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 220.00 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 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: 1ST CHOICE ADULT FAMILY (0015993)
Address: 3341 HAMLIN, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 11/28/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: A BETTER WAY ADULT FAMILY HOME LLC (0017677)
Address: 5201 LILAC LN, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 7/23/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130939    End Date: 7/23/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

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<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Facility Name</td>
<td>A GOLDEN STAR AFH I (0017562)</td>
</tr>
<tr>
<td>Address</td>
<td>4205 MONTEREY DR, RACINE, WI 53402</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
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</tr>
<tr>
<td>Regional Office</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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## Survey History

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<tr>
<td>Results</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH III (0017075)
Address: 1638 ERIE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 3/13/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126218  End Date: 3/13/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: A GOLDEN STAR AFH V (0017971)
Address: 4201 MONTEREY DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/6/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132668  End Date: 2/6/2020  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: A GOLDEN STAR AFH (0016654)
Address: 3337 CHARLES STREET, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 5/23/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123326    End Date: 5/23/2017    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: A LOVING CARE GROUP HOMES II LLC (0014287)
Address: 1341 VIRGINIA ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 1/7/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
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<tr>
<th>Survey ID</th>
<th>End Date</th>
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<th>Results</th>
<th>Compliance</th>
<th>Subject Area</th>
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<tr>
<td>0129364</td>
<td>11/30/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<td>88.05(2)(a) DIFFICULTY WALKING</td>
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<td>88.06(3)(c) ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<td>88.10(3)(b) PRIVACY</td>
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<td>0123846</td>
<td>6/14/2017</td>
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<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
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<td>50.065(6)(am) FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
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</table>

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<th>Date</th>
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<td>2/21/2019</td>
<td>P6OK15</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>8/2/2017</td>
<td>P6OK14</td>
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<td>4/4/2017</td>
<td>P6OK13</td>
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<td>COMPLY WITH REQUIREMENT</td>
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<tr>
<th>Date Complaint Received: 7/9/2018</th>
<th>Date Investigation Completed: 11/30/2018</th>
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<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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Facility Information

Facility Name: A LOVING CARE GROUP HOMES LLC (0013619)
Address: 2710 WESTLAWN AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 2/16/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130309   End Date: 1/16/2019   Type: STANDARD   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #MZCK11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
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<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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<tr>
<td>88.05(3)(l)</td>
<td>BEDROOMS-PRIVACY</td>
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Survey ID: 0123614   End Date: 6/5/2017   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A LOVING CARE GROUP HOMES LLC--0013619)
Date: 5/28/2019   SOD #MZCK11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

This is Page 10 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: A NATURALLY NURTURING PLACE (0015742)
Address: 901 OSTERGAARD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/1/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127233   End Date: 5/25/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126594   End Date: 3/7/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: A SERENE ABODE LLC (0017245)
Address: 1606 CRABTREE LANE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 7/3/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130797     End Date: 7/3/2019     Type: INITIAL     Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY 2 LLC (0014635)
Address: 2111 MOUNT PLEASANT STREET, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 6/5/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125455 End Date: 10/27/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123815 End Date: 5/4/2017 Type: OTHER Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #OVRT13 Served 8/2/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>10/26/17</td>
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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>7/28/2017</td>
<td>OVRT13</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>2/16/2017</td>
<td>OVRT12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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</table>

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Facility Information

Facility Name: A+ JUST LIKE FAMILY 3 LLC (0016987)
Address: 1108 ILLINOIS ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 1/11/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125689 End Date: 1/5/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: A+ JUST LIKE FAMILY AFH (0013921)
Address: 1926 DEANE BLVD, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 2/20/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129453 End Date: 2/11/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #BW0611

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<tr>
<td>88.05(4)(b)1</td>
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<tr>
<td>88.10(3)(l)</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: AARNA FAMILY CARE LLC (0016897)
Address:  2427 RUSSET ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 4/4/2018  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126520 End Date: 4/4/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: ABOVE & BEYOND AFH PHASE I (0015549)
Address: 4800 KINZIE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 6/8/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126373  End Date: 3/14/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125483  End Date: 11/13/2017  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5UTQ11 Served 12/26/2017

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<th>Subject Area</th>
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<td>HOME ENVIRONMENT</td>
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<td>88.06(3)(f)</td>
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<td>88.10(3)(g)</td>
<td>CLOTHING AND POSSESSIONS</td>
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<td>PROMPT AND ADEQUATE TREATMENT</td>
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Complaint History (ABOVE & BEYOND AFH PHASE I--0015549)

Date Complaint Received: 3/7/2018  Date Investigation Completed: 3/14/2018

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<th>Subject Area(s)</th>
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<td>RESIDENT RIGHTS</td>
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## Facility Information

- **Facility Name:** ABOVE AND BEYOND ADULT FAMILY HOME (0013672)
- **Address:** 5404 WRIGHT AVE, RACINE, WI 53406
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 4/5/2011 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

- **Survey ID:** 0125728
- **End Date:** 12/15/2017
- **Type:** ABBREVIATED
- **Purpose:** SURVEY/COMPLAINT
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

- **Date Complaint Received:** 11/3/2017
- **Date Investigation Completed:** 12/15/2017

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<tr>
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<tr>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ALLYSONS ADULT HOME II (0016469)
Address: 3600 10TH AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 4/6/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History
Survey ID: 0122929 End Date: 4/6/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN I (390119)
Address: 1683 PERRY AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 2/1/1989 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124272  End Date: 6/19/2017  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

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### Facility Information

- **Facility Name:** ALPHA HOMES OF WISCONSIN II (0008611)
- **Address:** 4212 DURAND AVE, RACINE, WI 53406
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 5/1/1987 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

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### Survey History

- **Survey ID:** 0128815  
  **End Date:** 10/19/2018  
  **Type:** ABBREVIATED  
  **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN III (390120)  
Address: 1727 STODDARD CIRCLE, RACINE, WI 53406  
License Status: REGULAR  
Licensed/Certified/Registered 11/1/1988 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

Survey ID: 0127792  
End Date: 6/6/2018  
Type: ABBREVIATED  
Purpose: SURVEY  
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN IV (390121)
Address: 1427 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 11/1/1987 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127221 End Date: 5/21/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Facility Name: ALPHA HOMES OF WISCONSIN V (0008612)</td>
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<tr>
<td>Address: 5238 ADMIRALTY DR, RACINE, WI 53405</td>
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<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 12/1/1987 12:00:00AM</td>
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<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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<table>
<thead>
<tr>
<th>Survey History</th>
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<tr>
<td>Survey ID: 0127820</td>
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<tr>
<td>End Date: 7/10/2018</td>
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<tr>
<td>Type: ABBREVIATED</td>
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<tr>
<td>Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 11/1/1998 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125897 End Date: 10/23/2017 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VII (390123)
Address: 5405 ERIE ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 9/4/1990 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125480  End Date: 10/30/2017  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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) 227-4565

Survey History

Survey ID: 0124789  End Date: 9/14/2017  Type: OTHER  Purpose: VERIFICATION VISIT  
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123030  End Date: 4/13/2017  Type: STANDARD  Purpose: SURVEY/COMPLAINT/SELF REPORT  
Results: ENFORCEMENT ACTION  
Statement of Deficiency: #B7BE11 Served 4/24/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
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<tbody>
<tr>
<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
<td>Verified: 9/14/17  Corrected: Yes</td>
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<tr>
<td>88.07(2)(a)</td>
<td>SERVICES</td>
<td>Verified: 9/14/17  Corrected: Yes</td>
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Enforcement History (ALPHA HOMES OF WISCONSIN XVIII–0011654)

Date: 4/22/2017  SOD #B7BE11  Appealed: No  
Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

This is Page 28 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
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<td></td>
<td>SOD #</td>
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<td>B7BE11</td>
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</table>

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Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XX (0012314)
Address: 6435 KINZIE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/20/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125572 End Date: 10/10/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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) 227-4565

Survey History

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<th>End Date</th>
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<th>Purpose</th>
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<tr>
<td>0127571</td>
<td>7/25/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
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<td>0125901</td>
<td>1/19/2018</td>
<td>STANDARD</td>
<td>SURVEY/SELF REPORT</td>
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Results:
- NO STATEMENT OF DEFICIENCY ISSUED
- STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S1H011 Served 2/15/2018

<table>
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<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>5/1/18</td>
<td>Yes</td>
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</table>

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Facility Information

Facility Name: AMYS ADULT FAMILY HOME 4 (0016036)
Address: 2062 GEORGIA AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 12/5/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: AMYS ADULT FAMILY HOME (0011232)
Address: 1703 W 6TH ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 11/16/2005 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127287 End Date: 5/24/2018 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: BEST CARE RESIDENTIAL AFH (0015141)
Address: 2001 CENTER STREET, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 7/7/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128827 End Date: 10/9/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #I2WJ11

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
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<td>Verified</td>
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<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Corrected</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Verified</td>
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<tr>
<td>88.05(4)(b)</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Corrected</td>
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<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Verified</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Corrected</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Corrected</td>
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Enforcement History (BEST CARE RESIDENTIAL AFH–0015141)

Date: 12/20/2018 SOD #I2WJ11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: BEST HOME CARE OF WI #2 LLC (0016768)
Address: 2524 DONNA AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 1/10/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125656 End Date: 1/10/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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) 227-4565

Survey History

Survey ID: 0132034 End Date: 8/23/2019 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125058 End Date: 8/2/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7PBZ11 Served 11/15/2017

<table>
<thead>
<tr>
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<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(h)</td>
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<td>Verified: 8/23/19</td>
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<tr>
<td>88.04(5)(a)</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified: 8/23/19</td>
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Enforcement History (BEST HOME CARE OF WI--0015329)

Date: 11/10/2017 SOD #7PBZ11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 5/8/2017</th>
<th>Date Investigation Completed: 8/2/2017</th>
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<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PROGRAM SERVICES</td>
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</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

This is Page 37 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: BLESSED ASSURANCE ADULT FAMILY HOME (0013784)
Address: 5645 REGENCY HILLS DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/29/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
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<tr>
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<tbody>
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<td>0123474</td>
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Statement of Deficiency: #W7NL12 Served 6/26/2017

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<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(1)(a)</td>
<td>QUALIFICATIONS</td>
<td>Verified: 8/15/17</td>
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<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Verified: 8/15/17</td>
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</table>

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

Date: 6/21/2017  SOD #W7NL12  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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# Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>BOSTICK ENTERPRISE DBA COMFORT HOMES (0017605)</th>
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<tbody>
<tr>
<td>Address</td>
<td>4600 KINZIE AVE, RACINE, WI 53405</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered</td>
<td>7/17/2019 12:00:00AM</td>
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<tr>
<td>Regional Office</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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## Survey History

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<tr>
<td>Type</td>
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<tr>
<td>Purpose</td>
<td>SURVEY</td>
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**Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: BRESHA SERENITY HOUSE II (0016381)
Address: 2115 YOUT ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/16/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127846 End Date: 7/23/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122476 End Date: 2/16/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (BRESHA SERENITY HOUSE II--0016381)

Date Complaint Received: 1/3/2018 Date Investigation Completed: 7/23/2018
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

Facility Name: BRESHA SERENITY HOUSE (0009950)
Address: 5638 BYRD AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/6/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128813   End Date: 10/30/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 3/9/2020

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: BRI MC ADULT FAMILY HOME (0010466)
Address: 5424 ATHENS AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 3/16/2004 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128997 End Date: 10/25/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QTSL11

<table>
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<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(e)1</td>
<td>HEATING SYSTEM REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
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</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
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Enforcement History (BRI MC ADULT FAMILY HOME--0010466)

Date: 1/15/2019 SOD #QTSL11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: BRIGHTER DAY AFH CARLTON (0017376)
Address: 555 CARLTON DRIVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 3/19/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129566    End Date: 3/19/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: BRIGHTER DAY AFH TOO (0015406)
Address: 3435 ERIE STREET, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/15/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125520   End Date: 12/27/2017   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124165   End Date: 5/19/2017   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #UV8H11 Served 9/11/2017

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>12/27/17</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>12/27/17</td>
</tr>
<tr>
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<td>88.06(2)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>12/27/17</td>
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<tr>
<td>88.07(3)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>12/27/17</td>
</tr>
<tr>
<td>88.07(3)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>12/27/17</td>
</tr>
<tr>
<td>88.10(3)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>12/27/17</td>
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### Complaint History (BRIGHTER DAY AFH TOO--0015406)

<table>
<thead>
<tr>
<th>Date Complaint Received: 4/10/2017</th>
<th>Date Investigation Completed: 5/19/2017</th>
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<tr>
<td>OTHER</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: BRIGHTER DAY AFH (0014989)
Address: 1928 NEPTUNE AVENUE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 4/3/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130840 End Date: 4/29/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PERO13

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(d)</td>
<td>MAINTAIN BACKGROUND INFORMATION</td>
<td></td>
<td></td>
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<tr>
<td>88.04(2)(g)</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Survey ID: 0123690   End Date: 3/14/2017   Type: STANDARD   Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PERO12  Served 7/21/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Corrected</td>
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</table>

Enforcement History (BRIGHTER DAY AFH--0014989)

<table>
<thead>
<tr>
<th>Date: 7/17/2019</th>
<th>SOD #PERO13</th>
<th>Appealed: No</th>
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<tbody>
<tr>
<td>Sanctions</td>
<td>COMPLY WITH FACILITY PLAN OF CORRECTION</td>
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<table>
<thead>
<tr>
<th>Date: 7/18/2017</th>
<th>SOD #PERO12</th>
<th>Appealed: No</th>
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</thead>
<tbody>
<tr>
<td>Sanctions</td>
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</tr>
</tbody>
</table>

This is Page 47 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: CAMELLIA HOMES-MAGNOLIA HOUSE (0016236)
Address: 4101 SHADOW LN, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 9/8/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: CARIBE ASSISTED LIVING II (0016684)
Address: 1435 DOUGLAS AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 7/5/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132031 End Date: 8/15/2019 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #S2YP12 Served 11/25/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified Corrected</td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td></td>
</tr>
</tbody>
</table>

Survey ID: 0130061 End Date: 4/24/2019 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NT3L11 Served 5/4/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
</tr>
</tbody>
</table>


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## Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

### Adult Family Home

**Survey ID:** 0128952  **End Date:** 10/12/2018  **Type:** STANDARD  **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S2YP11  Served 1/26/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(2)</td>
<td>ACCESS TO HOME AND WITHIN THE HOME</td>
<td>8/15/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.06(2)(c)2</td>
<td>SERVICES PROVIDED</td>
<td>8/15/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>8/15/19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>8/15/19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>8/15/19</td>
<td>Yes</td>
<td></td>
</tr>
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</table>

**Survey ID:** 0123642  **End Date:** 7/5/2017  **Type:** INITIAL  **Purpose:** SURVEY

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

**Enforcement History (CARIBE ASSISTED LIVING II--0016684)**

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Sanctions</th>
<th>Appealed</th>
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</thead>
<tbody>
<tr>
<td>4/29/2019</td>
<td>NT3L11</td>
<td>COMPLY WITH REQUIREMENT</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1/9/2019</td>
<td>S2YP11</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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### Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

#### Complaint History (CARIBE ASSISTED LIVING II--0016684)

<table>
<thead>
<tr>
<th>Date Complaint Received: 1/22/2019</th>
<th>Date Investigation Completed: 8/15/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject Area(s)</strong></td>
<td><strong>Result</strong></td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/19/2018</th>
<th>Date Investigation Completed: 10/12/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject Area(s)</strong></td>
<td><strong>Result</strong></td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: CARIBE ASSISTED LIVING LLC (0015001)
Address: 1415 SUPERIOR STREET, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 7/22/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
<th>Statement of Deficiency</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130153</td>
<td>4/24/19</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
<td>#HR5U11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0128744</td>
<td>10/8/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
<td>#X19112 Served 12/15/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deficiencies Cited | Subject Area                          | Verified | Corrected |
88.04(2)(a)         | RESPONSIBILITIES                      |          |           |
88.05(4)(a)         | FIRE SAFETY-FIRE EXTINGUISHERS        |          |           |
88.06(3)(a)         | INDIVIDUAL SERVICE PLAN & ASSESSMENT  |          |           |
88.07(2)(b)5        | MONITORING HEALTH                    |          |           |
88.07(2)(b)6        | NOTIFICATION OF CHANGES              |          |           |

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0127167  End Date: 5/16/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #X19111 Served 6/20/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.05(3)(n)2</td>
<td>CLEAN BEDDING AND LINENS</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.07(2)(b)</td>
<td>SERVICES DIRECTED TO GOALS</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>10/1/18</td>
</tr>
<tr>
<td>88.10(3)(n)1</td>
<td>FREEDOM FROM SECLUSION AND RESTRAINTS</td>
<td>10/1/18</td>
</tr>
</tbody>
</table>

Survey ID: 0125911  End Date: 1/16/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122952  End Date: 2/14/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/8/2019</td>
<td>HR5U11</td>
<td>No</td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>12/11/2018</td>
<td>X19112</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>6/20/2018</td>
<td>X19111</td>
<td>No</td>
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</table>

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

- **Date Complaint Received:** 11/13/2017
- **Date Investigation Completed:** 1/16/2018
- **Subject Area(s):** RESIDENT RIGHTS
- **Result:** NOT SUBSTANTIATED
- **SOD #**
Facility Information

Facility Name: Caring Hearts AFH (0015586)
Address: 2826 Arlington Avenue, Racine, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 2/11/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0129074</td>
<td>12/5/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0123936</td>
<td>7/31/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #7SQJ11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
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</table>

Enforcement History (Caring Hearts AFH–0015586)

Date: 4/4/2017
SOD #YOFN11
Appealed:

Sanctions
NNAO EXTENDED
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: CHARMING HOUSE II (THE) (0014105)
Address: 1509 ROOSEVELT AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 4/26/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: CHERISH WITH LOVE HOME LLC 2 (0016248)
Address: 4208 MARQUETTE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/27/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129499 End Date: 1/16/2019 Type: OTHER Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #22GX11 Served 3/28/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.03(4)(b)</td>
<td>RENEWAL REQUIREMENTS</td>
<td>Verified</td>
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Survey ID: 0129319 End Date: 10/19/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #O2X412

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(2)(f)</td>
<td>CONDITION WHICH REPRESENTS RISK OR HARM</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(n)</td>
<td>CLEAN, SAFE, FUNCTIONAL HOUSEHOLD ITEMS</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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### Provider Inspection Summary

**For the period 2/8/2017 to 2/8/2020**

**Adult Family Home**

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>10/19/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>10/19/18</td>
<td>No</td>
</tr>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td></td>
<td></td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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<td></td>
</tr>
<tr>
<td>88.07(1)(e)</td>
<td>OVERNIGHT SUPERVISION</td>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td></td>
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<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
<td></td>
<td></td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td></td>
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</tbody>
</table>

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**Survey ID:** 0125581  
**End Date:** 8/9/2017  
**Type:** OTHER  
**Purpose:** COMPLAINT

**Statement of Deficiency:** #O2X411

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## Enforcement History (CHERISH WITH LOVE HOME LLC 2--0016248)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SOD #22GX11</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2/20/2019</td>
<td>SOD #O2X412</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
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<td>COMPLY WITH REQUIREMENT</td>
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<tr>
<td></td>
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<tr>
<td>1/4/2018</td>
<td>SOD #O2X411</td>
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<td></td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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## Complaint History (CHERISH WITH LOVE HOME LLC 2--0016248)

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<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
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<tbody>
<tr>
<td>6/8/2017</td>
<td>8/9/2017</td>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
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<td>SUBSTANTIATED</td>
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<tr>
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<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>

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Facility Information

Facility Name: CHESAPEAKE ADULT FAMILY HOME (0017771)
Address: 6618 CHESAPEAKE RD, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/19/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131545  End Date: 9/19/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: COMMUNITY PATHWAYS LLC RUBY HOUSE II (0012635)
Address: 3908 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/18/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123349 End Date: 3/16/2017 Type: STANDARD Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #UKE711 Served 6/7/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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Enforcement History (COMMUNITY PATHWAYS LLC RUBY HOUSE II--0012635)

Date: 5/31/2017 SOD #UKE711 Appealed: No

Sanctions

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC VICTORY HOUSE I (0013129)
Address: 3744 DOUGLAS AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/8/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129477 End Date: 1/2/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #123D11

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Verified Corrected</td>
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</table>

Enforcement History (COMMUNITY PATHWAYS LLC VICTORY HOUSE I--0013129)

Date: 3/7/2019 SOD #123D11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: COMMUNITY PATHWAYS LLC VICTORY HOUSE II (0013694)
Address: 3736 DOUGLAS AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 5/5/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129660 End Date: 1/2/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #EGRY11

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<th>Verified</th>
<th>Corrected</th>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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Enforcement History (COMMUNITY PATHWAYS LLC VICTORY HOUSE II--0013694)

Date: 3/28/2019 SOD #EGRY11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Facility Information

Facility Name: COMMUNITY PATHWAYS RUBY HOUSE I (0012402)
Address: 3906 RUBY AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 6/2/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124787 End Date: 9/14/2017 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: COMMUNITY TIES (0013714)
Address: 3622 SOUTHWOOD DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 6/30/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123259 End Date: 3/9/2017 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9PYO13 Served 7/21/2017

<table>
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<tr>
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<tr>
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<td>88.10(3)(l)</td>
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Survey History

No survey activity during the period 2/8/17 to 2/8/20

Enforcement History (COMMUNITY TIES--0013714)

Date: 5/16/2017 SOD #9PYO13 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
OTHER SANCTION

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Facility Information

Facility Name: COMPASSIONET & CARE 1 (0013232)
Address: 433 GRAHAM ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 5/18/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129017  End Date: 10/19/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #KTH011

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
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</table>
Facility Information

Facility Name: COMPASSIONET AND CARE LLC II (0013655)
Address: 1400 S WISCONSIN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 3/31/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130206 End Date: 1/11/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION

Enforcement History (COMPASSIONET AND CARE LLC II--0013655)

Date: 5/13/2019 SOD #PTWH11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013311)
Address: 4125 16TH ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/24/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130242  End Date: 5/10/2019  Type: ABBREVIATED  Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

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This is Page 68 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>COZY AURORA ADULT FAMILY HOME LLC (0017125)</th>
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<tbody>
<tr>
<td>Address:</td>
<td>2719 MARYLAND AVE, RACINE, WI 53403</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered:</td>
<td>7/25/2018 12:00:00AM</td>
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<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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Survey History

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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) 227-4565

Survey History

Survey ID: 0127163  End Date: 5/15/2018  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #WCM311 Served 6/28/2018

<table>
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<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<td>88.10(3)(b)</td>
<td>PRIVACY</td>
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Enforcement History (DAVIS PLACE--0013014)

Date: 6/20/2018  SOD #WCM311  Appealed: No
Sanctions

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Facility Information

Facility Name: DELAMERES PLACE TO CALL HOME AFGH LLC (0017114)
Address: 1021 DELAMERE AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 4/17/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126494 End Date: 4/17/2018 Type: INITIAL Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME I (0009607)
Address: 2419 JEAN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 4/9/2002 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129322 End Date: 12/7/2018 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #OSP111 Served 2/28/2019

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<td>88.06(3)(a)</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<td>88.07(2)(b)4</td>
<td>RECORD OF MEDICAL VISITS AND REPORTS</td>
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<td>88.08</td>
<td>TERMINATION OF PLACEMENT</td>
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Complaint History (DESTINY ADULT FAMILY HOME I--0009607)

Date Complaint Received: 10/19/2018 Date Investigation Completed: 12/7/2018

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<th>Subject Area(s)</th>
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<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
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</table>

This is Page 72 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: DESTINY ADULT FAMILY HOME II (0010067)
Address: 1009 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 4/21/2003 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129000 End Date: 10/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #STQX11

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<tr>
<td>88.06(3)(a)</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<tr>
<td>88.07(1)(c)</td>
<td>ACTIVITIES AND SERVICES</td>
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Facility Information

Facility Name: DESTINY ADULT FAMILY HOME III (0012075)
Address: 1011 MAYFAIR DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 10/3/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128998 End Date: 10/4/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7NN211

<table>
<thead>
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<th>Subject Area</th>
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<tbody>
<tr>
<td>88.06(3)(a)</td>
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</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.07(4)(b)</td>
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Compliance
Verified Corrected

Enforcement History (DESTINY ADULT FAMILY HOME III--0012075)

Date: 1/15/2019 SOD #7NN211 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOMES V (0015604)
Address: 2301 ROMAYNE AVE UPPER, RACINE, WI 53408
License Status: REGULAR
Licensed/Certified/Registered 6/4/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129984 End Date: 3/1/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

- **Facility Name:** DESTINY AFH LLC IV (0013920)
- **Address:** 2301 ROMAYNE, RACINE, WI 53404
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 1/19/2012 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

- **Survey ID:** 0129979
- **End Date:** 3/1/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: DONNAS HOUSE (0016758)
Address: 3038 CHICKORY ROAD, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 9/11/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124228 End Date: 9/11/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
**Facility Information**

<table>
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<th>Facility Name:</th>
<th>ENDLESS CARE LLC (0016503)</th>
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<tbody>
<tr>
<td>Address:</td>
<td>1236 BLUFF AVE, RACINE, WI 53403</td>
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<tr>
<td>License Status:</td>
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<tr>
<td>Licensed/Certified/Registered:</td>
<td>5/2/2017 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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**Survey History**

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Facility Information

Facility Name: EXCEL FOUR (0015035)
Address: 139 OHIO STREET, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 4/22/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130877 End Date: 6/12/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129176 End Date: 10/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #C3Y411

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>6/12/19</td>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>6/12/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>6/12/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>6/12/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>6/12/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>6/12/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(2)(c)</td>
<td>ANNUAL HEALTH EXAM</td>
<td>6/12/19</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>6/12/19</td>
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<tr>
<td>88.07(3)(e)2</td>
<td>MEDICATION- RECORD OF SIDE EFFECTS</td>
<td>6/12/19</td>
<td>Yes</td>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td>6/12/19</td>
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<tr>
<td>88.09(2)(c)</td>
<td>LOCATION AND RETENTION PERIOD</td>
<td>6/12/19</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date: 2/7/2019</th>
<th>SOD #C3Y411</th>
<th>Appealed: No</th>
</tr>
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</table>

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID:  0125246  End Date:  11/27/2017  Type:  INITIAL  Purpose:  SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: EXCEL SIX (0015750)
Address: 2040 CASE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 1/21/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127282 End Date: 5/23/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124236 End Date: 6/7/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EXCEL SIX--0015750)

Date Complaint Received: 5/4/2018 Date Investigation Completed: 5/23/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
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</tbody>
</table>

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### Facility Information

**Facility Name:** EXCEL THREE (0013704)  
**Address:** 4300 MARYLAND AVE, RACINE, WI 53405  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 6/30/2011 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

**Survey ID:** 0128183  
**End Date:** 8/16/2018  
**Type:** ABBREVIATED  
**Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED  
**Statement of Deficiency:** #FJM711

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<tr>
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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
</tr>
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</table>

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Facility Information

Facility Name: EXCEL TWO (0013125)
Address: 2051 CHARLES ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/17/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124151  End Date: 7/20/2017  Type: STANDARD  Purpose: SURVEY/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #TNPN11  Served 10/7/2017

<table>
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<th>Verified</th>
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<tbody>
<tr>
<td>Deficiencies Cited</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
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<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
</tr>
</tbody>
</table>

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### Facility Information

Facility Name: EXCEL (0012795)  
Address: 2220 SUMMIT AVE, RACINE, WI 53404  
License Status: REGULAR  
Licensed/Certified/Registered 6/25/2009  12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

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<th>End Date</th>
<th>Type</th>
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<th>Results</th>
<th>Statement of Deficiency</th>
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<tbody>
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<td>2/18/2019</td>
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<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
<td>#SE1811 Served 8/3/2019</td>
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<tr>
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<td>SERVICES</td>
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<td>TRAINING DOCUMENTATION</td>
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<td>PRIVACY</td>
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<td>SAFE PHYSICAL ENVIRONMENT</td>
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### Enforcement History (EXCEL--0012795)

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<th>Sanctions</th>
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<tr>
<td>7/31/2019</td>
<td>#SE1811</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION, COMPLY WITH REQUIREMENT</td>
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</tbody>
</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: FAITH COMMUNITY ADULT GROUP HOME (0014776)
Address: 5025 MARYLAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/25/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

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<tbody>
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<td>0132179</td>
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<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0129310</td>
<td>11/12/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0124343</td>
<td>3/21/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #FHU111 Served 2/19/2019

<table>
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<th>Deficiencies Cited</th>
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<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>6/13/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>6/13/19</td>
<td>Yes</td>
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<tr>
<td>88.06(3)(d)5</td>
<td>SIGNED STATEMENT OF AGREEMENT</td>
<td>6/13/19</td>
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</table>

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

Date: 2/19/2019

SOD #FHU111
Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: FAITH GROUP HOME (0013990)
Address: 3317 OAKWOOD DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 1/19/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131099        End Date: 5/23/2019        Type: OTHER        Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #DYLJ11 Served 2/28/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
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<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
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<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
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</tbody>
</table>

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Enforcement History (FAITH GROUP HOME--0013990)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
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</thead>
<tbody>
<tr>
<td>8/7/2019</td>
<td>DYLJ11</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td></td>
<td></td>
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<td>COMPLY WITH REQUIREMENT</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: FORGET ME NOT (0016613)
Address: 1426 CARLISLE AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 5/25/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123346   End Date: 5/25/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: GIFTED HANDS ADULT LIVING FACILITIES (0017266)
Address: 1031 CARLTON DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 9/6/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History
Survey ID: 0128041 End Date: 9/6/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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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) 227-4565

Survey History

Survey ID: 0129271 End Date: 10/15/2018 Type: OTHER Purpose: COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #GY6O12

<table>
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Survey ID: 0127606 End Date: 6/1/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #GY6O11

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<tbody>
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<tr>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Yes</td>
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<tr>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>Yes</td>
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<tr>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

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

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<tr>
<th>Date</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>7/27/2018</td>
<td>GY6O11</td>
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Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

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<tr>
<td>PROGRAM SERVICES</td>
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<tr>
<td>Subject Area(s)</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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</table>
**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: SOUTHEEN REGION (MILWAUKEE), (414) 227-4565

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**Survey History**

<table>
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<th>Purpose</th>
<th>Results</th>
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<td>COMPLAINT</td>
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<td>#091512</td>
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<td>0127865</td>
<td>6/1/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
<td>#091511</td>
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<tr>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
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<tr>
<td>88.06(3)(c) ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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</tr>
<tr>
<td>88.06(3)(f) REVIEW OF ISP</td>
<td>Verified 10/15/18</td>
<td>Yes</td>
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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

**Adult Family Home**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Date</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>10/15/18</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

Date: 8/22/2018  
SOD #O9I511  
Appealed: No

**Sanctions**

<table>
<thead>
<tr>
<th>Date Complaint Received: 7/2/2018</th>
<th>Date Investigation Completed: 10/15/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complaint Received: 4/6/2018</th>
<th>Date Investigation Completed: 6/1/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: Golden Age Care 1663 (0015594)
Address: 1663 Village Drive, Racine, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 8/19/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0127272</td>
<td>5/22/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125504</td>
<td>9/25/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0123805</td>
<td>4/10/2017</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Statement of Deficiency:

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>5/22/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>9/25/17</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/22/2017</td>
<td>NROI13</td>
<td></td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>7/27/2017</td>
<td>NROI12</td>
<td>No</td>
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</table>

Enforcement History (Golden Age Care 1663--0015594)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>4/6/2018</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

Complaint History (Golden Age Care 1663--0015594)

This is Page 97 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: GOOD LIFE AT HOME (0017728)
Address: 2424 LORAINE AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 7/12/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130858    End Date: 7/12/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
### Facility Information

- **Facility Name:** HEALING HANDZ (0016644)
- **Address:** 3023 GILSON STREET, RACINE, WI 53403
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/16/2017 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>0132822</td>
<td>11/25/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>Verified</td>
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<td></td>
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<td></td>
<td>ENFORCEMENT ACTION</td>
<td>Corrected</td>
</tr>
<tr>
<td>0128553</td>
<td>9/21/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>Verified</td>
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<td></td>
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<td>STATEMENT OF DEFICIENCY ISSUED</td>
<td>Corrected</td>
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<tr>
<td>0123555</td>
<td>6/16/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

**Statement of Deficiency:**

- #0GIN11
  - **Deficiencies Cited:**
    - 88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES
    - 88.06(3)(d) INDIVIDUAL SERVICE PLAN

- #V66B11
  - **Deficiencies Cited:**
    - 88.05(3)(b) FREE OF HAZARDS
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Complaint History (HEALING HANDZ--0016644)</th>
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<tbody>
<tr>
<td>Date Complaint Received: 10/21/2019</td>
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<tr>
<td>Date Investigation Completed: 11/25/2019</td>
</tr>
<tr>
<td>Subject Area(s)</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
</tr>
<tr>
<td>Result</td>
</tr>
<tr>
<td>NOT SUBSTANTIATED</td>
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<td>SOD #</td>
</tr>
</tbody>
</table>

| Date Complaint Received: 7/25/2018          |
| Date Investigation Completed: 9/21/2018     |
| Subject Area(s)                            |
| PHYSICAL ENVIRONMENT/SAFETY                |
| Result                                     |
| NOT SUBSTANTIATED                          |
| SOD #                                      |
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HEART 2 HEART GROUP HOME LLC (0017879)
Address: 1001 LAYARD AVENUE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 1/31/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132633 End Date: 1/31/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: HERITAGE HOMES LIVING LLC (0015046)
Address: 3711 LATHROP AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 5/28/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129478 End Date: 1/4/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: HOME OF HFL LLC (0016341)
Address: 4119 LASALLE STREET, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 1/30/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HOMEWOOD ADULT FAMILY HOME LLC (0015517)
Address: 3339 MONARCH DRIVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 4/8/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey ID: 0129337 End Date: 11/8/2019 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #ZWV211

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Verified</td>
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<tr>
<td>88.07(1)(e)</td>
<td>OVERNIGHT SUPERVISION</td>
<td>Corrected</td>
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</table>

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

Date: 2/20/2019 SOD #ZWV211 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Facility Information

Facility Name: HOPE AWAY FROM HOME (0014727)
Address: 3100 BARBARA DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 9/23/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128188     End Date: 8/17/2018     Type: ABBREVIATED     Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6VLB11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>8/20/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
<td>8/20/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: HOUSE OF FAITH HOPE LOVE 2 (0016501)</td>
</tr>
<tr>
<td>Address: 2826 ORCHARD ST, RACINE, WI 53405</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 9/20/2017 12:00:00AM</td>
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<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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<table>
<thead>
<tr>
<th>Survey History</th>
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<tbody>
<tr>
<td>Survey ID: 0124416 End Date: 9/20/2017 Type: INITIAL Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name:  HOUSE OF LOVE LLC ADULT FAMILY HOME (0016121)
Address:  1518 HARMONY DR, RACINE, WI 53402
License Status:  REGULAR
Licensed/Certified/Registered 6/20/2016  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: HOWE WE NATURALLY NURTURE (0016458)
Address: 2201 HOWE ST, RACINE, WI 53403
License Status: REGULAR

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124353  End Date: 9/18/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HUNTING FOR MORE LOVE (0016649)
Address: 6 MCKINLEY AVENUE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 8/9/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123928     End Date: 8/9/2017     Type: INITIAL     Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: I M HOME (0017102)
Address: 1821 LINDEN AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 7/30/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127676  End Date: 7/27/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: INDEPENDENT MOVEMENT (0015466)
Address: 1329 KEWAUNEE STREET, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 1/21/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129278 End Date: 12/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #PKV611

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td></td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</tbody>
</table>

Enforcement History (INDEPENDENT MOVEMENT--0015466)

Date: 2/15/2019 SOD #PKV611 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: IVYS PLACE (0016617)
Address: 1429 OREGON STREET, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/6/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0125858</td>
<td>12/28/17</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0123396</td>
<td>6/6/2017</td>
<td>INITIAL</td>
<td>SURVEY</td>
<td>LICENSE/CERT/REGISTRATION ISSUED</td>
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</table>

Complaint History (IVYS PLACE--0016617)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16/2017</td>
<td>12/28/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: K&D ADULT FAMILY HOME LLC (0012674)
Address: 2519 LORAINE AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 7/1/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130068 End Date: 2/6/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #E1K011 Served 4/30/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td></td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
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</table>

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

Date: 4/30/2019 SOD #E1K011 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Name: K&D ADULT FAMILY HOMES LLC II (0013176)
Address: 3707 10TH AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered: 2/23/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126975 End Date: 5/14/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125344 End Date: 10/4/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #F7JK11

<table>
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<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tr>
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<td>ENTITY BACKGROUND CHECK</td>
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<td></td>
<td>REQUIREMENTS</td>
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<td></td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>5/14/18</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>5/14/18</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.05(3)(o)</td>
<td>HOME NOT BE USED FOR OTHER BUSINESS</td>
<td>5/14/18</td>
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</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>5/14/18</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Enforcement History (K&D ADULT FAMILY HOMES LLC II--0013176)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>12/13/2017</td>
<td>F7JK11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
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<td></td>
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<td>COMPLY WITH REQUIREMENT</td>
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### Complaint History (K&D ADULT FAMILY HOMES LLC II--0013176)

<table>
<thead>
<tr>
<th>Date Complaint Received: 9/11/2017</th>
<th>Date Investigation Completed: 10/4/2017</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>LICENSE CAPACITY OR CLASS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>SOD #</td>
</tr>
<tr>
<td></td>
<td>F7JK11</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: K&D AFH LLC #3 (0013710)
Address: 3709 10TH AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 7/13/2011 12:00:00AM
Regional Office: SOUTHEERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127243 End Date: 5/15/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125283 End Date: 10/4/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #KUMH11 Served 12/11/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>5/15/18</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>5/15/18</td>
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<tr>
<td>88.07(2)(a)</td>
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Enforcement History (K&D AFH LLC #3--0013710)

Date: 10/10/2017 SOD #KUMH11 Appealed: No
## Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
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<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>PROGRAM SERVICES</td>
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<tr>
<td>RESIDENT RIGHTS</td>
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</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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<tr>
<td>LICENSE CAPACITY OR CLASS</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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</tr>
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Facility Information

Facility Name: K&D AFH LLC 4 (0016513)
Address: 2627 JEAN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registerd 5/18/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128991  End Date: 11/9/2018  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #NK3J11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tbody>
<tr>
<td>13.05(2)</td>
<td>CLIENT PROTECTION</td>
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<td>88.03(5)(e)1</td>
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Survey ID: 0123316  End Date: 5/18/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Date: 1/15/2019  SOD #NK3J11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
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<th>SOD #</th>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>NK3J11</td>
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</table>

**Date Complaint Received:** 10/25/2018  
**Date Investigation Completed:** 11/9/2018

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

## Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>KENWOOD KEYS INCORPORATED KENWOOD 2 (0015571)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>2903 KENWOOD DR, RACINE, WI 53403</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
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<tr>
<td>Licensed/Certified/Registered</td>
<td>4/28/2015  12:00:00AM</td>
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<td>Regional Office</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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## Survey History

<table>
<thead>
<tr>
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<th>Type</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>0129067</td>
<td>12/12/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124569</td>
<td>7/25/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: KIND CARE LLC (0016364)
Address: 1901 SATURN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 7/13/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123670  End Date: 7/13/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: KINZIE PLACE (0012747)
Address: 4618 KINZIE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 4/27/2009 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0122858  End Date: 2/8/2017  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 2/8/17 to 2/8/20

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Facility Information

Facility Name: KINZIE WAY LLC (0017042)
Address: 3900 KNOLL PLACE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 5/22/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126803 End Date: 5/22/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>KNOLL PLACE (0011487)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3800 KNOLL PL, RACINE, WI 53403</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
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<td>Licensed/Certified/Registered</td>
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Survey History

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<tbody>
<tr>
<td>0130651</td>
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<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #NNPE12

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
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<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tr>
<td>0128266</td>
<td>8/27/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0128421   End Date: 8/20/2018   Type: ABBREVIATED   Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NNPE11

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<thead>
<tr>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>50.065(6)(am) FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
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<tr>
<td>88.04(5)(b) TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
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<tr>
<td>88.05(3)(e)2.b INSPECTIONS-GAS FURNACE</td>
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<tr>
<td>88.07(3)(a) PRESCRIPTION MEDICATIONS</td>
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</tr>
<tr>
<td>88.10(3)(l) SAFE PHYSICAL ENVIRONMENT</td>
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</table>

Enforcement History (KNOLL PLACE--0011487)

Date: 10/29/2018   SOD #NNPE11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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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) 227-4565

Survey History

Survey ID:  0124829  End Date:  10/17/2017  Type: INITIAL  Purpose: SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 1 (0010694)
Address: 3620 SOVEREIGN DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/8/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129481  End Date: 1/3/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #QJ5611

<table>
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<tr>
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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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</table>
Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 2 (0013686)
Address: 3628 SOVEREIGN DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 4/4/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129917   End Date: 4/17/2019   Type: OTHER   Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129646   End Date: 1/7/2019   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #K9VH11

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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<th>Corrected</th>
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<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Verified</td>
<td>4/12/19</td>
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</table>
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) 227-4565

Survey History

Survey ID: 0132756 End Date: 8/12/2019 Type: OTHER Purpose: COMPLAINT/VV
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129483 End Date: 1/3/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #MSKC11

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.07(4)(a)</td>
<td>NUTRITION</td>
<td>Verified: 8/12/19 Corrected: Yes</td>
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<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
<td>Verified: 8/12/19 Corrected: Yes</td>
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</table>

Enforcement History (LIFESTYLE ADULT FAMILY HOME 3–0013861)
Date: 3/7/2019 SOD #MSKC11 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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## Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

### Complaint History (LIFESTYLE ADULT FAMILY HOME 3-0013861)

<table>
<thead>
<tr>
<th>Date Complaint Received: 6/13/2019</th>
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<td>PROGRAM SERVICES</td>
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<td>RESIDENT RIGHTS</td>
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<td>SOD #</td>
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<td>MSKC11</td>
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</table>

This is Page 130 of 220 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 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 4 (0014696)
Address: 3616 SOVEREIGN DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 7/11/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132754   End Date: 8/12/2019   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131167   End Date: 6/3/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QVYD12

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<td>HOME ENVIRONMENT</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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</table>
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Survey ID: 0129702   End Date: 1/10/2019   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QVYD11

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>88.04(5)(a)</td>
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<td>88.05(3)(a)</td>
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<td>Corrected</td>
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<tr>
<td>88.05(4)(b)</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Corrected</td>
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<td>88.07(4)(c)</td>
<td>FOOD PREPARED AND STORED SANITARY WAY</td>
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Survey ID: 0124686   End Date: 7/31/2017   Type: OTHER   Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124143   End Date: 5/16/2017   Type: OTHER   Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123082   End Date: 2/14/2017   Type: STANDARD   Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9VSM11 Served 5/2/2017

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>88.05(4)(b)</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
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<tr>
<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Corrected</td>
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### Enforcement History (LIFESTYLE ADULT FAMILY HOME 4--0014696)

<table>
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<tr>
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<th>Sanctions</th>
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<tbody>
<tr>
<td>8/15/2019</td>
<td>QVYD12</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT</td>
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<tr>
<td>4/1/2019</td>
<td>QVYD11</td>
<td>No</td>
<td>COMPLY WITH FACILITY PLAN OF CORRECTION</td>
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### Complaint History (LIFESTYLE ADULT FAMILY HOME 4--0014696)

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<th>SOD #</th>
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<td>6/13/2019</td>
<td>8/12/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<tr>
<td>12/4/2018</td>
<td>1/10/2019</td>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>QVYD11</td>
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<tr>
<td>6/19/2017</td>
<td>7/31/2017</td>
<td>RESIDENT RIGHTS</td>
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<td>QVYD11</td>
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</tbody>
</table>
**Facility Information**

Facility Name: LIFESTYLE ADULT FAMILY HOME 5 (0014939)
Address: 5224 ADMIRALTY DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 3/10/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

**Survey History**

<table>
<thead>
<tr>
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<th>Type</th>
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<th>Results</th>
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<tbody>
<tr>
<td>0129608</td>
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<td>ENFORCEMENT ACTION</td>
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<td>0127830</td>
<td>7/11/2018</td>
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**Statement of Deficiency:** #N0L211 Served 3/30/2019

<table>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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**Enforcement History (LIFESTYLE ADULT FAMILY HOME 5–0014939)**

Date: 3/26/2019  
SOD #N0L211  
Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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## Complaint History (LIFESTYLE ADULT FAMILY HOME 5-0014939)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
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<tbody>
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<td>Date Investigation Completed:</td>
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<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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Facility Information

Facility Name: LILAC HOME (0017643)
Address: 141 DAVIDSON DR, RACINE, WI 53105
License Status: REGULAR
Licensed/Certified/Registered 8/1/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130936 End Date: 7/19/2019 Type: INITIAL Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: LOVE N COMFORT GROUP HOME (0016423)
Address: 1001 CENTER ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 2/28/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0122605 End Date: 2/27/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

No survey activity during the period 2/8/17 to 2/8/20

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name:  LOVE OF CARING LLC DAISY AFH (0016012)
Address:  2214 WILLIAM STREET, RACINE, WI 53406
License Status:  REGULAR
Licensed/Certified/Registered 12/6/2016  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20

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Facility Information

Facility Name: LOVE OF CARING LLC TULIP AFH (0016015)
Address: 1834 13TH STREET, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 12/6/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130660        End Date: 4/23/2019        Type: ABBREVIATED        Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #TB8Y11

<table>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>12.04(1)</td>
<td>CONTRACTING BACKGROUND CHECKS ALLOWED</td>
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<td>13.05(3)(a)</td>
<td>ENTITY ALLEGATION REPORTING REQUIREMENTS</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
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<tr>
<td>88.07(2)(b)</td>
<td>SERVICES DIRECTED TO GOALS</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
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</table>

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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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: LOVE OF CARING LLC (0014227)
Address: 1638 ECHO LN, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 10/16/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124299 End Date: 6/28/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: LOVE TO REMEMBER LLC (0017342)
Address: 826 PARK AVENUE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 4/1/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129666 End Date: 4/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: MANHATTAN HOME ADULT FAMILY GROUP HOME (0015455)
Address: 4140 MANHATTAN DRIVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/8/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

<table>
<thead>
<tr>
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<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
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<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127898</td>
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<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126638</td>
<td>3/27/2018</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #6ZK311 Served 5/9/2018

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<th>Compliance</th>
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<tbody>
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<td>FREE OF HAZARDS</td>
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<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
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<tr>
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<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
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<td>Result</td>
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<td>6ZK311</td>
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**Complaint History (MANHATTAN HOME ADULT FAMILY GROUP HOME--0015455)**

- **Date Complaint Received:** 1/24/2018
- **Date Investigation Completed:** 3/26/2018

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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) 227-4565

Survey History

Survey ID: 0130825 End Date: 3/25/2019 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N0JQ12 Served 7/24/2019

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<td>50.065(2)(bm)</td>
<td>OUT OF STATE BACKGROUND CHECKS</td>
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<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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<td>HEALTH SCREENING FOR STAFF</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
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<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
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<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0128635  End Date: 8/17/2018  Type: ABBREVIATED  Purpose: SURVEY

Results: ENFORCEMENT ACTION
Statement of Deficiency: #N0JQ11

<table>
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<th>Compliance</th>
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<tr>
<td>50.065(2)(bm)</td>
<td>OUT OF STATE BACKGROUND CHECKS</td>
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<td>3/25/19</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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<td>3/25/19</td>
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<tr>
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<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>3/25/19</td>
<td>No</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td></td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
<td>3/25/19</td>
<td>Yes</td>
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<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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<td>88.05(4)(d)2.c</td>
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<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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<tr>
<td>88.06(3)(c)</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
<td>3/25/19</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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<td>3/25/19</td>
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Enforcement History (MANNA HOUSE (THE)--0012956)

Date: 7/16/2019  SOD #N0JQ12  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 10/11/2018  SOD #N0JQ11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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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) 227-4565

Survey History

Survey ID: 0124221 End Date: 8/23/2017 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #3DUC11 Served 9/15/2017

<table>
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<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>Verified</td>
</tr>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.09(2)(c)</td>
<td>LOCATION AND RETENTION PERIOD</td>
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Enforcement History (MARINAS GROUP HOME--0015330)

Date: 9/12/2017 SOD #3DUC11 Appealed: No
Sanctions
**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

**Complaint History (MARINAS GROUP HOME--0015330)**

<table>
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<tr>
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<th>Date Investigation Completed: 8/23/2017</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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### Facility Information

Facility Name: MARSHAS ADULT FAMILY HOME LLC (0014517)
Address: 920 OHIO STREET, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 2/7/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

<table>
<thead>
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<th>Results</th>
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<td>0127569</td>
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<td>DESK REVIEW</td>
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<td>SURVEY</td>
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**Statement of Deficiency:** #VGXS11 Served 6/22/2018

<table>
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<tr>
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<th>Compliance</th>
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<tr>
<td>88.04(2)(g)2</td>
<td>COMMUNICABLE DISEASE</td>
<td>Verified: 7/13/18 Corrected: Yes</td>
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<td>88.05(3)(c).2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td>Verified: 7/13/18 Corrected: Yes</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified: 7/13/18 Corrected: Yes</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: MARSHAS ADULT FAMILY HOME LLC (0017773)
Address: 3121 KEARNEY AVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 8/8/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131130 End Date: 8/8/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
### Facility Information

- **Facility Name:** MIL FAMILY CARE LLC (0015580)
- **Address:** 2023 GILLEN STREET, RACINE, WI 53403
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 1/15/2016 12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

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<td>DESK REVIEW</td>
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**Statement of Deficiency:** #IJ4F11 Served 9/25/2017

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<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: MOUNT PLEASANT HOMES LLP (0016430)
Address: 1917 MOUNT PLEASANT ST, RACINE, WI 534042628
License Status: REGULAR
Licensed/Certified/Registered 2/23/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0122560   End Date: 2/23/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: MOUNT PLEASANT HOMES (0017090)
Address: 2301 WILLIAM ST, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 4/25/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0126584   End Date: 4/25/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: NEW VISION ADULT FAMILY HOME LLC (0011964)
Address:  7931 DANIEL CT, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 5/11/2007 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127265   End Date: 5/21/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: NEW WAY OF LIVING ADULT FAMILY HOME (0016138)
Address: 3706 OAKWOOD DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/19/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129415  End Date: 12/26/2018  Type: OTHER  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #4FQT11 Served 4/2/2019

<table>
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<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
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Enforcement History (NEW WAY OF LIVING ADULT FAMILY HOME--0016138)

Date: 2/26/2019  SOD #4FQT11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name:  NEW WAY OF LIVING ADULT FAMILY HOME (0017992)
Address:  221 CHICAGO STREET, RACINE, WI 53405
License Status:  REGULAR
Licensed/Certified/Registered 2/27/2020  12:00:00AM
Regional Office:  SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565
Facility Information

Facility Name: OHIO ST FAMILY HOME (0010007)
Address: 1223 OHIO ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 3/1/2004 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129354  End Date: 10/31/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LXTR11

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Facility Information

Facility Name: OLIVER ADULT FAMILY HOME (0012467)
Address: 4845 NATURE TRAIL, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 8/21/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
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) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC TAYLOR (0016388)
Address: 3200 TAYLOR AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 11/9/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132063 End Date: 9/3/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #72S811 Served 12/2/2019

Deficiencies Cited Subject Area
88.04(2)(c) CHANGE IN TYPE OF INDIVIDUAL SERVED
88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS
88.07(3)(d) MEDICATION- WRITTEN ORDER
88.09(1)(d) RESIDENT RECORDS REQUIREMENTS

Enforcement History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date: 11/29/2019 SOD #72S811 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date Complaint Received: 6/13/2019 Date Investigation Completed: 9/3/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016257)
Address: 1621 VIRGINIA ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 8/15/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

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<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #9ACE11 Served 10/31/2017

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<td>50.065(2)(b)</td>
<td>ENTITY BACKGROUND CHECK</td>
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<td>intro</td>
<td>REQUIREMENTS</td>
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<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>2/19/18</td>
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<td>88.06(2)(a)</td>
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<td>2/19/18</td>
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<td>88.06(3)(c)</td>
<td>ASSESSMENT IDENTIFY NEEDS &amp; ABILITIES</td>
<td>2/19/18</td>
<td>Yes</td>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>2/19/18</td>
<td>Yes</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>2/19/18</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>2/19/18</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
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<tr>
<th>Code</th>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
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<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>2/19/18</td>
<td>No</td>
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Enforcement History (OPEN ARMS 20 LLC--0016257)

Date: 10/31/2017  SOD #9ACE11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (OPEN ARMS 20 LLC--0016257)

Date Complaint Received: 5/17/2017  Date Investigation Completed: 8/30/2017
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED  

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Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017153)
Address: 3240 WHEELOCK, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/21/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127239  End Date: 6/21/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017292)
Address: 5422 WESTMORE DR, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/24/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128181   End Date: 9/20/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017826)
Address: 3205 WHEELOCK DRIVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 2/6/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132634  End Date: 2/6/2020  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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) 227-4565

Survey History

Survey ID: 0131917 End Date: 10/30/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

- **Facility Name:** ORCHARD ADULT FAMILY HOME LLC (0016415)
- **Address:** 2114 ORCHARD ST, RACINE, WI 53405
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 3/2/2017  12:00:00AM
- **Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

- **Survey ID:** 0122609  
  **End Date:** 3/2/2017  
  **Type:** INITIAL  
  **Purpose:** SURVEY  
  **Results:** LICENSE/CERT/REGISTRATION ISSUED

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: PARADISE HOUSE (0009180)
Address: 3410 STRATFORD AVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 1/3/2001 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132323 End Date: 1/8/2020 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129978 End Date: 2/25/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #GYZ911 Served 4/23/2019

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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>1/8/20</td>
<td>Yes</td>
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<td>88.10(3)(e)</td>
<td>SELF-DIRECTION</td>
<td>1/8/20</td>
<td>Yes</td>
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</tbody>
</table>

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Facility Information

Facility Name: PEACEFUL LIVING HOMES LLC (0016953)
Address: 905 3 MILE RD, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 7/19/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127526   End Date: 7/19/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name:  PHOENIX HOUSE (390092)
Address:  129 SHEFFIELD DR, RACINE, WI 53402
License Status:  REGULAR
Licensed/Certified/Registered 5/31/1996  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID:  0128445  End Date:  9/13/2018  Type: ABBREVIATED  Purpose: SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

Facility Name: **PRICELESS TIME ADULT FAMILY HOME IV (0016756)**  
Address: **1663 RUSSET STREET, RACINE, WI 53405**  
License Status: **REGULAR**  
Licensed/Certified/Registered 8/15/2017  12:00:00AM  
Regional Office: **SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565**

### Survey History

Survey ID: **0123971**  
End Date: **8/15/2017**  
Type: **INITIAL**  
Purpose: **SURVEY**

Results: **LICENSE/CERT/REGISTRATION ISSUED**
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME LLC (0015024)
Address: 1819 BLAKE AVENUE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 5/8/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129974  End Date: 2/6/2019  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5CDH11

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<th>Subject Area</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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Survey ID: 0128160  End Date: 8/8/2018  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #HRZX11

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<td>HOME ENVIRONMENT</td>
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<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<td>Date</td>
<td>SOD #</td>
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<td>9/27/2018</td>
<td>#HRZX11</td>
<td>No</td>
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</table>

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>PRIDE AND JOY ADULT FAMILY GROUP HOME LLC (0016871)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2807 DONNA AVE, RACINE, WI 53404</td>
</tr>
<tr>
<td>License Status:</td>
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<tr>
<td>Licensed/Certified/Registered</td>
<td>1/5/2018 12:00:00AM</td>
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<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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### Survey History

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<th>INITIAL</th>
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<th>SURVEY</th>
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<tr>
<td>Results:</td>
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Facility Information

Facility Name: PROFESSIONAL CARE GROUP RACINE LLC (0017198)
Address: 3010 16TH STREET, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 10/5/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128255  End Date: 10/5/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: QUALITY CARE ADULT FAMILY HOME II (0016090)
Address: 1508 RUSSET ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/30/2016  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129282  End Date: 12/6/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5W0911

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>Corrected</td>
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</tbody>
</table>

Enforcement History (QUALITY CARE ADULT FAMILY HOME II--0016090)

Date: 2/15/2019  SOD #5W0911  Appealed: No
Sanctions

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Facility Information

Facility Name: QUALITY CARE ADULT FAMILY HOME LLC (0015833)
Address: 1916 SATURN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 10/19/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129289 End Date: 11/21/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #J9U811

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<tr>
<th>Compliance</th>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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Enforcement History (QUALITY CARE ADULT FAMILY HOME LLC--0015833)

Date: 2/15/2019 SOD #J9U811 Appealed: No
Sanctions
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: QUALITY CARE HOMES INC (0017930)
Address: 119 CRABTREE LANE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 11/6/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132050 End Date: 11/6/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: R JOHNSON HERITAGE HOMES (0013736)
Address: 1209 NEWMAN RD, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 5/13/2011 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129486  End Date: 1/9/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016563)</td>
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<tr>
<td>Address: 1901 FAIRVIEW TERRACE, RACINE, WI 53402</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 5/1/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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<table>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016564)
Address: 1936 FRANKLIN, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 5/1/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128738   End Date: 9/18/2018   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #XWZ611 Served 2/19/2019

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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<td>88.04(2)(f)</td>
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<td>88.05(3)(l)</td>
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<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
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<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
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<tr>
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<td>SAFE PHYSICAL ENVIRONMENT</td>
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Survey ID: 0123155   End Date: 5/1/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016564)

Date: 12/11/2018 SOD #XWZ611 Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC (0016022)
Address: 1715 LASALLE STREET UPPER, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 8/4/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0127311  End Date: 6/1/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #OGK412

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<th>Subject Area</th>
<th>Compliance</th>
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<td>88.04(2)(a)</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Corrected</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>Corrected</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Corrected</td>
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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

<table>
<thead>
<tr>
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<th>End Date: 9/1/2017</th>
<th>Type: STANDARD</th>
<th>Purpose: SURVEY/COMPLAINT</th>
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**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OGK411 Served 10/13/2017

<table>
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<td>ENTITY BACKGROUND CHECK</td>
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<tr>
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<td>RESPONSIBILITIES</td>
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<td>88.05(4)(d)2.c</td>
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<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
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<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>Verify: No</td>
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<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
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**Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC--0016022)**

<table>
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Sanctions

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<th>SOD #OGK411</th>
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Sanctions

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### Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC--0016022)

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<tr>
<th>Date Complaint Received: 8/21/2017</th>
<th>Date Investigation Completed: 9/6/2017</th>
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<td>Subject Area(s)</td>
<td>Result</td>
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<td>SUBSTANTIATED</td>
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<td>SOD #</td>
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<td>OGK411</td>
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Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC (0016034)
Address: 1715 LASALLE STREET UPPER, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 8/4/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132083 End Date: 5/1/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #UVU213

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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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<td>88.04(2)(g)1</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
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<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0128436  End Date: 9/5/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION

Survey ID: 0124654  End Date: 9/6/2017  Type: STANDARD  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #UVU211  Served 5/31/2018

<table>
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<tr>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>9/5/18</td>
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<tr>
<td>88.04(5)(a)</td>
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<td>9/5/18</td>
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<tr>
<td>88.05(2)</td>
<td>ACCESS TO HOME AND WITHIN THE HOME</td>
<td>9/5/18</td>
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<tr>
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<td>HOME ENVIRONMENT</td>
<td>9/5/18</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>9/5/18</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>9/5/18</td>
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<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>9/5/18</td>
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<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>9/5/18</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>9/5/18</td>
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<tr>
<td>88.07(4)(a)</td>
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Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC--0016034)

Date: 10/31/2018  SOD #UVU212  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 10/9/2017  SOD #UVU211  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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## Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC--0016034)

<table>
<thead>
<tr>
<th>Date Complaint Received: 8/17/2017</th>
<th>Date Investigation Completed: 9/1/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
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</table>

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

---

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>SAFE HARBOUR HOMES II LLC (0014832)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>3219 BARBARA DRIVE, RACINE, WI 53404</td>
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### Survey History

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<tr>
<td>Purpose:</td>
<td>SURVEY</td>
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</table>

Results: NO STATEMENT OF DEFICIENCY ISSUED

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*This is Page 189 of 220 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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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) 227-4565

Survey History

Survey ID: 0125357   End Date: 10/16/2017   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SAFE HARBOUR HOMES III--0015821)

Date Complaint Received: 9/18/2017   Date Investigation Completed: 10/16/2017
Subject Area(s)   Result   SOD #
STAFF TRAINING AND PROFICIENCY   NOT SUBSTANTIATED
## 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) 227-4565

## Survey History

Survey ID: 0129223  
End Date: 11/14/2018  
Type: ABBREVIATED  
Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #R48311

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES LLC (0014831)
Address: 5224 16TH STREET, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 12/5/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125887 End Date: 1/4/2018 Type: STANDARD Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SAFE HARBOUR HOMES LLC--0014831)

Date Complaint Received: 12/14/2017 Date Investigation Completed: 1/4/2018

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<td>PROGRAM SERVICES</td>
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<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
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Facility Information

Facility Name: SERENITY ON OSBORNE (0015573)
Address: 3700 OSBORNE BLVD, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 5/18/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129220  End Date: 11/14/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #W6E911

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<td>88.05(3)(e)2.d</td>
<td>INSPECTIONS-WOODBURNING STOVE</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: SINCERE CARE ADULT FAMILY HOME (0017525)
Address: 3119 WINDSOR DR, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 7/12/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0130950 End Date: 7/12/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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) 227-4565

Survey History

Survey ID: 0124822 End Date: 10/23/2017 Type: OTHER Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: SWEET HOME GROUP HOME LLC (0017851)
Address: 1945 CENTER ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 10/4/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131700 End Date: 10/4/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

<table>
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<td>Regional Office:</td>
<td>SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565</td>
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## Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 4 S CORPORATION (0014527)
Address: 842 PARK AVENUE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 2/19/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: TIME TO TREASURE AFH 5 S CORPORATION (0014528)
Address: 5230 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/19/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129379 End Date: 12/19/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124747 End Date: 9/7/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TIME TO TREASURE AFH 5 S CORPORATION–0014528)

Date Complaint Received: 8/18/2017 Date Investigation Completed: 9/7/2017
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 6 S CORPORATION (0014529)
Address: 5232 BISCAYNE AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 2/19/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0124508   End Date: 7/11/2017   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

<table>
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Survey History

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<td>SURVEY</td>
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Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: TRINITY ADULT FAMILY HOME (0014556)
Address: 925 CRAB TREE LANE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 4/18/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129705    End Date: 1/21/2019    Type: ABBREVIATED    Purpose: SURVEY/SELF REPORT
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #58PX11 Served 4/3/2019

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID: 0129386 End Date: 12/19/2018 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID: 0127264 End Date: 5/16/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

**Facility Name:** TRUE LIFE HOMES III (0012374)

**Address:** 2620 JEAN AVE, RACINE, WI 53404

**License Status:** REGULAR

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

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

### Survey History

**Survey ID:** 0128550  
**End Date:** 9/28/2018  
**Type:** ABBREVIATED  
**Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #WG2E11

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*This is Page 205 of 220 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 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES LLC V (0013227)
Address: 2428 JEAN AVE, RACINE, WI 53404
License Status: REGULAR
Licensed/Certified/Registered 5/6/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129307 End Date: 12/11/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: TRUE LIFE HOMES LLC (0012442)
Address: 621 THUNDERBIRD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 9/25/2008 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125531 End Date: 12/27/2017 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124267 End Date: 6/15/2017 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #752M11

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: VISIONS OF LIFE LLC II (0013258)
Address: 3857 LAKEVIEW DR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 5/27/2010 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0131110  End Date: 6/26/2019  Type: OTHER  Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126885  End Date: 4/12/2018  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #E5PJ11  Served 6/6/2018

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88.10(3)(p) PROMPT AND ADEQUATE TREATMENT

Enforcement History (VISIONS OF LIFE LLC II--0013258)

Date: 5/31/2018  SOD #E5PJ11  Appealed: Yes  Decision: STIPULATION

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE—88.03(6)(h)

Complaint History (VISIONS OF LIFE LLC II--0013258)

Date Complaint Received: 3/21/2018  Date Investigation Completed: 4/12/2018

Subject Area(s)  Result  SOD #
STAFF TRAINING AND PROFICIENCY  SUBSTANTIATED  NOT RECORDED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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) 227-4565

Survey History

Survey ID: 0128579  End Date: 10/8/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: VISIONS OF LIFE LLC IV (0014770)
Address: 6545 LINCOLNSHIRE DR, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 10/3/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0128562  End Date: 9/27/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #VS1911

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## Facility Information

**Facility Name:** VISIONS OF LIFE LLC (0012076)  
**Address:** 7925 DANIEL CT, RACINE, WI 53406  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/6/2007 12:00:00AM  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0124565</td>
<td>7/18/2017</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0123564</td>
<td>4/20/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0123255</td>
<td>4/4/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Statement of Deficiency: #YJWR11  Served 6/30/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>7/18/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*
Facility Information

Facility Name: VISTA VILLAGE LIVING CENTER II (0016602)
Address: 2820 INDIANA STREET, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 4/17/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0123081  End Date: 4/17/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

Facility Name: VISTA VILLAGE LIVING CENTER III LLC (0015959)
Address: 1711 MONROE AVE, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 3/22/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

## Survey History

No survey activity during the period 2/8/17 to 2/8/20
**Facility Information**

Facility Name: VISTA VILLAGE LIVING CENTER IV (0016603)  
Address: 2705 HAYES, RACINE, WI 53405  
License Status: REGULAR  
Licensed/Certified/Registered 4/17/2017 12:00:00AM  
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

**Survey History**

<table>
<thead>
<tr>
<th>Survey ID: 0123085</th>
<th>End Date: 4/17/2017</th>
<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: VISTA VILLAGE LIVING CENTER LLC (0014302)
Address: 2040 FRANKLIN ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered: 10/15/2012 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0132353  End Date: 9/17/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129912  End Date: 2/18/2019  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #J70711 Served 4/22/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>9/17/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(i)</td>
<td>CHOICE OF PROVIDERS</td>
<td>9/17/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: VISTA VILLAGE LIVING CENTER V (0017291)
Address: 2047 INDIANA ST, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 1/24/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129083  End Date: 1/24/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: WILLIAMS COMPASSIONATE CARE MANOR LLC (0014871)
Address: 601 SYDNEY DRIVE, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 9/4/2014 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0129355     End Date: 10/16/2018     Type: ABBREVIATED     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: WISCONSIN LIVING LLC (THE) (0016796)
Address: 3400 SPRUCE ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 2/20/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID: 0125997 End Date: 2/12/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name:  WISCONSIN LIVING LLC (THE) (0017604)
Address:  3336 10TH AVE, RACINE, WI 53402
License Status:  REGULAR
Licensed/Certified/Registered 7/1/2019  12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-4565

Survey History

Survey ID:  0130724   End Date:  7/1/2019   Type:  INITIAL   Purpose:  SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED