STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013655	A. BUILDING: _____ B. WING _____	C 04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONET & CARE LLC II	**1400 S WISCONSIN AVE RACINE, WI 53403**

(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 04/28/2025, Surveyor completed a standard survey and 1 complaint investigation at Compassionet & Care II. One complaint was unsubstantiated. Three deficiencies were identified. Census: 4	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent was constructed of rigid metal material for 1 of 1 dryer. Findings include: On 04/28/2025, at approximately 10:20 PM, Surveyor observed the dryer vent duct was not constructed of rigid metal material. Approximately 5 feet was comprised of flexible duct vent. It was attached to the dryer and connected to approximately a 1-foot rigid metal vent which exhausted to the outside. At time of observation, Surveyor interviewed Manager B regarding the dryer vent. Manager B confirmed the dryer was new and the flexible duct had been added when dryer was replaced.	M 278		

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

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M 278	Continued From page 1 Manager B reported s/he would have the venting corrected.	M 278		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 4 resident bedrooms had at least 1 screened window which was capable of being opened to the outside. Resident 1's and Resident 2's rooms did not have window screens. Findings include: On 04/28/2025, from approximately 10:30 AM until 11:00 AM, Surveyor toured the home and observed the following: -Resident 1's bedroom is located on the Northwest corner of the 2nd floor. Three of 3 windows had no screen. One of 3 is required to be capable of opening and have a screen. -Resident 2's bedroom is located on the Northeast corner of the 2nd floor. Three of 3 windows had no screen. One of 3 is required to be capable of opening and have a screen. On 04/28/2025, at 12:25 PM, Surveyor interviewed Manager B who reported s/he was not aware of the missing screens. Manager B	M 298		

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M 298	Continued From page 2 stated, "We had the siding replaced last year and they were probably taken down at that time. We will have them put back in."	M 298		
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 working in 3 of 9 required locations. Two resident bedrooms (Resident 2 and Resident 3) and the stairway leading to the basement had smoke detectors which were not working. Findings include: On 04/28/2025, at approximately 10:30 AM, Surveyor conducted a facility tour accompanied by Manager B. During the tour, Surveyor observed the following:	M 334		

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M 334	Continued From page 3 -Resident 2's bedroom, located on the Northeast corner of the 2nd floor had a smoke detector which did not sound when tested. -Resident 3's bedroom, located on the Southeast corner of the 2nd floor had a smoke detector which did not sound when tested. -Stairwell leading to basement level had a smoke detector which did not sound when tested. On 04/28/2025, at approximately 12:30 PM, Surveyor interviewed Manager B regarding the smoke detectors. Manager B confirmed the smoke detectors were not working. Surveyor asked if there was a system in place to ensure smoke detectors were properly mounted and working. Administrator B stated they were tested monthly, and s/he was unsure why they were not identified as not working but s/he would have the batteries replaced.	M 334		