STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015822	A. BUILDING: _____ B. WING _____	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOUR HOMES IV	1105 JACKSON PLACE 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 12/15/2025, Surveyors conducted a abbreviated survey at Safe Harbour Homes IV. As a result, 4 deficiencies were identified. Census: 3	M 000		
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 caregiver (Caregiver B's) tuberculosis (TB) test was read by a registered nurse (RN), physician, or a physician assistant (PA). Caregiver B's TB test was read by licensed practical nurse (LPN) Findings include: On 12/15/2025, at 12:40 PM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 04/10/2023. Caregiver B's record contained a TB test, dated 04/05/2023. The TB test was read by an LPN. The TB test did not contain a signature	M 232		

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

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M 232	Continued From page 1 from a RN, physician, or a PA. On 12/15/2025 at 1:30 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A, and Administrator B confirmed the code requirement. Licensee A reported s/he was aware of the test was not read by signature from a RN, physician, or a PA. Licensee A reported s/he would ensure future TB tests were read by the appropriate licensed medical professional.	M 232		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside for 1 of 2 exits. The rear exit contained a bar in the lower track which restricted the door from being opened. Findings include: On 12/15/2025, at 12:15 PM, Surveyors observed the 2 exits within the home. The back exit, identified as an emergency exit, was located through the living room. The living room contained a sliding glass door. The door contained a bar in the lower track which restricted the door from being opened.	M 338		

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M 338	Continued From page 2 On 12/15/2025 at 1:30 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A, and Administrator B confirmed the code requirement. Licensee A reported third shift places the bar in track at night for safety and forgot to remove it during the day. Licensee A reported s/he would ensure the bar is no longer placed in the track of the door.	M 338		
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 126.9° Fahrenheit (F). Findings include: The facility was licensed as an ambulatory adult family home (AFH), serving up to 4 residents in client groups physically disabled, advanced age, and irreversible dementia/Alzheimer's.	M 570		

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M 570	Continued From page 3 On 12/15/2025, at 12:28 PM, Surveyors tested the water temperature in bathroom 1's sink faucet. The water temperature was 126.9°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 12/15/2025 at 1:30 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A, Licensee A confirmed the water temperature should not exceed 115°F. Licensee A reported the water temperature was tested monthly with a facility provided thermometer. Licensee A reported s/he would ensure the water temperature was rechecked and thermometer was recalibrated.	M 570		
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.	Z 019		

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Z 019	Continued From page 4	Z 019		

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 caregivers reviewed. Caregiver A did not have a background check completed at least every 4 years.

Findings include:

On 12/15/2025, at 12:40 PM, Surveyors reviewed Caregiver A's record. Caregiver A was hired on 12/12/2016. Caregiver A's original background information disclosure (BID) was dated 01/17/2017, Department of Justice check (DOJ) was dated 01/24/2017, and Governmental Findings Report was dated 01/24/2017. Surveyors did not review evidence of an updated 4-year background check, DOJ check, or to Governmental Findings Report for 2021 or 2025.

On 12/15/2025 at 1:30 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A confirmed the code requirement. Licensee A reported s/he was not aware Caregiver A's background check was not conducted every 4 years to include 2021 and 2025. Licensee A reported s/he would ensure update background checks were completed for all staff members employed for 4 years were conducted.