD #GXMO11      Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
OTHER SANCTION

### Complaint History (LOVE OF CARING LLC DAISY AFH--0016012)

Date Complaint Received: 1/7/2022      Date Investigation Completed: 9/2/2022

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE OF CARING LLC TULIP AFH (0016015)  
**Address:** 1834 13TH STREET, RACINE, WI 53403  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/6/2016 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142784    **End Date:** 8/25/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BTW813    Served 4/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(a)	MONITORING OF HOME		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0136482    **End Date:** 3/9/2021    **Type:** STANDARD    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BTW812    Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0135468    **End Date:** 11/13/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BTW811    Served 1/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/2/21	No
88.05(3)(b)	FREE OF HAZARDS	3/2/21	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/2/21	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	3/2/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/2/21	Yes
88.07(4)(d)	MEALS IN DINING AREA	3/2/21	Yes
88.10(3)(q)	MEDICATIONS	3/2/21	Yes

### Enforcement History (LOVE OF CARING LLC TULIP AFH--0016015)

**Date:** 4/17/2023    **SOD #**BTW813    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/15/2021    **SOD #**BTW812    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 1/21/2021    **SOD #**BTW811    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (LOVE OF CARING LLC TULIP AFH--0016015)

**Date Complaint Received: 1/7/2022**

**Date Investigation Completed: 8/25/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 1/27/2021**

**Date Investigation Completed: 3/9/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/2/2020**

**Date Investigation Completed: 11/13/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED  
BTW811  
BTW811

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE OF CARING LLC (0013582)

**Address:** 101 HOWLAND AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/14/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134598      **End Date:** 8/18/2020      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (LOVE OF CARING LLC--0013582)

**Date:** 5/22/2020      **SOD #** NWRP11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

### Complaint History (LOVE OF CARING LLC--0013582)

**Date Complaint Received:** 5/18/2020

**Date Investigation Completed:** 8/18/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE OF CARING LLC (0014227)

**Address:** 1638 ECHO LN, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/16/2012 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142949      **End Date:** 12/6/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (LOVE OF CARING LLC--0014227)

**Date Complaint Received:** 11/1/2022

**Date Investigation Completed:** 12/6/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVE TO REMEMBER LLC (0017342)

**Address:** 826 PARK AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142346    **End Date:** 2/24/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #91YD11    Served 3/2/2023

Deficiencies Cited  
88.03(8)(a)

Subject Area  
MONITORING OF HOME

Compliance  
Verified

Corrected

**Survey ID:** 0140111    **End Date:** 6/29/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138541    **End Date:** 1/28/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GYR211    Served 1/31/2022

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0136491      **End Date:** 6/3/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LOVE TO REMEMBER LLC--0017342)
---

<b>Date:</b> 3/2/2023	<b>SOD #</b> 91YD11	<b>Appealed:</b> No
-----------------------	---------------------	---------------------

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

---

<b>Date:</b> 1/31/2022	<b>SOD #</b> GYR211	<b>Appealed:</b> No
------------------------	---------------------	---------------------

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (LOVE TO REMEMBER LLC--0017342)

**Date Complaint Received: 4/3/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 5/24/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/23/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 5/24/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/21/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 2/24/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/25/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 6/29/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/15/2021**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 6/3/2021**

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** LOVING HANDS GMG (0018715)

**Address:** 1631 GRAND AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/18/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137866      **End Date:** 11/18/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MANHATTAN HOME ADULT FAMILY GROUP HOME (0015455)

**Address:** 4140 MANHATTAN DRIVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/8/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137865    **End Date:** 10/28/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F3PY11    Served 12/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (MANHATTAN HOME ADULT FAMILY GROUP HOME--0015455)

**Date:** 11/30/2021    **SOD #**F3PY11    **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MANNA HOUSE (THE) (0012956)

**Address:** 2400 KINZIE AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/17/2009 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142438    **End Date:** 12/13/2022    **Type:** OTHER    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N0JQ13    Served 3/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (MANNA HOUSE (THE)--0012956)

**Date:** 3/13/2023

**SOD #**N0JQ13

**Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MARINAS GROUP HOME (0015330)

**Address:** 5140 KINGS CIRCLE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138542    **End Date:** 1/28/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TN4Q11    Served 1/31/2022

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

**Survey ID:** 0139285    **End Date:** 1/5/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HP0P11    Served 4/18/2022

Deficiencies Cited  
88.03(5)(e)2  
88.04(2)(f)

Subject Area  
DEATH DUE TO INCIDENT OR ACCIDENT  
CONDITION WHICH REPRESENTS RISK OR  
HARM

Compliance  
Verified

Corrected

**Survey ID:** 0137299    **End Date:** 3/29/2021    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (MARINAS GROUP HOME--0015330)

**Date:** 4/18/2022      **SOD #**HP0P11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 1/31/2022      **SOD #**TN4Q11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (MARINAS GROUP HOME--0015330)

**Date Complaint Received:** 11/30/2021

**Date Investigation Completed:** 1/5/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

HP0P11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MARSHAS ADULT FAMILY HOME LLC (0017773)

**Address:** 3121 KEARNEY AVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/8/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141934    **End Date:** 8/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BMV412    Served 1/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

**Survey ID:** 0137423    **End Date:** 9/20/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BMV411    Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/24/22	No
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	8/29/22	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	8/29/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (MARSHAS ADULT FAMILY HOME LLC--0017773)

**Date:** 1/25/2023      **SOD #**BMV412      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (MARSHAS ADULT FAMILY HOME LLC--0017773)

**Date Complaint Received:** 5/26/2021      **Date Investigation Completed:** 9/20/2021

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MEMORRIES OF THE HEART LLC (0018682)

**Address:** 1945 CENTER STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/1/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137952      **End Date:** 12/1/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MERCY AND GRACE ADULT FAMILY HOME LLC (0018959)

**Address:** 1308 MICHIGAN BLVD, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/27/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140415      **End Date:** 7/27/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MIL FAMILY CARE LLC (0015580)

**Address:** 2023 GILLEN STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/15/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142338    **End Date:** 10/12/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BUHC11    Served 3/2/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (MIL FAMILY CARE LLC--0015580)

**Date:** 3/2/2023    **SOD #BUHC11**    **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (MIL FAMILY CARE LLC--0015580)

**Date Complaint Received: 9/14/2022**

**Date Investigation Completed: 10/12/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MOUNT PLEASANT HOMES LLP (0016430)

**Address:** 1917 MOUNT PLEASANT ST, RACINE, WI 534042628

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/23/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140218      **End Date:** 1/3/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137440      **End Date:** 9/17/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GPGK11      Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/3/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/3/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	1/3/22	Yes

### Enforcement History (MOUNT PLEASANT HOMES LLP--0016430)

**Date:** 10/11/2021      **SOD #**GPGK11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** MOUNT PLEASANT HOMES LLP (0018473)

**Address:** 1826 SAINT PATRICK STREET, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/8/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142564    **End Date:** 10/26/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9IK711    Served 3/27/2023

Deficiencies Cited  
88.05(2)(a)

Subject Area  
DIFFICULTY WALKING

Compliance  
Verified

Corrected

**Survey ID:** 0136435    **End Date:** 6/7/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (MOUNT PLEASANT HOMES LLP--0018473)

**Date:** 3/27/2023    **SOD #**9IK711    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Mount Pleasant Homes LLP (0019056)

**Address:** 827 3 Mile Road, Racine, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/17/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142715      **End Date:** 3/28/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140741      **End Date:** 8/17/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Mount Pleasant Homes LLP--0019056)

**Date Complaint Received:** 1/19/2023

**Date Investigation Completed:** 3/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NEW VISION ADULT FAMILY HOME LLC (0011964)

**Address:** 7931 DANIEL CT, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/11/2007 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142541    **End Date:** 3/8/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141389    **End Date:** 11/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141692    **End Date:** 7/27/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U99111    Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/8/23	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	3/8/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/8/23	Yes
88.10(3)(e)	SELF-DIRECTION	3/8/23	Yes

**Survey ID:** 0135061    **End Date:** 10/28/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (NEW VISION ADULT FAMILY HOME LLC--0011964)

**Date:** 12/27/2022      **SOD #**U99111      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (NEW VISION ADULT FAMILY HOME LLC--0011964)

**Date Complaint Received: 1/30/2023**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 3/8/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/23/2023**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 3/8/2023**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/3/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 11/11/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 9/23/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 11/11/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 6/30/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 7/13/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/15/2020**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 10/26/2020**

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NEW WAY ADULT FAMILY HOME #1 (0018155)

**Address:** 1852 WOODLAND AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141052      **End Date:** 6/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137298      **End Date:** 9/14/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136454      **End Date:** 4/8/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5DKL12      Served 6/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/14/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/14/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0135483    **End Date:** 1/14/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5DKL11    Served 1/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	4/8/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/8/21	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/8/21	No

**Survey ID:** 0134236    **End Date:** 6/30/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (NEW WAY ADULT FAMILY HOME #1--0018155)

**Date:** 6/14/2021    **SOD #**5DKL12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 1/26/2021    **SOD #**5DKL11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (NEW WAY ADULT FAMILY HOME #1--0018155)

**Date Complaint Received:** 4/20/2022

**Date Investigation Completed:** 6/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 4/7/2022

**Date Investigation Completed:** 6/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 2/14/2022

**Date Investigation Completed:** 6/21/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received:** 12/9/2020

**Date Investigation Completed:** 1/14/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NEW WAY OF LIVING ADULT FAMILY HOME #2 (0018839)

**Address:** 4114 ST CLAIR STREET, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/28/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142956      **End Date:** 4/26/2023      **Type:** OTHER      **Purpose:** SELF REPORT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141346      **End Date:** 6/9/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1P1F11      Served 11/14/2022

Deficiencies Cited  
88.03(5)(e)1

Subject Area  
SIGNIFICANT CHANGE TO THE RESIDENT

Compliance  
Verified

Corrected

**Survey ID:** 0139554      **End Date:** 3/24/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

**Date:** 11/14/2022      **SOD #**1P1F11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

**Date Complaint Received:** 6/2/2022

**Date Investigation Completed:** 6/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1P1F11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NEW WAY OF LIVING ADULT FAMILY HOME (0017992)

**Address:** 221 CHICAGO STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/27/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0134867      **End Date:** 9/3/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME--0017992)

**Date Complaint Received:** 8/3/2020

**Date Investigation Completed:** 9/2/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Nurturing Adult Living Homes III LLC (0019556)

**Address:** 1834 Blake Ave, Racine, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142961      **End Date:** 5/1/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NURTURING HANDS ADULT LIVING HOME LLC (0019058)

**Address:** 2224 JEROME BLVD, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/18/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140397      **End Date:** 7/18/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NURTURING HANDS ADULT LIVING HOMES II LLC (0019337)

**Address:** 2039 Indiana St, Racine, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141635      **End Date:** 12/15/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** NURTURING ON VILLA (0018869)

**Address:** 1432 VILLA ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/24/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139648      **End Date:** 5/24/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OHIO ST FAMILY HOME (0010007)

**Address:** 1223 OHIO ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2004 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OLIVER ADULT FAMILY HOME (0012467)

**Address:** 4845 NATURE TRAIL, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/21/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0138099      **End Date:** 12/10/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS 20 LLC GREAT ELMS (0016387)

**Address:** 3519 GREAT ELMS LN, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/10/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141709      **End Date:** 12/23/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138491      **End Date:** 9/29/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #76SB12      Served 1/26/2022

Deficiencies Cited

88.04(2)(a)

88.06(3)(d)2

88.06(3)(f)

Subject Area

RESPONSIBILITIES

LEVEL OF SUPERVISION

REVIEW OF ISP

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0136766    **End Date:** 6/23/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #76SB11    Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.07(2)(c)	SERVICES DETERMINED BY ALL INVOLVED		

**Survey ID:** 0135070    **End Date:** 10/15/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

**Date:** 2/2/2022    **SOD #**76SB12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 7/16/2021    **SOD #**76SB11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

**Date Complaint Received: 10/7/2022**

**Date Investigation Completed: 12/23/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 4/27/2021**

**Date Investigation Completed: 6/23/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

76SB11

**Date Complaint Received: 9/24/2020**

**Date Investigation Completed: 10/15/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 6/24/2020**

**Date Investigation Completed: 10/15/2020**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS 20 LLC TAYLOR (0016388)

**Address:** 3200 TAYLOR AVE, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/9/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141962      **End Date:** 10/13/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WNWD11 Served 1/30/2023

Deficiencies Cited  
88.06(3)(f)

Subject Area  
REVIEW OF ISP

Compliance  
Verified

Corrected

### Enforcement History (OPEN ARMS 20 LLC TAYLOR--0016388)

**Date:** 1/30/2023      **SOD #**WNWD11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (OPEN ARMS 20 LLC TAYLOR--0016388)

**Date Complaint Received:** 9/30/2022

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 8/1/2022

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 12/14/2021

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS 20 LLC (0016257)

**Address:** 1621 VIRGINIA ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/15/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136653      **End Date:** 6/21/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134742      **End Date:** 8/27/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OPEN ARMS 20 LLC--0016257)

**Date Complaint Received:** 6/1/2021

**Date Investigation Completed:** 6/21/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 6/15/2020

**Date Investigation Completed:** 8/27/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS ASSISTED LIVING (0017153)

**Address:** 3240 WHEELLOCK, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/21/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141650    **End Date:** 10/26/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3NRX11    Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(d)8	RESIDENT RECORD-ISP	2/3/23	Yes

**Survey ID:** 0141183    **End Date:** 4/22/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q2EB11    Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	12/15/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/15/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/15/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (OPEN ARMS ASSISTED LIVING--0017153)

**Date Complaint Received: 5/17/2022**

**Date Investigation Completed: 10/26/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 2/4/2022**

**Date Investigation Completed: 4/22/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS ASSISTED LIVING (0017292)

**Address:** 5422 WESTMORE DR, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/24/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140768      **End Date:** 9/2/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134880      **End Date:** 9/15/2020      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OPEN ARMS ASSISTED LIVING--0017292)

**Date Complaint Received:** 8/17/2022

**Date Investigation Completed:** 9/2/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 6/24/2020

**Date Investigation Completed:** 9/15/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS ASSISTED LIVING (0017826)

**Address:** 3205 WHEELLOCK DRIVE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/6/2020 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142870      **End Date:** 4/3/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141259      **End Date:** 11/3/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OPEN ARMS ASSISTED LIVING--0017826)

**Date Complaint Received:** 2/1/2022

**Date Investigation Completed:** 11/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OPEN ARMS ASSISTED LIVING (0017894)

**Address:** 3528 DUCHESS DRIVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/30/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139216      **End Date:** 3/2/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OPEN ARMS ASSISTED LIVING--0017894)

**Date Complaint Received:** 12/28/2021

**Date Investigation Completed:** 3/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ORCHARD ADULT FAMILY HOME LLC (0016415)

**Address:** 2114 ORCHARD ST, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/2/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139313    **End Date:** 1/5/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P28312    Served 4/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(h)3	SPACE IN DINING AREA		
88.10(3)(a)	FAIR TREATMENT		

**Survey ID:** 0137437    **End Date:** 9/24/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P28311    Served 10/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/3/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/3/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/3/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (ORCHARD ADULT FAMILY HOME LLC--0016415)

**Date:** 4/20/2022      **SOD #**P28312      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 10/8/2021      **SOD #**P28311      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** OUR CARING HANDS II LLC (0019393)

**Address:** 3901 SPRUCE ST, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/26/2023 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142998      **End Date:** 4/26/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PARADISE HOUSE (0009180)

**Address:** 3410 STRATFORD AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/3/2001 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137832    **End Date:** 7/29/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5J0G11    Served 11/23/2021

Deficiencies Cited

88.05(3)(a)

88.10(3)(l)

Subject Area

HOME ENVIRONMENT

SAFE PHYSICAL ENVIRONMENT

Compliance

Verified

Corrected

### Enforcement History (PARADISE HOUSE--0009180)

**Date:** 11/23/2021    **SOD #**5J0G11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (PARADISE HOUSE--0009180)

**Date Complaint Received: 5/25/2021**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

**Date Investigation Completed: 7/29/2021**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/1/2021**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

**Date Investigation Completed: 7/29/2021**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 3/11/2021**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 7/29/2021**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PHOENIX HOUSE (390092)

**Address:** 129 SHEFFIELD DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/31/1996 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141614    **End Date:** 12/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137428    **End Date:** 6/30/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DCTZ11    Served 10/7/2021

Deficiencies Cited  
88.10(3)(e)

Subject Area  
SELF-DIRECTION

Compliance  
Verified  
11/25/22

Corrected  
Yes

### Enforcement History (PHOENIX HOUSE--390092)

**Date:** 10/7/2021    **SOD #**DCTZ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (PHOENIX HOUSE--390092)

**Date Complaint Received: 6/24/2022**

**Date Investigation Completed: 12/13/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 5/25/2021**

**Date Investigation Completed: 6/30/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PRICELESS TIME ADULT FAMILY HOME IV (0016756)

**Address:** 1663 RUSSET STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/15/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141622      **End Date:** 12/2/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137135      **End Date:** 8/19/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135251      **End Date:** 11/25/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (PRICELESS TIME ADULT FAMILY HOME IV--0016756)

**Date Complaint Received: 3/31/2022**

Subject Area(s)  
ADMINISTRATION

**Date Investigation Completed: 12/2/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/26/2022**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 12/2/2022**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 1/8/2021**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 8/19/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/27/2020**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 11/25/2020**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PRICELESS TIME ADULT FAMILY HOME LLC (0015024)

**Address:** 1819 BLAKE AVENUE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/8/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142127      **End Date:** 1/31/2023      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135202      **End Date:** 11/12/2020      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

88.05(3)(a)

HOME ENVIRONMENT

1/19/23

Yes

### Enforcement History (PRICELESS TIME ADULT FAMILY HOME LLC--0015024)

**Date:** 12/7/2020      **SOD #**HRZX12      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (PRICELESS TIME ADULT FAMILY HOME LLC--0015024)

**Date Complaint Received: 1/3/2023**

**Date Investigation Completed: 1/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 4/11/2022**

**Date Investigation Completed: 1/31/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** PRIDE AND JOY ADULT FAMILY GROUP HOME LLC (0016871)

**Address:** 2807 DONNA AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/5/2018 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141170      **End Date:** 10/26/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138943      **End Date:** 11/4/2021      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4CVZ13      Served 3/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0136591    **End Date:** 6/17/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4CVZ12    Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/4/21	No

---

**Survey ID:** 0135544    **End Date:** 12/17/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4CVZ11    Served 2/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	6/16/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/16/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/16/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/16/21	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/16/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/16/21	Yes
88.10(3)(q)	MEDICATIONS	6/16/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

**Date:** 3/11/2022      **SOD #**4CVZ13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/25/2021      **SOD #**4CVZ12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 2/5/2021      **SOD #**4CVZ11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

**Date Complaint Received: 10/3/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 10/26/2022**

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/21/2021**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 11/4/2021**

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
4CVZ13  
  
4CVZ13

**Date Complaint Received: 6/1/2021**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 6/17/2021**

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 2/23/2021**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 6/17/2021**

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
4CVZ12

**Date Complaint Received: 11/27/2020**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 12/17/2020**

Result  
SUBSTANTIATED

SOD #  
4CVZ11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** QUALITY CARE ADULT FAMILY HOME II (0016090)  
**Address:** 1508 RUSSET ST, RACINE, WI 53405  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/30/2016 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140339    **End Date:** 3/16/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5W0912    Served 8/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

### Enforcement History (QUALITY CARE ADULT FAMILY HOME II--0016090)

**Date:** 8/2/2022    **SOD #5W0912**    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** QUALITY CARE ADULT FAMILY HOME LLC (0015833)

**Address:** 1916 SATURN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/19/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136501      **End Date:** 6/2/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135770      **End Date:** 2/3/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J9U812      Served 3/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	6/3/21	Yes
88.04(2)(a)	RESPONSIBILITIES	6/3/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/3/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/3/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/3/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/3/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/3/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/3/21	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	6/3/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/3/21	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	6/3/21	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (QUALITY CARE ADULT FAMILY HOME LLC--0015833)

Date: 3/11/2021      SOD #J9U812      Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

### Complaint History (QUALITY CARE ADULT FAMILY HOME LLC--0015833)

Date Complaint Received: 12/14/2020      Date Investigation Completed: 2/3/2021

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

J9U812

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** R JOHNSON HERITAGE HOMES (0013736)

**Address:** 1209 NEWMAN RD, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/13/2011 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016563)

**Address:** 1901 FAIRVIEW TERRACE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142248    **End Date:** 1/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1UK311    Served 2/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	4/8/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/8/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	4/8/23	Yes

**Survey ID:** 0140037    **End Date:** 6/17/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016563)

**Date Complaint Received:** 10/31/2022

**Date Investigation Completed:** 1/19/2023

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016564)

**Address:** 1936 FRANKLIN, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/1/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142615      **End Date:** 3/27/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140261      **End Date:** 7/13/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136108      **End Date:** 4/28/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134567      **End Date:** 8/20/2020      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0134550    **End Date:** 8/12/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #XWZ613    Served 8/19/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	8/13/20	Yes
88.09(2)(a)9	HEALTH SCREENING	8/11/20	Yes

### Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016564)

**Date Complaint Received:** 11/10/2022

**Date Investigation Completed:** 3/27/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
HCBS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 7/5/2022

**Date Investigation Completed:** 7/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 2/2/2021

**Date Investigation Completed:** 4/28/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 7/23/2020

**Date Investigation Completed:** 8/12/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni (0016022)

**Address:** 1715 LASALLE STREET-LOWER, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/4/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0142947    **End Date:** 3/22/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139975    **End Date:** 6/8/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137010    **End Date:** 6/10/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OGK414    Served 8/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/8/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	6/8/22	Yes

### Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni--0016022)

**Date:** 8/17/2021    **SOD #OGK414**    **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni--0016022)

**Date Complaint Received: 1/26/2023**

**Date Investigation Completed: 3/22/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 1/18/2023**

**Date Investigation Completed: 3/22/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/13/2023**

**Date Investigation Completed: 3/22/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER (0016034)

**Address:** 1715 LASALLE STREET UPPER, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/4/2016 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141361      **End Date:** 11/2/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141521      **End Date:** 6/20/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138566      **End Date:** 9/28/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S2FW11      Served 2/1/2022

Deficiencies Cited  
88.10(3)(q)

Subject Area  
MEDICATIONS

Compliance  
Verified  
6/16/22

Corrected  
Yes

**Survey ID:** 0135000      **End Date:** 10/22/2020      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0134933      End Date: 9/24/2020      Type: OTHER      Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UVU214      Served 10/5/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	10/15/20	Yes

### Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

Date: 2/1/2022      SOD #S2FW11      Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

**Date Complaint Received: 3/1/2022**

**Date Investigation Completed: 6/20/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/1/2021**

**Date Investigation Completed: 9/28/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

S2FW11

**Date Complaint Received: 7/28/2021**

**Date Investigation Completed: 11/2/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/13/2021**

**Date Investigation Completed: 6/20/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 8/24/2020**

**Date Investigation Completed: 9/24/2020**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UVU214

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SAFE HARBOUR HOMES II LLC (0014832)

**Address:** 3219 BARBARA DRIVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/4/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SAFE HARBOUR HOMES III (0015821)

**Address:** 1103 JACKSON PLACE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/16/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136577      **End Date:** 6/17/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SAFE HARBOUR HOMES III--0015821)

**Date Complaint Received:** 2/10/2021

**Date Investigation Completed:** 6/17/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SAFE HARBOUR HOMES IV (0015822)

**Address:** 1105 JACKSON PLACE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/16/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SAFE HARBOUR HOMES LLC (0014831)

**Address:** 5224 16TH STREET, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/5/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SERENITY ON OSBORNE (0015573)

**Address:** 3700 OSBORNE BLVD, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/18/2015 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141559      **End Date:** 12/5/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139110      **End Date:** 3/17/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135514      **End Date:** 1/14/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KT0511      Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/17/22	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	3/17/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/17/22	Yes
88.10(3)(e)	SELF-DIRECTION	3/17/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (SERENITY ON OSBORNE--0015573)

**Date:** 2/1/2021      **SOD #**KT0511      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (SERENITY ON OSBORNE--0015573)

**Date Complaint Received:** 11/7/2022

**Date Investigation Completed:** 12/5/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received:** 2/23/2022

**Date Investigation Completed:** 3/17/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 6/30/2020

**Date Investigation Completed:** 1/14/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SINCERE CARE ADULT FAMILY HOME (0017525)

**Address:** 3119 WINDSOR DR, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/12/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** SISTER LOVE AND CARE AFH LLC (0018955)

**Address:** 1244 SUPERIOR ST, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2022 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0140178      **End Date:** 7/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ST REGIS MANOR AFH (0016816)

**Address:** 3507 16TH STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2017 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139667      **End Date:** 5/17/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138948      **End Date:** 2/8/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I25911      Served 3/11/2022

Deficiencies Cited  
88.03(4)(b)

Subject Area  
RENEWAL REQUIREMENTS

Compliance  
Verified  
5/17/22

Corrected  
Yes

**Survey ID:** 0139384      **End Date:** 12/28/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R45C12      Served 4/28/2022

Deficiencies Cited  
88.06(2)(a)  
88.07(3)(a)

Subject Area  
ADMISSION-HEALTH EXAM  
PRESCRIPTION MEDICATIONS

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0136499      End Date: 2/11/2021      Type: STANDARD      Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R45C11      Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/23/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/23/21	Yes
88.04(2)(h)	COMPLY WITH OSHA	12/23/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/23/21	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	12/23/21	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/23/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/28/21	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/28/21	No

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Enforcement History (ST REGIS MANOR AFH--0016816)

**Date:** 4/28/2022      **SOD #**R45C12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 3/11/2022      **SOD #**I25911      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 6/17/2021      **SOD #**R45C11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ST REGIS ROSE (0018506)

**Address:** 4316 16TH STREET, RACINE, WI 53405

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137635      **End Date:** 8/31/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TIME TO TREASURE AFH 3 S CORPORATION (0014526)

**Address:** 2209 PROSPECT STREET, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/19/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137976      **End Date:** 8/31/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CPTO11      Served 12/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(2)(a)	SERVICES		

### Enforcement History (TIME TO TREASURE AFH 3 S CORPORATION--0014526)

**Date:** 12/15/2021      **SOD #CPTO11**      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TIME TO TREASURE AFH 4 S CORPORATION (0014527)

**Address:** 842 Park Avenue, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/19/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137394      **End Date:** 9/29/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137240      **End Date:** 8/30/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CH9F11      Served 9/17/2021

Deficiencies Cited  
88.05(3)(a)

Subject Area  
HOME ENVIRONMENT

Compliance  
Verified

Corrected

### Enforcement History (TIME TO TREASURE AFH 4 S CORPORATION--0014527)

**Date:** 9/17/2021      **SOD #**CH9F11      **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (TIME TO TREASURE AFH 4 S CORPORATION--0014527)

**Date Complaint Received:** 9/8/2021

**Date Investigation Completed:** 8/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TIME TO TREASURE AFH 5 S CORPORATION (0014528)

**Address:** 5230 BISCAYNE AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/19/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TIME TO TREASURE AFH 6 S CORPORATION (0014529)

**Address:** 5232 BISCAYNE AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/19/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0135535    **End Date:** 1/20/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6R8J11    Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/21/21	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

### Enforcement History (TIME TO TREASURE AFH 6 S CORPORATION--0014529)

**Date:** 2/4/2021    **SOD #**6R8J11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (TIME TO TREASURE AFH 6 S CORPORATION--0014529)

**Date Complaint Received:** 12/28/2020    **Date Investigation Completed:** 1/20/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TRUE LIFE HOMES I (0010761)

**Address:** 5532 BYRD AVE, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/21/2004 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137495      **End Date:** 10/15/2021      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135257      **End Date:** 11/13/2020      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (TRUE LIFE HOMES I--0010761)

**Date Complaint Received:** 10/12/2020

**Date Investigation Completed:** 12/11/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TRUE LIFE HOMES II (0011524)

**Address:** 920 SOUTH ST, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/18/2006 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TRUE LIFE HOMES III (0012374)

**Address:** 2620 JEAN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/12/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TRUE LIFE HOMES LLC V (0013227)

**Address:** 2428 JEAN AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 5/6/2010 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** TRUE LIFE HOMES LLC (0012442)

**Address:** 621 THUNDERBIRD DR, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/25/2008 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** VISIONS OF LIFE LLC III (0014876)

**Address:** 3509 S GREEN BAY ROAD, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/10/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0139450      **End Date:** 2/10/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #953D11      Served 5/4/2022

Deficiencies Cited  
88.05(4)(b)2

Subject Area  
SMOKE DETECTORS-TESTING AND  
MAINTENANCE

Compliance  
Verified

Corrected

### Enforcement History (VISIONS OF LIFE LLC III--0014876)

**Date:** 5/4/2022      **SOD #**953D11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** VISIONS OF LIFE LLC IV (0014770)

**Address:** 6545 LINCOLNSHIRE DR, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/3/2013 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0136564      **End Date:** 6/9/2021      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** VISIONS OF LIFE LLC (0012076)

**Address:** 7925 DANIEL CT, RACINE, WI 53406

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/6/2007 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141399      **End Date:** 11/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140281      **End Date:** 7/21/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138335      **End Date:** 12/21/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (VISIONS OF LIFE LLC--0012076)

**Date Complaint Received: 11/3/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 11/11/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 9/23/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 11/11/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 6/30/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 7/21/2022**

Result SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WILLIAMS COMPASSIONATE CARE MANOR LLC (0014871)

**Address:** 601 SYDNEY DRIVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/4/2014 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0143329      **End Date:** 3/9/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #      Served 6/13/2023

Deficiencies Cited  
88.10(3)(q)

Subject Area  
MEDICATIONS

Compliance  
Verified

Corrected

**Survey ID:** 0138895      **End Date:** 3/2/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138550      **End Date:** 1/28/2022      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XDXW11      Served 1/31/2022

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

**Survey ID:** 0136476    **End Date:** 3/5/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2IYK11    Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(a)	RESPONSIBILITIES	3/2/22	Yes
88.05(2)(a)	DIFFICULTY WALKING	3/2/22	Yes

**Survey ID:** 0134799    **End Date:** 9/8/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (WILLIAMS COMPASSIONATE CARE MANOR LLC--0014871)

**Date:** 1/31/2022    **SOD #**XDXW11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 6/15/2021    **SOD #**2IYK11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WILSONS INFINITE LOVE LLC (0018603)

**Address:** 2321 WASHINGTON AVE, RACINE, WI 53404

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0137281      **End Date:** 9/8/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WINGS ADULT FAMILY HOME (0018301)

**Address:** 2804 ROSALIND AVENUE, RACINE, WI 53403

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/8/2021 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

**Survey ID:** 0141258      **End Date:** 11/1/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137278      **End Date:** 9/8/2021      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (WINGS ADULT FAMILY HOME--0018301)

**Date Complaint Received:** 9/21/2022

**Date Investigation Completed:** 11/1/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY  
ADMINISTRATION

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** WISCONSIN LIVING LLC (THE) (0017604)

**Address:** 3336 10TH AVE, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2019 12:00:00AM

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### Survey History

No survey activity during the period 5/15/20 to 5/15/23

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