STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014105	A. BUILDING: _____ B. WING _____	R-C 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARMING HOUSE II (THE)	1509 ROOSEVELT AVE 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 From 11/06/2024 to 11/12/2024, Surveyor conducted a complaint investigation, verification visit and standard survey at Charming House II, an AFH in Racine. Two deficiencies were identified. Statement of Deficiency (SOD) 5O5S11, dated 08/31/2021, was corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the	M 332		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014105	A. BUILDING: _____ B. WING _____	R-C 11/12/2024

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M 332	Continued From page 1 date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each floor of the home was equipped with a fire extinguisher that had a minimum 2A, 10-B-C rating. The fire extinguisher located in the lower level of the home was rated 1A. Findings include: On 11/06/2024 at approximately 9:15 a.m., Surveyor toured the provider's home. Surveyor observed the fire extinguisher in the home's lower level was rated 1A. On 11/06/2024 at approximately 10:00 a.m., Surveyor interviewed and discussed concern with Licensee A that the lower level's fire extinguisher was not a minimum of 2A, 10-B-C rating. Licensee A acknowledged Surveyor's concern and stated s/he would have his/her staff obtain a new fire extinguisher.	M 332		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician	M 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014105	A. BUILDING: _____ B. WING _____	R-C 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARMING HOUSE II (THE)	1509 ROOSEVELT AVE 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 380	Continued From page 2 assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed was screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. Resident 1's tuberculosis test was administered 11/07/2024, greater than 1 year after his/her admission date. Findings include: On 11/06/2024 at approximately 12:15 p.m., Surveyor reviewed Resident 1's record, provided by Licensee A. Resident 1 was admitted to the provider's home on 01/13/2023. Resident 1's record did not include admission paperwork. Licensee A stated admission paperwork was at his/her office and requested to send Surveyor the follow up documentation on 11/07/2024. On 11/11/2024 at approximately 2:45 p.m., Surveyor received documentation that Resident 1 had a tuberculosis test administered on 11/07/2024, the day after Surveyor's visit. The documentation indicated the test resulted as negative on 11/09/2024. Licensee A did not provide an explanation as to why the test was not completed within 90 days prior to or 7 days after Resident 1's admission.	M 380		