STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014939	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFESTYLE ADULT FAMILY HOME 5	5224 ADMIRALTY DRIVE RACINE, WI 53406

(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 10/20/2025 with information gathered through 10/21/2025, Surveyor conducted a standard survey, at Lifestyle Adult Family Home 5, an Adult Family Home (AFH) in Racine, WI. Eight deficiencies were identified. Census: 3	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not follow its program statement. The provider did not revise its program statement and submit to the licensing agency for approval 30 days before implementing the change. The provider is not licensed to serve residents who are able to walk only with the assistance of a cane or walker. The home ramps are not equipped for residents who utilizes a cane	M 106		

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

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M 106	Continued From page 1 or walker. One of 3 residents (Resident 3) required the use of a cane and walker for mobility. Findings include: The home is licensed as an ambulatory Adult Family Home able to serve up to 4 residents in the client's groups of traumatic brain injury, physically disabled, advanced aged, alcohol/drug dependent, developmentally disabled, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. On 10/20/2025, at approximately 9:13 AM, Surveyor observed the following: -The front exit ramp did not have handrails. -The back exit had 1 step to maneuver to the ramp. -The back exit ramp was not ramped to grade with a hard surfaced pathway with handrails. On 10/20/2025, Surveyor reviewed the home's program statement which reported the home serves ambulatory residents only. On 10/20/2025, at approximately 11:24 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware s/he was licensed to serve ambulatory residents, and s/he admitted Resident 3 who cannot maneuver stairs because s/he always uses a cane and walker for ambulating.	M 106		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK	M 114		

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M 114	Continued From page 2 Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.	M 114		

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M 114	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees' (Caregiver C) reviewed had a background check. Caregiver C did not have a background check. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person' s status, including administrative finding or licensing restrictions. Findings include: On 10/20/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 01/23/2025. -Caregiver C's record did not contain evidence a BID. -Caregiver C's record did not contain evidence of a DOJ. -Caregiver C's record did not contain a Governmental Findings Report. On 10/20/2025, at approximately 1:34 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C's record did not contain evidence of a complete background check.	M 114		

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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 ensure 1 of 1 employee (Caregiver D) reviewed had a tuberculosis (TB) skin test. Caregiver D did not have a TB skin test completed within 90 days prior to start of service. Findings include: On 10/20/2025, Surveyor reviewed Caregiver D's record and identified the following: -Caregiver D was hired on 10/02/2025. -Caregiver D's record did not contain evidence of a TB skin test. On 10/20/20, at approximately 2:17 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver D's record did not contain documentation of a TB skin test. Licensee A reported s/he was aware of this requirement.	M 232		

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M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure the ramps installed at 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails for 1 of 1 resident (Resident 3) who utilized a cane and walker for mobility. This home has an ambulatory license, and the home ramps are not equipped for residents who utilizes a cane or walker. Findings include: On 10/20/2025, Surveyor completed a review of the Department facility folder and identified the	M 262		

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M 262	Continued From page 6 following: -On 03/10/2014 this home was issued an Adult Family Home license to serve only 4 ambulatory residents. On 10/20/2025, at approximately 9:13 AM, Surveyor conducted a tour of the home and observed the following: -The front exit ramp did not have handrails. -The back exit had 1 step to maneuver to the ramp. -The back exit ramp was not ramped to grade with a hard surfaced pathway with handrails. There was no way for residents to get to the meeting place (at the end of the driveway at the mailbox in front of home) from the back exit ramp due to not being ramped to grade with a hard surfaced pathway with handrails and the grassy lawn. On 10/20/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 06/09/2025. -Resident 3's Individual Service Plan, dated 07/07/2025, documented the following: "Risk of Falls. Mobility Protocol. Current Status: [Resident 3] is a fall risk. [Resident 3] will miss step and trip at times. [Resident 3] will use [his/her] cane and walker that was provided by [Adult Family Home]." On 10/20/2025, at approximately 9:19 AM,	M 262		

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M 262	Continued From page 7 Surveyor interviewed Resident 3. Resident 3 reported s/he uses a cane and walker for mobility. Resident 3 reported there are issues with both home's ramps, and s/he did not feel safe using them. On 10/20/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 3 utilized a cane and walker for mobility. Licensee A confirmed the front exit ramp did not have handrails. Licensee A confirmed the back exit ramp was not ramped to grade with a hard surfaced pathway with handrails. Licensee A reported in the event of a fire the meeting place for residents is at the end of the driveway at the mailbox in front of the home.	M 262		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained and homelike environment. The home required cleaning and repairs. This had the potential to affect 3 of 3 residents residing in the home. Findings include:	M 276		

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M 276	Continued From page 8 On 10/20/2025, at approximately 9:13 AM, Surveyor conducted a tour of the home and observed the following: -Door and door frames throughout home showed significant scratches. -Kitchen ceiling fan was caked with dust. -Kitchen ceiling was caked with dust. -Living room built in cabinet had missing door and door panels. -Missing floor trim in living room and kitchen. -Wall vents throughout home were caked with dust. -Scattered trash and dirty pillows in the attached home garage. -Walls throughout home had whit chalk substance. On 10/20/2025, at approximately 2:50 PM, Surveyor interviewed Licensee A. Licensee A confirmed the above homelike environment issues. Licensee A reported s/he was aware of the homelike environment issues throughout the home. Licensee A reported s/he would have the maintenance person fix the issues.	M 276		
M 284	88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS The home shall have a heating system capable of maintaining a temperature	M 284		

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M 284	Continued From page 9 of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the home may reduce temperatures during sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home's heating system was able to maintain a temperature of 74 degrees Fahrenheit (F). The temperature of the home was 62 degrees F upon Surveyor arrival to the home. Findings include: The home is licensed as an ambulatory Adult Family Home able to serve up to 4 residents in the client's groups of traumatic brain injury, physically disabled, advanced aged, alcohol/drug dependent, developmentally disabled, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. Census at the time of the survey was 3. On 10/20/2025, at approximately 8:27 AM, Surveyor arrived to the home and observed the home to be cold. Surveyor observed a taped sign on the clear locked box that contained the thermostat that read: "Please DO NOT TOUCH! If damaged on your shift, you will be charged	M 284		

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M 284	Continued From page 10 $100 for replacement and installation. Also, the temperature should never exceed 72 degrees. Thank you." Surveyor observed the home temperature to be 62 degrees F based on the home's thermostat reading. On 10/20/2025, at approximately 8:40 AM, Surveyor interviewed Caregiver D. Caregiver D reported the home was cold and s/he did not have the key to unlock the thermostat box. On 10/20/2025, at approximately 8:50 AM, Surveyor observed Caregiver E enter the home and stated the following: "It's cold in here." On 10/20/2025, at approximately 8:50 AM, Surveyor interviewed Caregiver E. Caregiver E confirmed the home was cold. Caregiver E reported s/he did not have a key to the home's thermostat locked box. On 10/20/2025, at approximately 9:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the temperature in the home was 62 degrees F. Licensee A reported Caregiver E had a key to the thermostat locked box. Licensee A reported s/he was not aware the homes heating system needed to maintain temperature of 74 degrees F. On 10/20/2025, at approximately 9:19 AM, Surveyor interviewed Resident 3. Resident 3 reported s/he was very cold. Resident 3 reported the home had been cold since the end of September 2025.	M 284		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the	M 380		

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M 380	Continued From page 11 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 3 of 3 residents (Resident 1, Resident 2 and Resident 3) were screened for communicable disease within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 10/20/2025, Surveyor reviewed resident records and identified the following: Resident 1 -Resident 1 was admitted to the provider's home on 11/16/2020. -Resident 1's record did not include evidence of a communicable disease screening. Resident 2 -Resident 2 was admitted to the provider's home on 10/18/2024. -Resident 2's record did not include evidence of a	M 380		

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M 380	Continued From page 12 communicable disease screening. Resident 3 -Resident 3 was admitted to the provider's home on 06/09/2025. -Resident 3's record did not include evidence of a communicable disease screening. On 10/20/2025, at approximately 12:02 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's, Resident 2's and Resident 3's records did not include evidence residents were screened for communicable disease.	M 380		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement, indicating the charges for room and board and services, was provided for 1 of 3 residents (Resident 3) reviewed. Findings include: On 10/20/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 06/09/2025.	M 392		

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M 392	Continued From page 13 -Resident 3's service agreement was signed by Resident 3 on 06/05/2025. Resident 3's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 10/20/2025, at approximately 11:50 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 3's service agreement did not include information relating to specific charges for room and board and services.	M 392		