STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015604	A. BUILDING: _____ B. WING _____	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY ADULT FAMILY HOMES V	2301 ROMAYNE AVENUE UPPER RACINE, WI 53404

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 07/29/2025, with information gathered through 08/01/2025, Surveyor conducted an abbreviated licensure survey at Destiny Adult Family Homes V. Two deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that 1 of 1 caregiver received at least 8 hours of continuing education training related to health, safety, welfare, resident rights and treatment of residents during 2024. Caregiver C did not receive resident rights training in 2024. Findings include: On 07/29/2025, Surveyor reviewed Caregiver C's training records. Caregiver C was hired on 05/26/2015. Caregiver C's 2024 continuing education did not	M 246		

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

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M 246	Continued From page 1 contain training in resident rights. On 07/29/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A. Licensee A stated that s/he would ensure that staff received resident rights training each year versus every other year.	M 246		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents (Resident 1) received medications (Fluticasone) as prescribed. Findings include: On 07/29/2025, at approximately 3:05 PM, Surveyor and Administrator A observed Resident 1's medication in the med closet. Surveyor observed a bottle of Fluticasone in a box that stated the medication had been dispensed on 12/26/2024. On 07/29/2025, Surveyor reviewed Resident 1's	M 582		

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M 582	Continued From page 2	M 582		

record.

Resident 1 moved into the home 06/03/2019. Resident 1's June and July 2025 Medication Administration Record (MAR) documented: "Fluticasone 50 MCG (microgram) - Instill 1 spray into both nostrils daily."

On 07/29/2025, at approximately 3:20 PM, Surveyor interviewed Administrator A. Surveyor explained that the Fluticasone bottle contained 120 actuations and based on Resident 1's physician order, the bottle would be a 60-day supply (2 sprays per day divided by 120). Administrator A stated that staff must have placed the new bottle of Fluticasone in the old packaging. The current bottle of Fluticasone did not have a label on it that identified the resident, the prescription nor dispensed date. Administrator A stated the Fluticasone would not have been reordered until the medication was needed. Surveyor requested Resident 1's 2025 delivery reports. Administrator A stated s/he would need to contact the pharmacy and have those documents forwarded to the Surveyor.

On 07/30/2025 at 7:52 AM, Surveyor emailed Licensee A and requested Resident 1's 2025 pharmacy delivery reports for his/her Fluticasone.

On 08/01/2025 at 12:56 PM, Administrator A emailed Surveyor the following documentation: A pharmacy delivery report dated 07/30/2025 and a pharmacy order report dated 12/26/2024.

Resident 1's Fluticasone, which had a start date of 12/26/2024, would have needed to be refilled approximately 02/26/2025.

"You should keep track of the number of

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M 582	Continued From page 3 inhalations used from your inhaler. Then throw away the inhaler after you have used 120 inhalations. Even though the canister might not be empty and will keep spraying, you might not get the right amount of medicine in each inhalation. Before you get to 120 inhalations, ask your doctor if you need to refill your prescription." (Source: FDA (US Food and Drug Administration) website, Advair HFA 45/21, Advair HFA 115/21, Advair HFA 230/21, undated, https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021254lbl.pdf (retrieval date - January 14, 2025).)	M 582		