

Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 296.00 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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: 1ST CHOICE ADULT FAMILY (0015993)

Address: 3341 HAMLIN AVE, 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

No survey activity during the period 1/22/22 to 1/21/25

This is Page 2 of 296 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/23/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/17/2019 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

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

Date Complaint Received: 09/21/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/13/2022

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 01/22/2022 to 01/21/2025

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 03/13/2018 12:00:00AM

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

Survey History

Survey ID: 0145345 **End Date:** 01/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8I213 Served 01/24/2024

<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)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0144116 **End Date:** 04/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8I212 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	12/19/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/19/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/19/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/19/23	Yes
88.06(3)(f)	REVIEW OF ISP	12/19/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/19/23	Yes
88.09(1)(a)	RESIDENT RECORDS	12/19/23	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	12/19/23	Yes
88.10(3)(e)	SELF-DIRECTION	12/19/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	12/19/23	Yes

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141336 **End Date:** 04/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.07(2)(b)5	MONITORING HEALTH	4/21/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	4/21/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/21/23	Yes
88.10(3)(q)	MEDICATIONS	4/21/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date: 01/24/2024 **SOD #**G8I213 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/05/2023 **SOD #**G8I212 **Appealed:** No

Sanctions

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

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

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date Complaint Received: 10/10/2023

Date Investigation Completed: 01/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

G8I213

Date Complaint Received: 03/13/2023

Date Investigation Completed: 04/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 02/15/2023

Date Investigation Completed: 04/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

G8I212
G8I212

Date Complaint Received: 09/27/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/31/2022

Date Investigation Completed: 04/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G8I211

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH V (0017971)

Address: 4201 MONTEREY DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 02/06/2020 12:00:00AM

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

Survey History

Survey ID: 0148542 **End Date:** 10/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JWRC12 Served 01/22/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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)(a)	HOME ENVIRONMENT		
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)3	ALL CHARGES AND SECURITY DEPOSITS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(2)(e)	ANNUAL HEALTH EXAM		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.07(3)(d) MEDICATION- WRITTEN ORDER
88.10(3)(b) PRIVACY

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2VZ11 Served 03/13/2023

<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	10/28/24	Yes
88.07(2)(b)5	MONITORING HEALTH	10/28/24	Yes
88.10(3)(a)	FAIR TREATMENT	10/28/24	Yes

Survey ID: 0141712 **End Date:** 08/03/2022 **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	10/28/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/28/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/28/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/29/24	No
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	10/29/24	No
88.06(3)(f)	REVIEW OF ISP	10/28/24	Yes
88.07(2)(a)	SERVICES		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	10/28/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date: 03/13/2023 **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

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

Date Complaint Received: 08/19/2024 **Date Investigation Completed:** 10/29/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 08/05/2024 **Date Investigation Completed:** 10/29/2024

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	JWRC12
SUBSTANTIATED	JWRC12

Date Complaint Received: 09/30/2022 **Date Investigation Completed:** 11/30/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	V2VZ11

Date Complaint Received: 05/09/2022 **Date Investigation Completed:** 08/03/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/23/2017 12:00:00AM

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

Survey History

Survey ID: 0145649 **End Date:** 02/14/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KP5411 Served 02/19/2024

Deficiencies Cited

88.05(4)(d)2.b

88.06(3)(d)5

Subject Area

FIRE EVACUATION ANNUAL EVALUATION

SIGNED STATEMENT OF AGREEMENT

Compliance
Verified

Corrected

Survey ID: 0142965 **End Date:** 05/01/2023 **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:** 07/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (A GOLDEN STAR AFH--0016654)

Date: 02/19/2024 **SOD #KP5411** **Appealed: No**

Sanctions
ORDER TO COMPLY

Date: 03/06/2022 **SOD #4UOE11** **Appealed: No**

Sanctions
ORDER TO COMPLY

Complaint History (A GOLDEN STAR AFH--0016654)

Date Complaint Received: 01/15/2024 **Date Investigation Completed: 02/14/2024**

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

Date Complaint Received: 01/11/2023 **Date Investigation Completed: 05/01/2023**

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

Date Complaint Received: 10/03/2022 **Date Investigation Completed: 10/25/2022**

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/07/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148539 **End Date:** 01/16/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147136 **End Date:** 07/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146655 **End Date:** 04/11/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XG6112 Served 06/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/16/25	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/16/25	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0142137 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XG6111 Served 02/13/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
4/11/24

Corrected
No

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

Date: 06/07/2024 **SOD #** XG6112 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 02/13/2023 **SOD #** XG6111 **Appealed:** No

Sanctions
ORDER TO COMPLY

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

Date Complaint Received: 06/11/2024 **Date Investigation Completed:** 07/29/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/02/2023 **Date Investigation Completed:** 04/11/2024

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 08/15/2022 **Date Investigation Completed:** 09/29/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #
SUBSTANTIATED XG6111

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/16/2011 12:00:00AM

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

Survey History

Survey ID: 0141130 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 01/31/2022 **SOD #**BE1F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Date Complaint Received: 10/17/2024 **Date Investigation Completed:** 02/04/2025

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: A Loving Heart 2 Adult Family Home LLC (0020092)

Address: 325 N Memorial Dr, Racine, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 01/17/2024 12:00:00AM

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

Survey History

Survey ID: 0145323 **End Date:** 01/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/08/2021 12:00:00AM

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

Survey History

Survey ID: 0144844 **End Date:** 11/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (A LOVING HEART ADULT FAMILY HOME LLC--0018507)

Date Complaint Received: 10/25/2023

Date Investigation Completed: 11/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/01/2015 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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/05/2013 12:00:00AM

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

Survey History

Survey ID: 0143320 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139413 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139763 **End Date:** 02/01/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIOC12 Served 06/03/2022

<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

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

Date: 06/05/2022 **SOD #**LIOC12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date Complaint Received: 05/31/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/29/2022

Date Investigation Completed: 04/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/11/2018 12:00:00AM

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

Survey History

Survey ID: 0146877 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #82VO12 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

Date: 07/09/2024 **SOD #**82VO12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/27/2022 **SOD #**82VO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0144653 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PRVR11 Served 10/27/2023

Deficiencies Cited

88.03(5)(e)1

88.07(3)(e)1

Subject Area

SIGNIFICANT CHANGE TO THE RESIDENT

MEDICATION- RECORD KEEPING

Compliance
Verified

Corrected

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

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (A+ JUST LIKE FAMILY AFH--0018852)

Date: 10/27/2023

SOD #PRVR11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (A+ JUST LIKE FAMILY AFH--0018852)

Date Complaint Received: 07/21/2023

Date Investigation Completed: 08/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

PRVR11

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/03/2020 12:00:00AM

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

Survey History

Survey ID: 0148674 **End Date:** 01/03/2025 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2F4711 Served 02/04/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(b)	FREE OF HAZARDS	3/22/25	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/22/25	Yes

Survey ID: 0142037 **End Date:** 01/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date Complaint Received: 08/29/2024

Date Investigation Completed: 01/03/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/21/2024

Date Investigation Completed: 01/03/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/11/2022

Date Investigation Completed: 01/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/03/2020 12:00:00AM

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

Survey History

Survey ID: 0147969 **End Date:** 09/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H8Z812 Served 10/30/2024

<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		

Survey ID: 0143791 **End Date:** 03/13/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H8Z811 Served 07/30/2023

<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	9/20/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/20/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/20/24	Yes

Survey ID: 0142016 **End Date:** 01/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 10/30/2024 **SOD #**H8Z812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/31/2023 **SOD #**H8Z811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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

Date Complaint Received: 06/04/2024 **Date Investigation Completed:** 09/20/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/13/2023 **Date Investigation Completed:** 03/13/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED H8Z811

Date Complaint Received: 02/13/2023 **Date Investigation Completed:** 03/13/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED H8Z811

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

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/04/2018 12:00:00AM

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

Survey History

Survey ID: 0145621 **End Date:** 01/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4L6J12 Served 02/15/2024

<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		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0144519 **End Date:** 06/28/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XGSW11 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	12/1/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0142654 **End Date:** 03/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144673 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4L6J11 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/2/24	No
88.10(3)(q)	MEDICATIONS	1/2/24	Yes

Survey ID: 0141690 **End Date:** 08/18/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	3/17/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (AARNA FAMILY CARE LLC--0016897)

Date: 02/15/2024 **SOD #4L6J12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/30/2023 **SOD #4L6J11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 03/06/2022 **SOD #SML211** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (AARNA FAMILY CARE LLC--0016897)

Date Complaint Received: 11/27/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/16/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/10/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/25/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/23/2023

Date Investigation Completed: 06/28/2023

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED XGSW11

Date Complaint Received: 09/21/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
SUBSTANTIATED 4L6J11
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Date Complaint Received: 02/08/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 08/18/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/02/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 08/18/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/28/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/18/2022

Result SOD #
SUBSTANTIATED SML212
SUBSTANTIATED SML212

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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 07/13/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0147798 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146706 **End Date:** 06/06/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144543 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #821U11 Served 10/17/2023

Deficiencies Cited
88.07(2)(b)5

Subject Area
MONITORING HEALTH

Compliance
Verified
6/6/24

Corrected
Yes

Survey ID: 0143925 **End Date:** 03/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140241 **End Date:** 07/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (AASHIYANA FAMILY CARE LLC Unit A--0018954)

Date: 10/17/2023 **SOD #**821U11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (AASHIYANA FAMILY CARE LLC Unit A--0018954)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 09/25/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/28/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/02/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

821U11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/13/2022 12:00:00AM

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

Survey History

Survey ID: 0147904 **End Date:** 09/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CE3Z11 Served 10/21/2024

Deficiencies Cited
88.06(3)(d)

Subject Area
INDIVIDUAL SERVICE PLAN

Compliance
Verified

Corrected

Survey ID: 0140240 **End Date:** 07/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (AASHIYANA FAMILY CARE LLC Unit B--0018953)

Date: 10/21/2024 **SOD #**CE3Z11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (AASHIYANA FAMILY CARE LLC Unit B--0018953)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 09/25/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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: 0145875 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RRZT11 Served 03/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/13/24	Yes

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

Date: 03/13/2023 **SOD #**RRZT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date Complaint Received: 11/10/2022

Date Investigation Completed: 12/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/26/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/05/2011 12:00:00AM

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

Survey History

Survey ID: 0145025 **End Date:** 11/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HALD11 Served 12/11/2023

Deficiencies Cited
88.03(5)(e)1

Subject Area
SIGNIFICANT CHANGE TO THE RESIDENT

Compliance
Verified
1/26/24

Corrected
Yes

Survey ID: 0141231 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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

Date Complaint Received: 11/22/2023

Date Investigation Completed: 11/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HALD11

Date Complaint Received: 07/27/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/06/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN I (390119)

Address: 1683 PERRY AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 02/01/1989 12:00:00AM

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

Survey History

Survey ID: 0140320 **End Date:** 07/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/01/1987 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 11/01/1988 12:00:00AM

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

Survey History

Survey ID: 0142707 **End Date:** 03/31/2023 **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: 03/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 11/01/1987 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/01/1987 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VI (0008614)

Address: 701 CARLTON DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/01/1998 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VII (390123)

Address: 5405 ERIE ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 09/04/1990 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VIII (390124)

Address: 101 11TH AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 06/13/1993 12:00:00AM

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/20/2008 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Amores Way Adult Family Home (0020160)

Address: 1926 Deane Blvd, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/05/2024 12:00:00AM

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

Survey History

Survey ID: 0148258 **End Date:** 12/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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:** 08/03/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #442N11 Served 01/11/2023

<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: 05/27/2022

Date Investigation Completed: 08/03/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/05/2016 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

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

Date Complaint Received: 07/29/2022

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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: AN EXTENSION OF LOVE ADULT FAMILY HOME LLC (0019871)

Address: 1708 ARCTURUS AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 01/25/2024 12:00:00AM

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

Survey History

Survey ID: 0145461 **End Date:** 01/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Assured Comfort Care LLC (0019525)

Address: 2806 Loraine Ave, Racine, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 06/21/2023 12:00:00AM

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

Survey History

Survey ID: 0143450 **End Date:** 06/21/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/12/2022 12:00:00AM

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

Survey History

Survey ID: 0139769 **End Date:** 05/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/26/2021 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 03/13/2023

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified

Corrected

Enforcement History (BEST CARE RESIDENTIAL 2--0018454)

Date: 03/13/2023 **SOD #**T5R611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (BEST CARE RESIDENTIAL 2--0018454)

Date Complaint Received: 11/28/2022

Date Investigation Completed: 12/12/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
T5R611

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/07/2014 12:00:00AM

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

Survey History

Survey ID: 0143909 **End Date:** 08/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143065 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZSC911 Served 05/16/2023

Deficiencies Cited
88.04(2)(f)

Subject Area
CONDITION WHICH REPRESENTS RISK OR
HARM

Compliance
Verified
7/21/23

Corrected
Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (BEST CARE RESIDENTIAL AFH--0015141)

Date Complaint Received: 11/04/2024

Date Investigation Completed: 01/22/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/18/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/19/2022

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ZSC911

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/10/2018 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 02/15/2023

<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: 02/15/2023 **SOD #**X2GY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/22/2022 to 01/21/2025

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 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/29/2011 12:00:00AM

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

Survey History

Survey ID: 0139408 **End Date:** 04/07/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/19/2019 12:00:00AM

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

Survey History

Survey ID: 0148554 **End Date:** 11/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N17711 Served 01/23/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0147037 **End Date:** 07/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138589 **End Date:** 01/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MJ5811 Served 02/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/12/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (BRIGHTER DAY AFH CARLTON--0017376)

Date: 02/02/2022 **SOD #** MJ5811 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BRIGHTER DAY AFH CARLTON--0017376)

Date Complaint Received: 10/24/2024

Date Investigation Completed: 11/05/2024

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/08/2016 12:00:00AM

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

Survey History

Survey ID: 0147880 **End Date:** 10/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 05/22/2024

Date Investigation Completed: 10/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/05/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/01/2022 12:00:00AM

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

Survey History

Survey ID: 0138844 **End Date:** 03/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/22/2014 12:00:00AM

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

Survey History

Survey ID: 0143212 **End Date:** 05/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CARIBE ASSISTED LIVING LLC--0015001)

Date Complaint Received: 04/21/2023

Date Investigation Completed: 05/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HEARTS AFH 2 (0018405)

Address: 928 DELAMERE AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 02/08/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: CARING HEARTS AFH (0015586)

Address: 2826 Arlington Avenue, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 02/11/2016 12:00:00AM

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

Survey History

Survey ID: 0143922 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142941 **End Date:** 04/28/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141742 **End Date:** 08/31/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QF0L11 Served 01/05/2023

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

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 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (CARING HEARTS AFH--0015586)

Date: 01/04/2023 **SOD #** QF0L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CARING HEARTS AFH--0015586)

Date Complaint Received: 06/06/2023

Date Investigation Completed: 07/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/03/2023

Date Investigation Completed: 04/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/01/2022

Date Investigation Completed: 08/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/26/2012 12:00:00AM

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

Survey History

Survey ID: 0148165 **End Date:** 11/12/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5O5S12 Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/11/25	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/11/25	Yes

Survey ID: 0144517 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144187 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W0F711 Served 09/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	9/21/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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

Date: 09/13/2023

SOD #W0F711

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/19/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Circle of Care Adult Family Home LLC (0020290)

Address: 327 N Memorial Drive, Racine, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 08/19/2024 12:00:00AM

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

Survey History

Survey ID: 0147460 **End Date:** 08/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/08/2023 12:00:00AM

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

Survey History

Survey ID: 0142465 **End Date:** 03/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/08/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/05/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: COMMUNITY TIES (0013714)

Address: 3622 SOUTHWOOD DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 06/30/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: COMPASSIONET & CARE 1 (0013232)

Address: 433 GRAHAM ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010 12:00:00AM

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

Survey History

Survey ID: 0144681 **End Date:** 07/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9O4711 Served 10/31/2023

<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(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (COMPASSIONET & CARE 1--0013232)

Date: 10/31/2023 **SOD #**9O4711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/31/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/24/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/25/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148098 **End Date:** 11/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147101 **End Date:** 06/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T4PI11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/10/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/10/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/10/24	Yes

Survey ID: 0141858 **End Date:** 08/02/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DOTQ11 Served 01/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance 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 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (COZY AURORA ADULT FAMILY HOME LLC--0017125)

Date Complaint Received: 07/24/2024

Date Investigation Completed: 11/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/22/2024

Date Investigation Completed: 06/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/17/2018 12:00:00AM

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

Survey History

Survey ID: 0141509 **End Date:** 06/22/2022 **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: 12/06/2022 **SOD #**PO0311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (DELAMERES PLACE TO CALL HOME AFGH LLC--0017114)

Date Complaint Received: 03/08/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
PO0311

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/09/2002 12:00:00AM

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

Complaint History (DESTINY ADULT FAMILY HOME I--0009607)

Date Complaint Received: 07/30/2024

Date Investigation Completed: 01/27/2025

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
Q93K12

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/21/2003 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 10/03/2007 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/04/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/19/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

Enforcement History (DESTINY AFH LLC IV--0013920)

Date: 01/23/2022 **SOD #**KUCV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: DIVINE LIVING (0018019)

Address: 817 ROMAYNE AVENUE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/06/2020 12:00:00AM

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

Survey History

Survey ID: 0146338 **End Date:** 05/07/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145414 **End Date:** 01/23/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTXR12 Served 01/29/2024

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
5/7/24

Corrected
Yes

Survey ID: 0144081 **End Date:** 08/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144102 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FTXR11 Served 09/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/23/24	No

Survey ID: 0142179 **End Date:** 11/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N8VZ11 Served 02/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/7/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/7/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/7/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/7/23	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	8/7/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/7/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (DIVINE LIVING--0018019)

Date: 01/29/2024 **SOD #**FTXR12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 09/05/2023 **SOD #**FTXR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/15/2023 **SOD #**N8VZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (DIVINE LIVING--0018019)

Date Complaint Received: 04/24/2024

Date Investigation Completed: 05/07/2024

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Evolve Adult Family Home LLC (0020540)

Address: 1536 Flett Ave, Racine, WI 534055040

License Status: REGULAR

Licensed/Certified/Registered 02/06/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: EVOLVING LLC (0019466)

Address: 1602 WEST ST, RACINE, WI 534043020

License Status: REGULAR

Licensed/Certified/Registered 04/04/2023 12:00:00AM

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

Survey History

Survey ID: 0142663 **End Date:** 04/04/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: EXCEL FOUR (0015035)

Address: 139 OHIO STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 04/22/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0146620 **End Date:** 06/03/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145434 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15D712 Served 02/29/2024

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
6/3/24

Corrected
Yes

Survey ID: 0145281 **End Date:** 01/10/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0145333 **End Date:** 11/20/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #38CK12 Served 01/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

Survey ID: 0144996 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GBKB11 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	1/10/24	Yes

Survey ID: 0144140 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #15D711 Served 09/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/25/24	No

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (EXCEL R3--0016698)

Date: 01/30/2024 **SOD #15D712** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/22/2024 **SOD #38CK12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/07/2023 **SOD #GBKB11** **Appealed: No**

Sanctions

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

Date: 09/07/2023 **SOD #15D711** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 03/19/2022 **SOD #38CK11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (EXCEL R3--0016698)

Date Complaint Received: 08/28/2023

Date Investigation Completed: 11/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

38CK12

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: EXCEL SIX (0015750)

Address: 2040 CASE AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 01/21/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: EXCEL (0012795)

Address: 2220 SUMMIT AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 06/25/2009 12:00:00AM

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

Survey History

Survey ID: 0145422 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

88.03(4)(b)

RENEWAL REQUIREMENTS

1/25/24

Yes

Survey ID: 0144606 **End Date:** 08/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I8XP11 Served 10/23/2023

Deficiencies Cited

88.05(4)(a)

Subject Area

FIRE SAFETY-FIRE EXTINGUISHERS

Compliance

Verified

12/8/23

Corrected

Yes

Enforcement History (EXCEL--0012795)

Date: 01/24/2024 **SOD #**99GU11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (EXCEL--0012795)

Date Complaint Received: 07/12/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/05/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/25/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Complaint History (FAITH COMMUNITY ADULT GROUP HOME--0014776)

Date Complaint Received: 01/13/2025

Date Investigation Completed: 02/06/2025

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/26/2024

Date Investigation Completed: 02/06/2025

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/05/2024

Date Investigation Completed: 02/06/2025

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: FAITH GROUP HOME (0013990)

Address: 3317 OAKWOOD DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 01/19/2012 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 04/05/2023

Deficiencies Cited

88.10(3)(m)

88.11(1)

Subject Area

FREEDOM FROM ABUSE

REPORTING OF ABUSE AND NEGLECT

Compliance

Verified

Corrected

Enforcement History (FAITH GROUP HOME--0013990)

Date: 04/05/2023

SOD #DYLJ13

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (FAITH GROUP HOME--0013990)

Date Complaint Received: 04/19/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

DYLJ13

Date Complaint Received: 02/24/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Faith Pray and Stay Adult Family Home LLC (0020145)

Address: 1524 Flett Ave, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 05/15/2024 12:00:00AM

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

Survey History

Survey ID: 0146457 **End Date:** 05/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/25/2023 12:00:00AM

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

Survey History

Survey ID: 0144768 **End Date:** 08/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #04TG11 Served 11/08/2023

Deficiencies Cited

88.07(1)(e)

88.08

Subject Area

OVERNIGHT SUPERVISION

TERMINATION OF PLACEMENT

Compliance

Verified

Corrected

Survey ID: 0143302 **End Date:** 05/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Family Touch Adult Homes--0019282)

Date: 11/08/2023

SOD #04TG11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (Family Touch Adult Homes--0019282)

Date Complaint Received: 06/13/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/20/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: FORGET ME NOT (0016613)

Address: 1426 CARLISLE AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 05/25/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/26/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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

Survey ID: 0146613 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145436 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T0K512 Served 02/01/2024

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
5/28/24

Corrected
Yes

Survey ID: 0144132 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T0K511 Served 09/07/2023

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
1/25/24

Corrected
No

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (GOLDEN AGE CARE (1743)--0014855)

Date: 02/01/2024 **SOD #**T0K512 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 09/07/2023 **SOD #**T0K511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0146615 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145432 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MCZU12 Served 01/30/2024

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
5/28/24

Corrected
Yes

Survey ID: 0144183 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MCZU11 Served 09/13/2023

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
1/25/24

Corrected
No

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144502 **End Date:** 06/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S5H911 Served 10/12/2023

<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		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

Survey ID: 0141476 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (GOLDEN AGE CARE (1745)--0014856)

Date: 01/30/2024 **SOD #**MCZU12 **Appealed:** No

Sanctions

NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 10/12/2023 **SOD #**S5H911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/13/2023 **SOD #**MCZU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (GOLDEN AGE CARE (1745)--0014856)

Date Complaint Received: 02/10/2023

Date Investigation Completed: 06/01/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/17/2022

Date Investigation Completed: 10/07/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Golden Hearts Loving Care Homes LLC (0019838)

Address: 1606 Crab Tree Ln, Racine, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 03/26/2024 12:00:00AM

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

Survey History

Survey ID: 0146016 **End Date:** 03/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/12/2019 12:00:00AM

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

Survey History

Survey ID: 0146961 **End Date:** 06/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143997 **End Date:** 05/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #M0H814 Served 08/22/2023

Deficiencies Cited

88.07(4)(c)

Subject Area

FOOD PREPARED AND STORED SANITARY
WAY

Compliance
Verified

Corrected

Survey ID: 0141813 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141582 **End Date:** 06/21/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M0H813 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	5/8/23	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	5/8/23	Yes
88.07(2)(a)	SERVICES	5/8/23	Yes
88.10(3)(a)	FAIR TREATMENT	5/8/23	Yes

Survey ID: 0140298 **End Date:** 06/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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: 03/19/2022 **SOD #**M0H812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (GOOD LIFE AT HOME--0017728)

Date Complaint Received: 04/08/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 06/17/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/24/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 05/08/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/17/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 05/08/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/30/2022

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Date Investigation Completed: 12/28/2022

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/17/2022

Subject Area(s)
RESIDENT RIGHTS
RESIDENT RIGHTS
RESIDENT RIGHTS

Date Investigation Completed: 06/21/2022

Result SOD #
SUBSTANTIATED M0H813
SUBSTANTIATED M0H813
SUBSTANTIATED M0H813

Date Complaint Received: 03/22/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 06/10/2022

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/20/2020 12:00:00AM

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

Survey History

Survey ID: 0147703 **End Date:** 08/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUY13 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		

Survey ID: 0140104 **End Date:** 02/24/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUY12 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	8/27/24	No
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	8/27/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (GOOD LIFE AT HOME--0017982)

Date: 09/30/2024 **SOD #**0NUY13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/11/2022 **SOD #**0NUY12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GOOD LIFE AT HOME--0017982)

Date Complaint Received: 06/24/2024

Date Investigation Completed: 08/27/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/01/2022 12:00:00AM

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

Survey History

Survey ID: 0138886 **End Date:** 03/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Graceful Heart Homes LLC (0019754)

Address: 1916 Saturn Ave, Racine, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 09/29/2023 12:00:00AM

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

Survey History

Survey ID: 0144407 **End Date:** 10/03/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0148275 **End Date:** 10/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0BDD13 Served 12/10/2024

<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)1	FIRE SAFETY-SMOKE DETECTORS		

Survey ID: 0146926 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0BDD12 Served 07/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(4)(a)	INSURANCE-VEHICLE	10/4/24	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	10/4/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	10/4/24	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/4/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/4/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/4/24	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	10/4/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	10/4/24	Yes
88.06(3)(f)	REVIEW OF ISP	10/4/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/4/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/4/24	Yes

Survey ID: 0144671 **End Date: 08/15/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YD8811 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(2)(a)	SERVICE PROVIDER RECORD	12/15/23	Yes

Survey ID: 0144099 **End Date: 05/10/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0BDD11 Served 09/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	5/8/24	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/8/24	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/8/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	5/8/24	No
88.09(1)(a)	RESIDENT RECORDS	5/7/24	Yes
88.10(3)(q)	MEDICATIONS	5/7/24	Yes

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 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (GUARDIAN ANGEL HOMES 2 LLC--0019288)

Date: 12/10/2024 **SOD #**0BDD13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/12/2024 **SOD #**0BDD12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/01/2023 **SOD #**0BDD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (GUARDIAN ANGEL HOMES 2 LLC--0019288)

Date Complaint Received: 07/09/2024

Date Investigation Completed: 10/04/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/25/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/05/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/14/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/29/2023

Date Investigation Completed: 08/15/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/27/2023

Date Investigation Completed: 05/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED 0BDD11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Healing Hands AFH (0019748)

Address: 2810 16th St, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 12/20/2023 12:00:00AM

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

Survey History

Survey ID: 0147694 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RR5S11 Served 09/30/2024

Deficiencies Cited

88.06(3)(d)

88.10(3)(e)

Subject Area

INDIVIDUAL SERVICE PLAN

SELF-DIRECTION

Compliance

Verified

Corrected

Survey ID: 0145134 **End Date:** 12/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Healing Hands AFH--0019748)

Date: 09/30/2024

SOD #RR5S11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (Healing Hands AFH--0019748)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/30/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

RR5S11

Date Complaint Received: 07/26/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

RR5S11

Date Complaint Received: 05/17/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RR5S11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Healing Inspired Behavioral Services LLC (0020147)

Address: 1541 Hayes Ave, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 05/07/2024 12:00:00AM

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

Survey History

Survey ID: 0146324 **End Date:** 05/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/09/2022 12:00:00AM

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

Survey History

Survey ID: 0139881 **End Date:** 06/09/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0146327 **End Date:** 04/24/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IOFN12 Served 05/07/2024

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified

Corrected

Survey ID: 0145628 **End Date:** 02/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IOFN11 Served 02/15/2024

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified
4/24/24

Corrected
No

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144616 End Date: 09/13/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2S8Y11 Served 10/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.09(1)(d)8	RESIDENT RECORD-ISP		
88.09(1)(d)9	RESIDENT RECORD-RESIDENT RIGHTS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (HELPING HANDS ASSISTED LIVING LLC--0018697)

Date: 05/07/2024 **SOD #**IOFN12 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NNAO EXTENDED

Date: 02/15/2024 **SOD #**IOFN11 **Appealed:** No

Sanctions

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

Date: 10/24/2023 **SOD #**2S8Y11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HELPING HANDS ASSISTED LIVING LLC--0018697)

Date Complaint Received: 09/06/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/28/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/08/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142143 **End Date:** 02/03/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HOMEWOOD ADULT FAMILY HOME LLC--0015517)

Date Complaint Received: 12/21/2022	Date Investigation Completed: 02/03/2023
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/23/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

Enforcement History (HOPE AWAY FROM HOME--0014727)

Date: 01/28/2022

SOD #Y6CO11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/13/2022 12:00:00AM

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

Survey History

Survey ID: 0140804 **End Date:** 09/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/20/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

Enforcement History (HOUSE OF FAITH HOPE LOVE 2--0016501)

Date: 03/01/2022

SOD #XUB111

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/24/2023 12:00:00AM

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

Survey History

Survey ID: 0142569 **End Date:** 03/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/20/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/09/2017 12:00:00AM

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

Survey History

Survey ID: 0146318 **End Date:** 03/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1CZZ11 Served 05/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		

Survey ID: 0145206 **End Date:** 12/26/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144250 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B2V211 Served 09/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/26/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (HUNTING FOR MORE LOVE--0016649)

Date: 05/06/2024 **SOD #**1CZZ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/15/2023 **SOD #**B2V211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HUNTING FOR MORE LOVE--0016649)

Date Complaint Received: 12/21/2023

Date Investigation Completed: 03/05/2024

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/04/2023 12:00:00AM

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

Survey History

Survey ID: 0142683 **End Date:** 04/04/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/14/2022 12:00:00AM

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

Survey History

Survey ID: 0139367 **End Date:** 03/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: IVYS PLACE (0016617)

Address: 1429 OREGON STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 06/06/2017 12:00:00AM

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

Survey History

Survey ID: 0148390 **End Date:** 11/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TRSZ11 Served 12/23/2024

<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)(o)	HOME NOT BE USED FOR OTHER BUSINESS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0144145 **End Date:** 08/02/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EOH611 Served 09/08/2023

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141368 End Date: 06/17/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (IVYS PLACE--0016617)

Date: 12/23/2024 SOD #TRSZ11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 09/08/2023 SOD #EOH611 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (IVYS PLACE--0016617)

Date Complaint Received: 06/24/2024 Date Investigation Completed: 11/08/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
TRSZ11

Date Complaint Received: 01/31/2022 Date Investigation Completed: 06/17/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Just Like Home Residential LLC (0020402)

Address: 1600 Flett Ave, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 02/04/2025 12:00:00AM

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/01/2009 12:00:00AM

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

Survey History

Survey ID: 0147440 **End Date:** 07/19/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E1K013 Served 08/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(d)	CHANGE OR DAMAGE TO STRUCTURE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0145912 End Date: 02/12/2024 Type: STANDARD Purpose: SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E1K012 Served 03/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	7/19/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/19/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/19/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/31/24	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	7/19/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/19/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/31/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	7/19/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/19/24	Yes

Enforcement History (K&D ADULT FAMILY HOME LLC--0012674)

Date: 08/29/2024 SOD #E1K013 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/19/2024 SOD #E1K012 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (K&D ADULT FAMILY HOME LLC--0012674)

Date Complaint Received: 04/22/2024

Date Investigation Completed: 07/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/23/2010 12:00:00AM

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

Survey History

Survey ID: 0147591 **End Date:** 06/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GKIH13 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

Survey ID: 0146106 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GKIH12 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/29/24	Yes
88.05(2)(a)	DIFFICULTY WALKING	5/29/24	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	6/13/24	No
88.11(1)	REPORTING OF ABUSE AND NEGLECT	5/29/24	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144654 **End Date:** 07/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GKIH11 Served 10/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/21/24	No
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/20/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/20/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/20/24	Yes
88.10(3)(s)	TELEPHONE CALLS	2/20/24	Yes
88.10(3)(t)	VISITS	2/20/24	Yes

Enforcement History (K&D ADULT FAMILY HOMES LLC II--0013176)

Date: 09/17/2024 **SOD #GKIH13** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 04/10/2024 **SOD #GKIH12** **Appealed:** No

Sanctions

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

Date: 10/27/2023 **SOD #GKIH11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (K&D ADULT FAMILY HOMES LLC II--0013176)

Date Complaint Received: 04/22/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 06/13/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/20/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 06/13/2024

Result
SUBSTANTIATED

SOD #
GKIH13

Date Complaint Received: 02/12/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 02/21/2024

Result
SUBSTANTIATED

SOD #
GKIH12

Date Complaint Received: 04/25/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/06/2023

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
GKIH11
GKIH11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/13/2011 12:00:00AM

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

Survey History

Survey ID: 0145940 **End Date:** 02/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IRI12 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (K&D AFH LLC 3--0013710)

Date: 03/22/2024 **SOD #**8IRI12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/23/2022 **SOD #**8IRI11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (K&D AFH LLC 3--0013710)

Date Complaint Received: 10/09/2023

Date Investigation Completed: 02/05/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

8IRI12

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/18/2017 12:00:00AM

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

Survey History

Survey ID: 0145961 **End Date:** 02/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9BLO11 Served 03/22/2024

<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)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(q)	MEDICATIONS		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (K&D AFH LLC 4--0016513)

Date: 03/22/2024 **SOD #**9BLO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (K&D AFH LLC 4--0016513)

Date Complaint Received: 02/20/2024

Date Investigation Completed: 02/21/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9BLO11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/28/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

Enforcement History (KENWOOD KEYS INCORPORATED KENWOOD 2--0015571)

Date: 06/30/2022 **SOD #**E2ID11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KIND CARE LLC (0016364)

Address: 1901 SATURN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 07/13/2017 12:00:00AM

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

Survey History

Survey ID: 0144961 **End Date:** 10/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KIND CARE LLC--0016364)

Date Complaint Received: 07/10/2023

Date Investigation Completed: 10/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KINZIE PLACE (0012747)

Address: 4618 KINZIE AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 04/27/2009 12:00:00AM

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

Survey History

Survey ID: 0144659 **End Date:** 10/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142140 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140580 **End Date:** 04/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UY7Y11 Served 08/27/2022

<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 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (KINZIE PLACE--0012747)

Date: 08/27/2022 **SOD #** UY7Y11 **Appealed:** No

Sanctions

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

Complaint History (KINZIE PLACE--0012747)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 10/03/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KINZIE WAY LLC (0017042)

Address: 3900 KNOLL PLACE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/22/2018 12:00:00AM

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

Survey History

Survey ID: 0147584 **End Date:** 09/12/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147299 **End Date:** 07/25/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q2NW11 Served 08/13/2024

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified
9/12/24

Corrected
Yes

Survey ID: 0143921 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142854 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141880 **End Date:** 07/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTOB11 Served 01/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/11/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	4/11/23	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	4/11/23	Yes
88.09(1)(a)	RESIDENT RECORDS	4/11/23	Yes

Enforcement History (KINZIE WAY LLC--0017042)

Date: 08/13/2024 **SOD #**Q2NW11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/18/2023 **SOD #**VTOB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (KINZIE WAY LLC--0017042)

Date Complaint Received: 06/29/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 07/28/2023

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/30/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 04/11/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/06/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/13/2022

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KNOLL PLACE (0011487)

Address: 3800 KNOLL PL, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/03/2007 12:00:00AM

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

Survey History

Survey ID: 0140312 **End Date:** 05/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: KREATIVE KARE AFH LLC (0020334)

Address: 4307 WRIGHT AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 08/27/2024 12:00:00AM

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

Survey History

Survey ID: 0147473 **End Date:** 08/27/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/29/2021 12:00:00AM

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

Survey History

Survey ID: 0143420 **End Date:** 05/04/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Complaint History (Liberty Willows Adult Family Home LLC #2--0018447)

Date Complaint Received: 12/29/2022

Date Investigation Completed: 05/04/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/29/2021 12:00:00AM

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

Survey History

Survey ID: 0144274 **End Date:** 05/26/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TY4B11 Served 09/19/2023

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Survey ID: 0144484 **End Date:** 04/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4KQX11 Served 10/11/2023

Deficiencies Cited
88.04(5)(a)
88.06(2)(c)7
88.06(3)(c)
88.06(3)(d)
88.09(1)(d)11
88.09(1)(e)
88.09(2)(a)

Subject Area
TRAINING-15 HOURS WITHIN 6 MONTHS
CONDITIONS OF TRANSFER OR DISCHARGE
ASSESSMENT IDENTIFY NEEDS & ABILITIES
INDIVIDUAL SERVICE PLAN
RESIDENT FUNDS
RESIDENT'S RECORD RETENTION
SERVICE PROVIDER RECORD

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0139624 **End Date: 05/06/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (Liberty Willows Adult Family Home LLC #3--0018446)

Date: 10/11/2023 **SOD #4KQX11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/19/2023 **SOD #TY4B11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (Liberty Willows Adult Family Home LLC #3--0018446)

Date Complaint Received: 04/12/2023 **Date Investigation Completed: 05/26/2023**

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/09/2023

Date Investigation Completed: 04/07/2023

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

4KQX11

Date Complaint Received: 04/20/2022

Date Investigation Completed: 05/06/2022

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0144345 **End Date:** 06/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JN9L11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.09(1)(a)	RESIDENT RECORDS		

Survey ID: 0144599 **End Date:** 03/24/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BXS313 Served 10/20/2023

<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		
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.07(4)(c) FOOD PREPARED AND STORED SANITARY
WAY
88.09(1)(d)11 RESIDENT FUNDS

Enforcement History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

Date: 10/20/2023 **SOD #**BXS313 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/26/2023 **SOD #**JN9L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

Date Complaint Received: 03/31/2023

Date Investigation Completed: 06/08/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2022

Date Investigation Completed: 03/24/2023

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

BXS313

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/08/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/04/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/11/2013 12:00:00AM

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

Survey History

Survey ID: 0147427 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IRVX11 Served 08/26/2024

Deficiencies Cited

88.07(2)(a)

88.07(4)(b)

Subject Area

SERVICES

3 NUTRITIOUS MEALS AND SNACKS

Compliance

Verified

Corrected

Survey ID: 0143185 **End Date:** 05/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LIFESTYLE ADULT FAMILY HOME 4--0014696)

Date: 08/26/2024

SOD #IRVX11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (LIFESTYLE ADULT FAMILY HOME 4--0014696)

Date Complaint Received: 07/08/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 04/10/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/27/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/10/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: LILAC HOME (0017643)

Address: 141 DAVIDSON DR, RACINE, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/28/2017 12:00:00AM

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

Survey History

Survey ID: 0139977 **End Date:** 06/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/06/2016 12:00:00AM

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

Survey History

Survey ID: 0141816 **End Date:** 09/02/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9PK11 Served 01/13/2023

<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		

Enforcement History (LOVE OF CARING LLC DAISY AFH--0016012)

Date: 01/13/2023 **SOD #**Z9PK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: LOVE OF CARING LLC LILY AFH (0019603)

Address: 1544 AUGUSTA STREET, Racine, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 08/10/2023 12:00:00AM

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

Survey History

Survey ID: 0144017 **End Date:** 08/10/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/06/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142784 **End Date:** 08/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BTW813 Served 04/17/2023

<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		

Enforcement History (LOVE OF CARING LLC TULIP AFH--0016015)

Date: 04/17/2023 **SOD #**BTW813 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0144214 **End Date:** 03/15/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4R5E11 Served 09/13/2023

<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(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(h)5	SPACE IN BEDROOMS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Enforcement History (LOVE OF CARING LLC--0013582)

Date: 09/13/2023 **SOD #**4R5E11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (LOVE OF CARING LLC--0013582)

Date Complaint Received: 02/17/2023

Date Investigation Completed: 03/15/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147175 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143211 **End Date:** 05/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142346 **End Date:** 02/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #91YD11 Served 03/02/2023

Deficiencies Cited
88.03(8)(a)

Subject Area
MONITORING OF HOME

Compliance
Verified

Corrected

Survey ID: 0140111 **End Date:** 06/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0138541 End Date: 01/28/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GYR211 Served 01/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/22/24	Yes

Enforcement History (LOVE TO REMEMBER LLC--0017342)

Date: 03/02/2023 SOD #91YD11 Appealed: No

Sanctions

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

Date: 01/31/2022 SOD #GYR211 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (LOVE TO REMEMBER LLC--0017342)

Date Complaint Received: 04/03/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/24/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/23/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/24/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/21/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 02/24/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 03/25/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 06/29/2022

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/08/2015 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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: 0144958 **End Date:** 10/03/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N0JQ14 Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0142438 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N0JQ13 Served 03/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK	10/3/23	Yes
88.04(2)(a)	REQUIREMENTS		
88.04(2)(a)	RESPONSIBILITIES	10/3/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/3/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/3/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/3/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	10/3/23	Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/3/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/3/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/3/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/3/23	Yes
88.06(3)(f)	REVIEW OF ISP	10/3/23	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/3/23	Yes

Enforcement History (MANNA HOUSE (THE)--0012956)

Date: 12/04/2023 **SOD #**N0JQ14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/13/2023 **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 01/22/2022 to 01/21/2025

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: 0147171 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138542 **End Date:** 01/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TN4Q11 Served 01/31/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
7/22/24

Corrected
Yes

Enforcement History (MARINAS GROUP HOME--0015330)

Date: 04/18/2022 **SOD #**HP0P11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/31/2022 **SOD #**TN4Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/01/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/27/2022 12:00:00AM

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

Survey History

Survey ID: 0140415 **End Date:** 07/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/15/2016 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 03/02/2023

<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: 03/02/2023 **SOD #BUHC11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (MIL FAMILY CARE LLC--0015580)

Date Complaint Received: 09/14/2022

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 01/22/2022 to 01/21/2025

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 08/17/2022 12:00:00AM

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

Survey History

Survey ID: 0142715 **End Date:** 03/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140741 **End Date:** 08/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Mount Pleasant Homes LLP--0019056)

Date Complaint Received: 01/19/2023

Date Investigation Completed: 03/28/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/11/2007 12:00:00AM

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

Survey History

Survey ID: 0146019 **End Date:** 03/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144031 **End Date:** 06/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PQT111 Served 08/24/2023

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified

Corrected

Survey ID: 0142541 **End Date:** 03/08/2023 **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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141692 **End Date:** 07/27/2022 **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>Verified</u>	<u>Corrected</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

Enforcement History (NEW VISION ADULT FAMILY HOME LLC--0011964)

Date: 08/24/2023 **SOD #**PQT111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (NEW VISION ADULT FAMILY HOME LLC--0011964)

Date Complaint Received: 03/04/2024

Date Investigation Completed: 03/26/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

PQT111

Date Complaint Received: 01/30/2023

Date Investigation Completed: 03/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/23/2023

Date Investigation Completed: 03/08/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/03/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/23/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/30/2022

Date Investigation Completed: 07/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/01/2020 12:00:00AM

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

Survey History

Survey ID: 0145041 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KTEB11 Served 12/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.10(3)(i)	CHOICE OF PROVIDERS		

Survey ID: 0141052 **End Date:** 06/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (NEW WAY ADULT FAMILY HOME #1--0018155)

Date: 12/13/2023 **SOD #**KTEB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (NEW WAY ADULT FAMILY HOME #1--0018155)

Date Complaint Received: 06/15/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/20/2022

Date Investigation Completed: 06/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/07/2022

Date Investigation Completed: 06/21/2022

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/14/2022

Date Investigation Completed: 06/21/2022

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/28/2022 12:00:00AM

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

Survey History

Survey ID: 0148311 **End Date:** 12/05/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YXVX12 Served 12/13/2024

<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		

Survey ID: 0147307 **End Date:** 08/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YXVX11 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	12/5/24	Yes

Survey ID: 0142956 **End Date:** 04/26/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141346 **End Date:** 06/09/2022 **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:** 03/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

Date: 12/13/2024 **SOD #**YXVX12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/13/2024 **SOD #**YXVX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/14/2022 **SOD #**1P1F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

Date Complaint Received: 11/21/2024

Date Investigation Completed: 12/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2024

Date Investigation Completed: 08/02/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

YXVX11

Date Complaint Received: 06/02/2022

Date Investigation Completed: 06/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1P1F11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/27/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0144351 **End Date:** 06/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LK2011 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Enforcement History (NEW WAY OF LIVING ADULT FAMILY HOME--0017992)

Date: 09/26/2023 **SOD #**LK2011 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME--0017992)

Date Complaint Received: 06/05/2023

Date Investigation Completed: 06/16/2023

Subject Area(s)

Result

SOD #

LICENSE CAPACITY OR CLASS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/01/2023 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0148179 **End Date:** 11/22/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142961 **End Date:** 05/01/2023 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Nurturing Adult Living Homes III LLC--0019556)

Date Complaint Received: 08/08/2024	Date Investigation Completed: 11/22/2024
<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 01/22/2022 to 01/21/2025

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 07/18/2022 12:00:00AM

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

Survey History

Survey ID: 0140397 **End Date:** 07/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: NURTURING ON VILLA (0018869)

Address: 1432 VILLA ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 05/24/2022 12:00:00AM

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

Survey History

Survey ID: 0139648 **End Date:** 05/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/01/2004 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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

Enforcement History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

Date: 02/02/2022 **SOD #**76SB12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

Date Complaint Received: 10/07/2022

Date Investigation Completed: 12/23/2022

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 11/09/2016 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 01/30/2023

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Enforcement History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date: 01/30/2023 **SOD #**WNWD11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date Complaint Received: 09/30/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/01/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/15/2016 12:00:00AM

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

Survey History

Survey ID: 0146379 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CQL912 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0144160 **End Date:** 05/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CQL911 Served 09/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(n)2	CLEAN BEDDING AND LINENS	3/13/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/13/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/13/24	No

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (OPEN ARMS 20 LLC--0016257)

Date: 05/10/2024 **SOD #**CQL912 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/08/2023 **SOD #**CQL911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OPEN ARMS 20 LLC--0016257)

Date Complaint Received: 03/13/2023

Date Investigation Completed: 05/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017153)

Address: 3240 WHEELLOCK, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 06/21/2018 12:00:00AM

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

Survey History

Survey ID: 0145300 **End Date:** 01/02/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8I6B11 Served 01/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0141183 **End Date:** 04/22/2022 **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

Enforcement History (OPEN ARMS ASSISTED LIVING--0017153)

Date: 01/18/2024 **SOD #**816B11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OPEN ARMS ASSISTED LIVING--0017153)

Date Complaint Received: 06/28/2023 **Date Investigation Completed:** 01/02/2024

<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
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Date Complaint Received: 05/17/2022 **Date Investigation Completed:** 10/26/2022

<u>Subject Area(s)</u> ADMINISTRATION STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
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Date Complaint Received: 02/04/2022 **Date Investigation Completed:** 04/22/2022

<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/24/2018 12:00:00AM

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

Survey History

Survey ID: 0140768 **End Date:** 09/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS ASSISTED LIVING--0017292)

Date Complaint Received: 08/17/2022

Date Investigation Completed: 09/02/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/06/2020 12:00:00AM

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

Survey History

Survey ID: 0146627 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IZFQ11 Served 06/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0142870 **End Date:** 04/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141259 **End Date:** 11/03/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OPEN ARMS ASSISTED LIVING--0017826)

Date: 06/06/2024 **SOD #IZFQ11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING--0017826)

Date Complaint Received: 03/14/2024

Date Investigation Completed: 04/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

IZFQ11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

IZFQ11

Date Complaint Received: 02/08/2024

Date Investigation Completed: 04/04/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IZFQ11

Date Complaint Received: 02/01/2022

Date Investigation Completed: 11/03/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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:** 03/02/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 03/02/2017 12:00:00AM

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

Survey History

Survey ID: 0147242 **End Date:** 07/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P28314 Served 08/06/2024

Deficiencies Cited
88.07(1)(c)

Subject Area
ACTIVITIES AND SERVICES

Compliance
Verified
7/29/24

Corrected
Yes

Survey ID: 0143946 **End Date:** 05/08/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P28313 Served 08/18/2023

Deficiencies Cited
50.065(2)(bb)

Subject Area
DETERMINE FINAL DISPOSITION OF CHARGE

Compliance
Verified
7/29/24

Corrected
Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (ORCHARD ADULT FAMILY HOME LLC--0016415)

Date: 08/06/2024 **SOD #**P28314 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/18/2023 **SOD #**P28313 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/20/2022 **SOD #**P28312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

Complaint History (ORCHARD ADULT FAMILY HOME LLC--0016415)

Date Complaint Received: 03/28/2024

Date Investigation Completed: 07/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

P28314

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 04/26/2023 12:00:00AM

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

Survey History

Survey ID: 0142998 **End Date:** 04/26/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Ozodi House 1 Paulichris Faith Adult Family Home (0020248)

Address: 2013 Arlington Ave, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 09/04/2024 12:00:00AM

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

Survey History

Survey ID: 0147536 **End Date:** 09/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: PARADISE HOUSE (0009180)

Address: 3410 STRATFORD AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 01/03/2001 12:00:00AM

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

Survey History

Survey ID: 0147311 **End Date:** 07/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5J0G12 Served 08/13/2024

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified

Corrected

Enforcement History (PARADISE HOUSE--0009180)

Date: 08/13/2024 **SOD #**5J0G12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (PARADISE HOUSE--0009180)

Date Complaint Received: 06/04/2024

Date Investigation Completed: 07/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/10/2024

Date Investigation Completed: 07/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: PHOENIX HOUSE (390092)

Address: 129 SHEFFIELD DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 05/31/1996 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

Complaint History (PHOENIX HOUSE--390092)

Date Complaint Received: 06/24/2022

Date Investigation Completed: 12/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Premiere General Care Home Healthcare (0020324)

Address: 820 Ohio St, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 08/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147190 **End Date:** 08/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Priceless Time Adult Family Home II (0020493)

Address: 3315 Kentucky St, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 10/29/2024 12:00:00AM

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

Survey History

Survey ID: 0147964 **End Date:** 10/29/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/08/2014 12:00:00AM

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

Survey History

Survey ID: 0147425 **End Date:** 08/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142127 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (PRICELESS TIME ADULT FAMILY HOME LLC--0015024)

Date Complaint Received: 05/29/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2023

Date Investigation Completed: 01/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/11/2022

Date Investigation Completed: 01/31/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 01/05/2018 12:00:00AM

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

Survey History

Survey ID: 0145157 **End Date:** 12/26/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144787 **End Date:** 08/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4CVZ14 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(m)	FREEDOM FROM ABUSE		

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144152 **End Date:** 08/04/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O2RD11 Served 09/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/26/23	

Survey ID: 0141170 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

Date: 11/09/2023 **SOD #**4CVZ14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 09/08/2023 **SOD #**O2RD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/11/2022 **SOD #**4CVZ13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

Date Complaint Received: 04/26/2023

Date Investigation Completed: 08/09/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

4CVZ14

Date Complaint Received: 10/03/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/13/2011 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Regaining Independence LLC (0019549)

Address: 1549 Boyd Ave, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 06/28/2023 12:00:00AM

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

Survey History

Survey ID: 0143594 **End Date:** 06/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/01/2017 12:00:00AM

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

Survey History

Survey ID: 0144372 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142248 **End Date:** 01/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1UK311 Served 02/21/2023

<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	4/8/23	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:** 06/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016563)

Date Complaint Received: 09/13/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/31/2022

Date Investigation Completed: 01/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/01/2017 12:00:00AM

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

Survey History

Survey ID: 0147794 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RE3B12 Served 10/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)2	LEVEL OF SUPERVISION		

Survey ID: 0146699 **End Date:** 04/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RE3B11 Served 06/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/25/24	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	9/25/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	9/25/24	Yes

Survey ID: 0142615 **End Date:** 03/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0140261 **End Date:** 07/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016564)
--

Date: 10/09/2024	SOD # RE3B12	Appealed: No
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Sanctions

ORDER TO COMPLY

Date: 06/14/2024	SOD # RE3B11	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016564)

Date Complaint Received: 09/11/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 09/25/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/10/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 04/04/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/05/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 04/04/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/10/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
HCBS

Date Investigation Completed: 03/27/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/05/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 07/13/2022

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Roots Residential Adult Family Home LLC (0018606)

Address: 2713 GILLEN STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/01/2021 12:00:00AM

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

Survey History

Survey ID: 0142235 **End Date:** 01/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5M8311 Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>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

Complaint History (Roots Residential Adult Family Home LLC--0018606)

Date Complaint Received: 11/14/2022

Date Investigation Completed: 01/25/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/04/2016 12:00:00AM

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

Survey History

Survey ID: 0148320 **End Date:** 10/21/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HI6T11 Served 12/16/2024

Deficiencies Cited
88.06(3)(d)1

Subject Area
DESCRIPTION OF SERVICES

Compliance
Verified

Corrected

Survey ID: 0147715 **End Date:** 07/22/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T6PA11 Served 10/02/2024

Deficiencies Cited
50.065(2)(bb)
88.04(2)(a)
88.05(3)(a)
88.06(3)(d)1
88.07(3)(a)
88.10(3)(a)
88.10(3)(e)

Subject Area
DETERMINE FINAL DISPOSITION OF CHARGE
RESPONSIBILITIES
HOME ENVIRONMENT
DESCRIPTION OF SERVICES
PRESCRIPTION MEDICATIONS
FAIR TREATMENT
SELF-DIRECTION

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

88.10(3)(p)

PROMPT AND ADEQUATE TREATMENT

Survey ID: 0142947 **End Date:** 03/22/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139975 **End Date:** 06/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni--0016022)

Date: 12/16/2024 **SOD #**HI6T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/02/2024 **SOD #**T6PA11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni--0016022)

Date Complaint Received: 10/15/2024

Date Investigation Completed: 10/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HI6T11

Date Complaint Received: 09/24/2024

Date Investigation Completed: 10/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

HI6T11

Date Complaint Received: 07/18/2024

Date Investigation Completed: 10/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

T6PA11

Date Complaint Received: 06/21/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

T6PA11

PROGRAM SERVICES

SUBSTANTIATED

T6PA11

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

T6PA11

PROGRAM SERVICES

SUBSTANTIATED

T6PA11

Date Complaint Received: 05/22/2024

Date Investigation Completed: 07/22/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

T6PA11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Date Complaint Received: 01/26/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 03/22/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/18/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 03/22/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/13/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 03/22/2023

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 08/04/2016 12:00:00AM

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

Survey History

Survey ID: 0147719 **End Date:** 09/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SO2U11 Served 10/01/2024

<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)(a)	RESPONSIBILITIES		
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(e)	SELF-DIRECTION		

Survey ID: 0145693 **End Date:** 02/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143785 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0144141 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141361 **End Date:** 11/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141521 **End Date:** 06/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

Date: 10/01/2024 **SOD #**SO2U11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/01/2022 **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 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

Date Complaint Received: 05/23/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SO2U11

Date Complaint Received: 05/13/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

SO2U11

Date Complaint Received: 01/25/2024

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/06/2023

Date Investigation Completed: 02/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/29/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/26/2023

Date Investigation Completed: 03/21/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/06/2022

Date Investigation Completed: 11/02/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Date Complaint Received: 03/01/2022

Date Investigation Completed: 06/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Roots Residential AFH LLC - 2715 Gillen St. (0019904)

Address: 2715 GILLEN ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 03/15/2024 12:00:00AM

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

Survey History

Survey ID: 0145904 **End Date:** 03/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/04/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 12/05/2013 12:00:00AM

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

Survey History

Survey ID: 0143361 **End Date:** 03/24/2023 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGUH11 Served 06/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Enforcement History (SAFE HARBOUR HOMES LLC--0014831)

Date: 06/19/2023 **SOD #**JGUH11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: SERENITY ON OSBORNE (0015573)

Address: 3700 OSBORNE BLVD, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 05/18/2015 12:00:00AM

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

Survey History

Survey ID: 0141559 **End Date:** 12/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139110 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SERENITY ON OSBORNE--0015573)

Date Complaint Received: 11/07/2022

Date Investigation Completed: 12/05/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/23/2022

Date Investigation Completed: 03/17/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/12/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: Sincere Care Assisted Living (0019942)

Address: 1510 Packard Ave, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 04/13/2024 12:00:00AM

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

Survey History

Survey ID: 0146211 **End Date:** 04/13/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: SISTER LOVE AND CARE AFH 2 (0020338)

Address: 1530 WISCONSIN AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 09/30/2024 12:00:00AM

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

Survey History

Survey ID: 0147728 **End Date:** 09/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/13/2022 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0146179 **End Date:** 03/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RM5M11 Served 04/19/2024

<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(2)(a)	DIFFICULTY WALKING		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0140178 **End Date:** 07/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (SISTER LOVE AND CARE AFH LLC--0018955)

Date: 04/19/2024 SOD #RM5M11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (SISTER LOVE AND CARE AFH LLC--0018955)

Date Complaint Received: 10/25/2023

Date Investigation Completed: 03/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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:** 05/17/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138948 **End Date:** 02/08/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I25911 Served 03/11/2022

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified
5/17/22

Corrected
Yes

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Enforcement History (ST REGIS MANOR AFH--0016816)

Date: 04/28/2022 **SOD #**R45C12 **Appealed:** No

Sanctions

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

Date: 03/11/2022 **SOD #**I25911 **Appealed:** No

Sanctions

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

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: ST REGIS ROSE (0018506)

Address: 4316 16TH STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 09/01/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Facility Information

Facility Name: TENDER TOUCH OF TRANQUILITY 2 LLC (0019458)

Address: 1037 OHIO ST, RACINE, WI 534052209

License Status: REGULAR

Licensed/Certified/Registered 08/01/2023 12:00:00AM

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

Survey History

Survey ID: 0143886 **End Date:** 08/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/19/2013 12:00:00AM

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

Survey History

Survey ID: 0143876 **End Date:** 04/24/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPTO12 Served 08/09/2023

<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		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

Enforcement History (TIME TO TREASURE AFH 3 S CORPORATION--0014526)

Date: 08/09/2023 **SOD #CPTO12** **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/19/2013 12:00:00AM

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

Survey History

Survey ID: 0144319 **End Date:** 09/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143995 **End Date:** 04/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IWM511 Served 08/21/2023

Deficiencies Cited

88.06(3)(d)

88.07(3)(e)1

Subject Area

INDIVIDUAL SERVICE PLAN

MEDICATION- RECORD KEEPING

Compliance

Verified

Corrected

Complaint History (TIME TO TREASURE AFH 4 S CORPORATION--0014527)

Date Complaint Received: 08/28/2023

Date Investigation Completed: 09/19/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/19/2013 12:00:00AM

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

Survey History

Survey ID: 0144649 **End Date:** 04/24/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #303011 Served 10/27/2023

<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		
88.10(3)(q)	MEDICATIONS		

Complaint History (TIME TO TREASURE AFH 5 S CORPORATION--0014528)

Date Complaint Received: 01/18/2023

Date Investigation Completed: 04/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 02/19/2013 12:00:00AM

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

Survey History

Survey ID: 0143927 **End Date:** 04/27/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6R8J12 Served 08/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(2)(a)	SERVICES		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Enforcement History (TIME TO TREASURE AFH 6 S CORPORATION--0014529)

Date: 08/15/2023 **SOD #**6R8J12 **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 01/22/2022 to 01/21/2025

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

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 06/12/2008 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 05/06/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/25/2008 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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:** 02/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #953D11 Served 05/04/2022

Deficiencies Cited
88.05(4)(b)2

Subject Area
SMOKE DETECTORS-TESTING AND
MAINTENANCE

Compliance
Verified

Corrected

Survey History

No survey activity during the period 1/22/22 to 1/21/25

Enforcement History (VISIONS OF LIFE LLC III--0014876)

Date: 05/04/2022 **SOD #**953D11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 10/03/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/06/2007 12:00:00AM

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

Survey History

Survey ID: 0144915 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141399 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140281 **End Date:** 07/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Complaint History (VISIONS OF LIFE LLC--0012076)

Date Complaint Received: 09/06/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 11/28/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/16/2023

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 11/28/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/03/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 11/11/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 11/11/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/30/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 07/21/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/04/2014 12:00:00AM

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

Survey History

Survey ID: 0147353 **End Date:** 07/23/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143329 **End Date:** 03/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCLG11 Served 06/13/2023

Deficiencies Cited
88.10(3)(q)

Subject Area
MEDICATIONS

Compliance
Verified

Corrected

Survey ID: 0138895 **End Date:** 03/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

Adult Family Home

Survey ID: 0138550 End Date: 01/28/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDXW11 Served 01/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/23/24	Yes

Enforcement History (WILLIAMS COMPASSIONATE CARE MANOR LLC--0014871)

Date: 06/13/2023 SOD #QCLG11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 01/31/2022 SOD #XDXW11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (WILLIAMS COMPASSIONATE CARE MANOR LLC--0014871)

Date Complaint Received: 02/06/2023

Date Investigation Completed: 03/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QCLG11

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/08/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 09/08/2021 12:00:00AM

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

Survey History

Survey ID: 0141258 **End Date:** 11/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WINGS ADULT FAMILY HOME--0018301)

Date Complaint Received: 09/21/2022

Date Investigation Completed: 11/01/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/22/2022 to 01/21/2025

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 07/01/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/22/22 to 1/21/25

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