Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015517	A. BUILDING: _____ B. WING _____	C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWOOD ADULT FAMILY HOME LLC	2054 KEARNEY AVENUE RACINE, WI 53403

(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 05/12/2026, Surveyor concluded an abbreviated survey and a complaint investigation at Homewood Adult Family Home LLC. One deficiency was identified. One complaint was unsubstantiated. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 2 of 2 staff reviewed (Caregiver B and Caregiver C). Findings include:	M 232		

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

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M 232	Continued From page 1 On 05/12/2026 at 10:35 p.m., Surveyor reviewed the following staff files: Caregiver B was hired on 02/02/2020. Licensee A confirmed that Caregiver B started working with the residents in the home on 02/02/2020. Caregiver B was screened for tuberculosis (TB) on 03/02/2020. On 2/16/2020, Caregiver B obtained documentation from a physician, a registered nurse, or a physician's assistant indicating s/he had been screened for illness detrimental to residents. Caregiver B worked approximately 1 month in the facility without a TB skin test completed. Caregiver C was hired on 11/09/2020. Licensee A confirmed that Caregiver C started working with the residents in the home on 11/09/2020. Caregiver C's record contained a screening for other illnesses detrimental to residents dated 11/11/2020. Caregiver C's record did not contain a screening for TB. Caregiver C worked approximately 5 years and 6 months in the facility without a TB skin test completed. On 05/12/2026 at 11:10 a.m., Surveyor interviewed Licensee A, who confirmed Caregiver B did not have his/her TB and communicable disease screen completed within 90 days prior to the start of service. Caregiver C did not have his/her TB and communicable disease screen completed within 90 days prior to the start of service. Licensee A stated, "I will get those taken care of right away."	M 232		