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 02/11/2026

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 02/11/2026, Surveyor completed a verification visit at Excel R3. As a result, 11 previous deficiencies were corrected, and 8 deficiencies were recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. This is being cited for a fourth time. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025, SOD 15D712, dated 06/03/2024, and 15D711, dated 08/02/2023. Findings include: On 02/04/2025, Surveyors reviewed the Departments files and identified the following:	{M 216}		

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

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{M 216}	Continued From page 1 On 11/14/2025, the Department issued SOD 38CK14 and Notice and Order Letter notifying the provider of the results of survey and verification visit at Excel R3. As a result of the survey, 1 previous citation was corrected, 1 complaint was substantiated, and the provider was issued 19 deficiencies. Two of 19 were repeat deficiencies, and 1 citation was cited for the third time. The following deficiencies were identified: M0114 88.03(b) - Criminal Records Check M0134 88.03(5)(e)1 - Significant Change to The Resident M0216 88.04(2)(a) - Responsibilities - This is being cited for the third time M0232 88.04(2)(g)(1) - Health Screening for Staff M0244 88.04(5)(a) - Training - 15 hours within 6 Months M0246 88.04(5)(b) - Training -8 Hours Annually M0262 88.05(2)(a) - Difficulty Walking M0276 88.05(3)(a) - Homelike Environment M0332 88.05(4)(a) - Fire Safety-Fire Extinguishers M0334 88.05(4)(b)(1) - Fire Safety-Smoke Detectors - This is a repeat cite M0348 88.05(4)(d)2.c Semi-Annual Fire Drills M0380 88.06(2)(a) - Admission Health Exam M0424 88.06(3)(f) - Review of ISP - This is a repeat cite M0458 88.07(3)(a) - Prescription Medications M0470 88.07(4)(a) - Nutrition M0482 88.09(1)(a) - Resident Records M0570 88.10(3)(l) - Safe Physical Environment M0582 88.10(3)(q) - Medications Y0019 50.065(6)(am) - Four Year Caregiver Background Requirement The Special Orders from the Notice and Order Letter included the following:	{M 216}		

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{M 216}	Continued From page 2 " ...WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency 38CK14 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request. WITHIN 14 DAYS of receipt of this notice, the licensee shall hold a care conference for Resident 1, with their legal representative, and case manager (if any), for the purpose of discussing the resident's mobility needs and the resident's access to the home and within the home. WITHIN 45 DAYS of receipt of this notice, if compliance with Wis. Admin. Code §§ DHS 88.05(2)(a) and 88.05(2)(d) is not achieved, the licensee shall establish a relocation plan addressing the discharge of any resident who 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 ...." On 02/11/2026, Surveyor completed a verification visit at Excel R3. As a result of the survey, the provider was issued 8 deficiencies. Six of 8 were repeat deficiencies with 1 deficiency being cited for a third time and 1 deficiency being cited for a fourth time. The following deficiencies identified: M0216 88.04(2)(a) - Responsibilities - This is	{M 216}		

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{M 216}	Continued From page 3 being cited for the fourth time M0262 88.05(2)(a) - Difficulty Walking - This is a repeat cite M0424 88.06(3)(f) - Review of ISP - This is being cited for a third time M0458 88.07(3)(a) - Prescription Medications - This is a repeat cite M0482 88.09(1)(a) - Resident Records - This is a repeat cite M0570 88.10(3)(l) - Safe Physical Environment- This is a repeat cite M0582 88.10(3)(q) - Medications- This is a repeat cite Y0019 50.065(6)(am) - Four Year Caregiver Background Requirement- This is a repeat cite On 02/04/2026, at 10:08 AM, Surveyor reviewed emails sent from the provider, to Resident 1's, Resident 2's, Resident 3's and Resident 4's managed care organization (MCO). The emails contained pages 3, 4 and 5 of the notice and order letter and the SOD. Surveyor did not review evidence of resident's legal representatives receiving the notice and order letter and SOD. On 02/04/2026, at 10:15 AM, Surveyor reviewed resident records and identified the following: Resident 1 was her/his own person. Resident 2 had a guardian. Resident 3 was her/his own person. Resident 4 was her/his own person. On 02/04/2026, at 10:10 AM, Surveyor interviewed Licensee A. Licensee A reported s/he did not have a care conference regarding Resident 1's mobility needs within the home.	{M 216}		

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{M 216}	Continued From page 4 Licensee A reported s/he and the MCO had been emailing. Licensee A reported the MCO did not have a placement for Resident 1 yet. On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he did not realize s/he needed to ensure the legal representatives included the residents who were their own person. Licensee A reported s/he spoke with Resident 2's guardian. Licensee A reported s/he completed training with staff to ensure medications were passed as ordered and would need to conduct another training. Licensee A reported Caregiver C would complete audits and had not reported medications were not given as ordered and had not reported any concerns. Licensee A reported s/he would need to ensure staff were compliant with the code requirement.	{M 216}		
{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	{M 262}		

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{M 262}	Continued From page 5 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 observation, and interview, the provider did not ensure 2 of 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails for residents who walked only with difficulty, or only with the assistance of crutches, a cane, or a walker, or were unable to easily negotiate stairs without assistance. Resident 1 utilized a walker for ambulation. This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: On 11/27/2017, the adult family home was licensed as an ambulatory facility to serve up to 4 residents in the client groups of: developmentally disabled, physically disabled, emotionally disturbed/mental illness, and traumatic brain injury. On 02/04/2026, at 09:45 AM, Surveyors toured the home and observed the following: The front door identified as an emergency exit. There was a 1.5-inch drop from the front door threshold to the porch. From the porch, there were 5 steps to a walkway. From the walkway to the sidewalk there were 2 steps. The rear door was located off the kitchen which was identified as an emergency exit. Once the interior door was opened, it led to a rear foyer	{M 262}		

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{M 262}	Continued From page 6 type of room. There were 2 exits from the area. The south exit had 5 stairs going down to the outside door, which led to the driveway. The east rear exit, led to a wooden deck. There was approximately a 1-inch rise from the interior floor of the home to the threshold of the door. From the threshold of the door, there was approximately a 2.25-inch drop to the wooden deck. There were 4 steps to exit the wooden deck to the back yard. There was no ramp which led off the deck. Surveyor observed Resident 1 utilized a walker during the survey. On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had been attempting to contact Resident 1's managed care organization (MCO). Licensee A reported the last time s/he spoke with Resident 1's MCO, they indicated they were having difficulty placing Resident 1 at another facility due to her/his behaviors. Licensee A reported s/he would continue to work with Resident 1's MCO regarding her/his discharge.	{M 262}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued	{M 424}		

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{M 424}	Continued From page 7 appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on interview, observation and record review, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) was updated with changes and interventions. Resident 1 was a fall risk, and her/his ISP did not reflect interventions for staff. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025 and SOD 38CK11, dated 11/08/2021. Findings include: Observations On 02/04/2026, at 10:15 AM, Surveyor observed Resident 1 walking around the home without a walker. At 10:40 AM, Surveyor heard a loud noise from the back of the house. Surveyor heard Resident 1 yell out to Caregiver B s/he fell. Caregiver B went to assist Resident 1. At 10:42 AM, Surveyor observed Resident 1 ambulate with her/his walker. Resident 1's right cheek was reddened. The reddened area was approximately 2 inches long by 1.25 inches wide.	{M 424}		

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{M 424}	Continued From page 8 Interviews On 02/04/2026, 10:15 AM, Surveyor interviewed Resident 1. Resident 1 reported to Surveyor s/he needed to move due to her/his use of a walker. Resident 1 stated, "I fall all the time, at least 1 or 2 times a week." Resident 1 reported the previous month s/he fell on the front porch and hurt her/his leg. Resident 1 denied going to the hospital but expressed frustration with her/his falling. On 02/04/2026, at 10:40 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed Resident 1 falls frequently. Record Review On 02/04/2026, at 10:23 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/28/2024. Resident 1's ISP, dated 09/16/2025 indicated the following: "Mobility and Transferring - requires monitoring and cues while mobile/walking [sic] [resident 1] is currently using a walker that staffs [sic] have to remind him daily to continue to continue [sic] to use. Brian continues to work with [physical therapy] to become more stable with the walker. [S/He] has had falls even with [her/his] walker ....Monitor [and] cue as needed every day ..." On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported staff would report when Resident 1 had a fall. Licensee A reported s/he was unaware of Resident 1's fall during the survey. Licensee A reported s/he would need to ensure staff were reporting all falls. Licensee A confirmed s/he would ensure Resident 1's ISP was updated with further	{M 424}		

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{M 424}	Continued From page 9 interventions staff were completing to assist with Resident 1.	{M 424}		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all prescription medications were stored as specified by the pharmacist or the manufacturer for 2 of 3 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's in-use insulin pens were stored in the refrigerator and not labeled with an open date. This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: On 02/04/2026, at 11:45 AM, Surveyor observed the facility's medication storage and observed the following: Locked filing cabinet:	{M 458}		

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{M 458}	Continued From page 10 Each resident had their own designated drawer within the locked medication cabinet. Caregiver B showed Surveyor 2 insulin pens from Resident 1's drawer. The insulin pens were insulin lispro and insulin glargine. The pens did not contain Resident 1's name or any identifying information for Resident 1. Surveyor did not observe a date on any of the insulin pens, indicating when the pens were opened or a date of when the pen should be discarded. A locked mini fridge located on the kitchen counter which contained: Resident 1: - a box of Lispro KWICKPEN 100/milliliter (mL)insulin pens. A label on the box stated, "Refrigerate unopened cartridges or pens. Once in use, do not refrigerate. Store the cartridge or pen in use at room temperature. Discard unused portion after 28 days" - a box of Humalog 100u/mL KWIK PEN - a box of Trulicity injections Resident 2: - a box of Lantus SoloStar 100 units/mL A label on the box stated, "Refrigerate unopened cartridges or pens. Once in use, do not refrigerate. Store the cartridge or pen in use at room temperature. Discard unused portion after 28 days." Surveyor felt the insulin pens. The insulin pens were warm to the touch. Surveyor stuck her/his hand inside the mini fridge. Surveyor did not feel cold air inside of the mini fridge. On 02/04/2026, at 11:50 AM, Surveyor	{M 458}		

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{M 458}	Continued From page 11 interviewed Caregiver B. Caregiver B confirmed the insulin did not feel cold. Caregiver B reported s/he did not think the mini fridge was working properly. Caregiver B reported s/he would let Licensee A know. On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he became aware of the concerns with the temperature of the refrigerator after the survey. Licensee A reported s/he would ensure the insulin was stored properly and labeled with the information required.	{M 458}		
{M 482}	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: The provider did not maintain the record for 1 of 4 residents' (Resident 1) reviewed in a secure location within the home. Resident 1's after visit summaries, physician orders, service coordinator information. This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: On 02/04/2026, at 10:23 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/28/2024. Surveyor did not review evidence of	{M 482}		

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{M 482}	Continued From page 12 Resident 1's after visit summaries, physician orders and service coordinator information. On 02/04/2026, at 10:25 AM, Surveyor interviewed Caregiver B. Caregiver B reported Licensee A had files at her/his house. On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had paperwork at her/his office which needed to be placed in the resident files. Licensee A reported s/he would ensure all resident documentation was in the files within the home.	{M 482}		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure water temperatures were kept at a safe temperature for 1 of 1 bathroom. The hot water temperature in the resident bathroom was 126° Fahrenheit (F).	{M 570}		

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{M 570}	Continued From page 13 This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: The facility was licensed as an ambulatory adult family home (AFH), serving up to 4 residents in client groups traumatic brain injury, emotionally disturbed/mental illness, physically disabled, and developmentally disabled. On 02/04/2026, at 10:05 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 126° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 02/04/2026, at 11:50 AM, Surveyor interviewed Caregiver B. Caregiver B reported s/he would ensure the water temperature was turned down.	{M 570}		
{M 582}	88.10(3)(q) Medications Medications. To receive all	{M 582}		

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 02/11/2026

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

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{M 582}	Continued From page 14 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 interview and record review, the provider did not ensure 1 of 1 resident (Resident 1) received prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 did not receive the prescribed insulin in the correct dosage as prescribed by her/his physician 97 times in January and February 2026. This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: On 02/04/2026, at 10:23 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/28/2024, with diagnoses including type 2 diabetes mellitus. Resident 1's record contained a medication administration record's (MAR) for 01/01/2026 - 02/04/2026. Resident 1's MAR indicated Resident 1 was prescribed Lispro KWICKPEN 100/milliliter (ML) insulin pens "inject 6 units under the skin three times a day with meals" with a time designation of 8:00 AM, noon, and 4:00 PM, and insulin glargine 100mL "inject 10 units under the skin at bedtime".	{M 582}		

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{M 582}	Continued From page 15 Resident 1's insulin order did not identify a sliding scale. Resident 1's MAR, dated 01/01/2026 - 02/04/2026 indicated the following: Insulin lispro at 12:00 PM - missed 34 doses Resident 1's file contained a form labeled "Diabetic Med Sheet" with insulin administrations from 01/01/2026 - 02/04/2026. The sheet indicated what insulin was administered, the date, the time, the blood glucose and how many units of insulin were administered. "Diabetic Med Sheet" dated 01/01/2026 - 02/04/2026, indicated the following: Insulin lispro at 8:00 AM - 22 doses were incorrectly administered Insulin lispro at 4:00 PM - 7 doses were incorrectly administered Insulin glargine at 8:00 PM - 34 doses were incorrectly administered Surveyor noted on the diabetic sheet, Surveyor did not review evidence of a blood glucose being recorded at noon, or insulin being administered at noon. On 02/04/2026, at 11:45 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 1 was still on a sliding scale insulin administration. Caregiver B acknowledged Surveyors concerns with the insulin orders as written in Resident 1's MAR and reported s/he would need to talk with Licensee A regarding the order. Caregiver B confirmed they had not been providing insulin as the new order indicated.	{M 582}		

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{M 582}	Continued From page 16 On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 had a change in her/his insulin dosage at her/his doctor appointment on October 28th, 2025. Licensee A reported Caregiver B and Caregiver C were trained after the previous survey in insulin administration. Licensee A reported s/he thought by Resident 1 no longer being on a sliding scale, it would be easier for staff to ensure insulin was being administered as ordered. Licensee A reported s/he spoke with Caregiver B after the survey, and Caregiver B confirmed Resident 1 was no longer on a sliding scale. Licensee A reported s/he was unaware Caregiver B learned about the discontinuation of the sliding scale from Surveyor during the survey.	{M 582}		
{Z 019}	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 1 of 2	{Z 019}		

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{Z 019}	Continued From page 17 caregivers reviewed. Caregiver B did not have a background check completed at least every 4 years. This is a repeat deficiency. See Statement of Deficiency (SOD) 38CK14, dated 09/17/2025. Findings include: On 02/05/2026, at 11:42 AM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 11/07/2020. Caregiver B's original background information disclosure (BID) was not in Caregiver B's record. Caregiver B's record did contain a Department of Justice check (DOJ) and Government Findings Report (GFR), dated 11/07/2020. Caregiver B's record did not contain evidence of a 4-year background check in 2024. Caregiver B's record did not contain evidence of a background check since November 2020 to date in February 2026. On 02/11/2026, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's 4-year background check had not been completed. Licensee A reported s/he would ensure the background check was completed today.	{Z 019}		