STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016698	A. BUILDING: _____ B. WING _____	R-C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL R3	2019 GREEN ST LOWER RACINE, WI 53402

(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 02/13/2025, Surveyor completed a verification visit at Excel R3. As a result, 1 previous deficiency was corrected, 1 deficiency was recited, and a new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with Department requests for information during the survey process. Findings include: On 02/05/2025, at 12:25 PM, Surveyor spoke with Licensee A over the phone. Licensee A reported s/he was unable to come to the facility. Surveyor requested to review exterminator reports and rosters. On 02/05/2025, at 2:48 PM, Surveyor emailed Licensee A, requesting staff roster with dates of hire, resident roster with dates of admission and funding source, and exterminator reports. Surveyor requested this information to be sent by 02/06/2025 at noon.	M 204		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 204	Continued From page 1 On 02/10/2025, at 8:34 AM, Surveyor emailed Licensee A again for the requested paperwork. On 02/10/2025, at 11:04 AM, Licensee A emailed Surveyor. The email stated, "I'm sorry [Surveyor] I will get hose thing over to you right away. One second please." As of 02/13/2025, at 4:00 PM, Surveyor did not receive the requested records which was a staff roster, a resident roster and exterminator reports.	M 204		
{M 334}	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were in 1 of 5 required locations. The dining room did not contain a smoke detector.	{M 334}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016698	A. BUILDING: _____ B. WING _____	R-C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL R3	**2019 GREEN ST LOWER RACINE, WI 53402**

(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 334}	Continued From page 2 This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK12, dated 11/20/2023. Findings include: On 02/05/2025, at 12:30 PM, Surveyor toured the facility and observed the following: The dining room was missing a smoke detector. The base was attached to the ceiling. On 02/05/2025, at 12:42 PM, Surveyor inquired to Staff Member B where the smoke detector was, Staff Member B shrugged her/his shoulders. On 02/13/2025, at 1:00 PM, Surveyor called and left a message for Licensee A to return the phone call. As of 4:00 PM, Surveyor did not receive a call back.	{M 334}		