STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013311	A. BUILDING: _____ B. WING _____	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MEADOWS FAMILY CARE LLC	4125 16TH ST RACINE, WI 53405

(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 07/08/2025 with information gathered through 07/09/2025, Surveyor conducted a standard survey, at Country Meadows Family Care LLC, an Adult Family Home (AFH) in Racine, WI. Seven deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK 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,	M 114		

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

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M 114	Continued From page 1 initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees' (Caregiver B) reviewed had a background check. Caregiver B 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 07/08/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 08/10/2022. -Caregiver B's record included a BID, dated 09/19/2022.	M 114		

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M 114	Continued From page 2 -Caregiver B's record did not contain evidence of a DOJ. -Caregiver B's record did not contain a Governmental Findings Report . On 07/08/2025, Surveyor requested complete background check information for Caregiver B from Licensee A. On 07/08/2025, at approximately 12:02 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would send Caregiver B's DOJ and IBIS via email to Surveyor by 5:00 PM. On 07/08/2025, at approximately 5:08 PM, Surveyor received an email from Licensee A stating the following: "I am unable to produce [Caregiver B's] DOJ and IBIS. I have a receipt that shows I did checks at that time period but does not give names. Mistakes happen."	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.	M 244		

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M 244	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 2 service providers' (Caregiver B) received training within 6 months after starting to provide care related to health, safety and welfare of residents, resident rights and treatment appropriate to residents, fire safety and first aid. Findings include: On 07/08/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 08/10/2022. -Caregiver B's employee record did not contain evidence of training. On 07/08/2025, Surveyor requested initial training for Caregiver B from Licensee A. Licensee A stated s/he would send Caregiver B's training documentation via email to Surveyor by 5:00 PM. As of 07/09/2025 at 5:00 PM, Surveyor did not receive evidence of initial training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents, fire safety and first aid prior to or within 6 months after starting to provide care for Caregiver B.	M 244		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall	M 336		

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M 336	Continued From page 4 immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure monthly smoke detector testing for calendar years 2023, 2024, and to date in 2025. Findings include: On 07/08/2025, Surveyor reviewed the provider's smoke detector logs for 2023 to 07/2025, and the following was identified: -The tracking form for 2023 had no evidence smoke detectors were checked in 02/2023, 04/2023, 06/2023, 08/2023, 11/2023, and 12/2023. -The tracking form for 2024 had no evidence smoke detectors were checked in 04/2024, 06/2024, 07/2024, 09/2024, 11/2024, and 12/2024. -The tracking form for 2025 had no evidence smoke detectors were checked in 04/2025, 05/2025, and 06/2025. On 07/08/2025, at approximately 11:49 AM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement to ensure smoke detectors were tested monthly. Licensee A stated s/he had a lot to handle at this facility and s/he did not keep up with the testing.	M 336		

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M 420	Continued From page 5	M 420		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. 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) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's, Resident 2's, and Resident 3's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 07/08/2025, Surveyor reviewed Residents' records and identified the following: -Resident 1 was admitted to the provider's home on 05/17/2014. -Resident 1 had a legal guardian. -Resident 1's ISP, dated 05/15/2025, was not signed by his/her legal guardian. -Resident 2 was admitted to the provider's home on 05/19/2018. -Resident 2 had a legal guardian. -Resident 2's ISP, dated 05/20/2025, was not signed by his/her legal guardian. -Resident 3 was admitted to the provider's home on 04/21/2025. -Resident 3 had a legal guardian.	M 420		

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M 420	Continued From page 6 -Resident 3's ISP, dated 04/28/2025, was not signed by his/her legal guardian. On 07/08/2025, at approximately 12:16 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's, Resident 2's, and Resident 3's ISP was not signed by his/her legal guardian. Licensee A stated s/he was not aware of this requirement.	M 420		
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 1 of 1 resident (Resident 3) prescription medication was securely stored. Resident 3's insulin pens were not securely stored in the kitchen refrigerator. Findings include: On 07/08/2025, at approximately 8:58 AM, Surveyor toured the kitchen and observed the following:	M 458		

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M 458	Continued From page 7 -Resident 3's Lantus Solostar 100 units/milliliter (ml) (2 pens) were not securely stored on the shelf of side door in refrigerator. -Resident 3's Humalog Kwikpen 100 units/ml (1 pen) was not securely stored on the shelf of side door in refrigerator. -Surveyor observed three residents who were ambulatory and were able to move freely throughout the home. On 07/08/2025, at approximately 8:58 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware of the requirement medications in the refrigerator were to be securely stored.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the	M 464		

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M 464	Continued From page 8 physician specifying who by name or position could administer medications for 1 of 3 residents' (Resident 3) reviewed who required staff to administer his/her medications. Resident 3 did not have a written order permitting the provider staff to administer medications. Findings include: On 07/08/2025, Surveyor reviewed Resident 3 record and identified the following: -Resident 3 was admitted to the provider's home on 04/21/2025. -Resident 3's record did not have an order specifying who by name or position could administer his/her medication. On 07/08/2025, Surveyor requested Resident 3's physician order from Licensee A. On 07/08/2025, at approximately 8:38 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 3 required staff to administer his/her medication. Licensee A stated s/he would email Resident 3's physician order to Surveyor by 5:00 PM. As of 07/09/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 3's physician order.	M 464		
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.	M 482		

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M 482	Continued From page 9	M 482		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not maintain the records for 3 of 3 residents' (Resident 1, Resident 2, and Resident 3) reviewed in a secure location within the home. Resident 1's, Resident 2's, and Resident 3's Individual Service Plans (ISP), evacuation assessments, service agreements, and physician orders were not stored in the facility.

Findings include:

On 07/08/2025, at approximately 8:38 AM, Surveyor conducted an onsite survey and observed there were no resident records on site. Surveyor requested complete records for Resident 1, Resident 2, and Resident 3.

On 07/08/2025, at approximately 8:38 AM, Surveyor interviewed Licensee A. Licensee A stated resident records were not onsite at this facility and were at the office (a different location). Licensee A stated s/he was not aware of this requirement to have the residents' files stored within the home.

On 07/08/2025, at approximately 11:49 AM, Surveyor received Resident 1's, Resident 2's, and Resident 3's records from Licensee A.