STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	190026	A. BUILDING: _____ B. WING _____	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RABES	6915 W BUTLER RD JANESVILLE, WI 53548

(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 06/25/2025, Surveyor conducted a standard survey at Rabes, an AFH in Janesville. Six deficiencies were identified. Four of six deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) ML4Z12, dated 08/15/2023, ML4Z11, dated 03/23/2023, and SOD PNUC11, dated 11/03/2020. Census: 2	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 record review and staff interview, the provider did not ensure 2 of 2 staff reviewed obtained 8 hours of continuing education for calendar year 2023 and calendar year 2024. Licensee A and Licensee B did not have 8 hours of continuing education in 2023 and 2024. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023. Findings include:	M 246		

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

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M 246	Continued From page 1 On 06/25/2025, Surveyor requested to review of the licensees' files to verify compliance with continuing education training requirements. Licensee A stated that s/he did not have any files to review. On 06/25/2025 at approximately 2:00 p.m., Surveyor interviewed Licensee A. Licensee A stated that s/he watches the video on the computer every year but does not keep track of the hours or classes. Licensee A stated that Licensee B was, "usually in the room when s/he was watching the videos." Licensee A said, "I've been doing this for a long time for training."	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 06/25/2025 at approximately 1:30 p.m., Surveyor requested documentation from Licensee A of the most recent furnace inspection. Licensee A stated s/he knew that the furnace was inspected but s/he could not find record of it. Licensee A stated that s/he would contact the furnace company and have them email it over. Surveyor gave Licensee A until 06/26/2025 at	M 290		

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M 290	Continued From page 2 2:00 p.m. to email furnace inspection. Licensee A was given until 06/26/2025 to provide follow up documentation. No documentation of a furnace inspection was received.	M 290		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by the authorized dealer or the local fire department for 3 of 3 fire extinguishers. The fire extinguishers in the kitchen, upstairs and	M 332		

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M 332	Continued From page 3 basement were not present in the home. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023. Findings include: On 06/25/2025, Surveyor toured the home with Licensee A. Surveyor did not observe fire extinguishers in the kitchen, upstairs or basement. On 06/25/2025 at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A showed Surveyor where the fire extinguishers were supposed to be in the home. Licensee A stated that "they were getting recharged at the fire extinguisher company and should be back to the home by next week."	M 332		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain written documentation of semi-annual fire drills. There was no documentation of fire drills for 2 of 2 years (2023 and 2024). This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023 and SOD ML4Z12, dated 08/15/2023.	M 348		

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M 348	Continued From page 4 Findings include: On 06/25/2025 at approximately 1:00 p.m., Surveyor requested environmental records for the home from Licensee A. Licensee A could not provide any semi-annual drill records for 2023 or 2024. On 06/25/2025 at approximately 1: 15 p.m., Surveyor interviewed Licensee A. Licensee A stated that s/he did not complete fire drills in the home but that s/he will get them completed. Licensee A stated that "both of them know we always meet at the milk barn but don't worry I will get one done this week."	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed were screened for clinically apparent communicable disease, including tuberculosis,	M 380		

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M 380	Continued From page 5 within 90 days before or 7 days after admission. The provider did not have record of a tuberculosis test for Resident 1. This was a repeat deficiency - See Statement of Deficiency (SOD) PNUC11, dated 11/03/2020. Findings include: On 06/25/2025 at approximately 12:30 p.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted on 02/17/2025. Resident 1's record did not include a tuberculosis test. On 06/25/2025 at 12:45 p.m., Surveyor interviewed Licensee A. Licensee A stated that s/he was still working on getting Resident 1's medical information together. Licensee A acknowledged that Resident 1 did not have record of a tuberculosis test. Licensee A said that s/he would be scheduling medical appointments for Resident 1. The provider did not ensure Resident 1 was tested for clinically apparent communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission.	M 380		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and	M 466		

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M 466	Continued From page 6 time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of all medications administered was kept for 1 of 1 residents reviewed. Resident 1's medication administration record (MAR) did not include any record of medication administrations. Findings include: On 06/25/2025 at approximately 12:30 p.m., Surveyor reviewed the provider's medication supply and Resident 1's MARs, dated 04/01/2025 to 06/25/2025. Surveyor observed that Resident 1's medications were passed but not documented. While reviewing MARs, Surveyor identified that all the MARs, from 04/01/2025 through 06/25/2025, were blank for all of Resident 1's medications. On 06/25/2025 at approximately 12:45 p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he had administered all medications to Resident 1. Licensee A stated that s/he had never documented the administration of the medications. Licensee A said, 'I thought the MARs were documentation of the pharmacy providing the medications." Licensee A acknowledged the importance of documenting medication administrated and stated that s/he would start that on 06/25/2025.	M 466		