Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018446	A. BUILDING: _____ B. WING _____	R-C 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY WILLOWS ADULT FAMILY HOME LLC	628 NORTH ST 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 07/16/2025, with information gathered through 08/06/2025, Surveyor completed a standard survey, 1 complaint investigation, and a verification visit at Liberty Willows Adult Family Home LLC #3. As result, 7 of the previous 7 deficiencies were corrected. Two new deficiencies were identified, and 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 6's and Resident 7's ISPs were not signed by each resident's guardian or the placing agencies.	M 406		

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

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M 406	Continued From page 1 Findings include: On 07/16/2025, at approximately 10:30AM, Surveyor reviewed resident records and identified the following: -Resident 6 was admitted on 08/11/2023. Resident 6 had a guardian and Managed Care Organization (MCO) case management team. Resident 6's ISP, dated 07/0/2025, did not contain signatures from the placing agencies or Resident 6's guardian. -Resident 7 was admitted on 10/01/2021. Resident 7 had a guardian and MCO case management team. Resident 7's ISP, dated 05/01/2025, did not contain signatures from the placing agencies or Resident 7's guardian. On 08/06/2025 at 3:55 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had updated the individual service plans and had some challenges with obtaining signatures from all parties involved. Licensee A reported s/he had a plan in place to ensure signatures were obtained for individual service plans in a timely manner.	M 406		
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 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents' (Resident 6 and Resident 7) records contained all required information and were maintained in a secure location within the home. Findings include: On 07/16/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: - Resident 6 was admitted to the facility on 08/11/2023. Resident 6's record did not contain an Individual Service Plan (ISP). - Resident 7 was admitted to the facility on 10/01/2024. Resident 7's record did not contain an ISP. On 08/06/2025, at approximately 3:55 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was updating resident records and did not have the individual service plans on site. Licensee A reported s/he had an issue with employees taking documents from resident records, therefore s/he was creating copies of resident records.	M 482		