STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015329	A. BUILDING: _____ B. WING _____	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST HOME CARE OF WI	1331 BLUFF AVENUE 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 07/10/2025 with information gathered through 07/11/2025, Surveyor conducted a standard survey, at Best Home Care of WI, an Adult Family Home (AFH) in Racine, WI. Three deficiencies were identified. Census: 4	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 ramps had handrails for 4 of 4 residents' who were not able to walk at all	M 262		

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

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M 262	Continued From page 1 without use of a wheelchair. Findings include: On 07/10/2025, at approximately 8:51 AM, Surveyor toured the facility and observed the following: -The side exit ramp did not have a handrail on left side of ramp. On 07/11/2025, at approximately 9:08 AM, Surveyor interviewed Licensee A. Licensee A confirmed all residents' of this facility utilize wheelchairs. Licensee A stated s/he will get a handrail added to the side exit ramp.	M 262		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar year 2024 using the Department's form.	M 346		

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M 346	Continued From page 2 Findings include: The facility is licensed to provide services for up to 4 residents with client groups of irreversible dementia/Alzheimer's, traumatic brain injury, physically disabled, emotionally disturbed/mental illness, advanced aged, and developmentally disabled. On 07/10/2025, Surveyor reviewed Resident 1's record. Resident 1's record indicated the following: -Resident 1 was admitted to the provider's home on 08/04/2023. Resident 1's initial evacuation assessment was dated 08/04/2023. Resident 1's record did not contain evidence of an evacuation assessment for calendar year 2024 using the Department's form. Resident 1 should have been evaluated by 08/2024. On 07/10/2025, at approximately 9:25 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he did not have an annual evacuation assessment for Resident 1 for calendar year 2024. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents were evaluated annually for evacuation time, using the Department's form.	M 346		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following:	M 410		

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M 410	Continued From page 3	M 410		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure each resident's Individual Service Plan contained all required elements for 2 of 2 residents. Resident 2's ISP did not contain information regarding Resident 2's self-injurious behaviors, home health care services, and did not contain a signed statement of agreement with the plan. Resident 1's ISP did not contain a signed statement of agreement.

Findings include:

On 07/10/2025, Surveyor reviewed resident records and identified the following:

Resident 2
-Resident 2 was admitted to the provider's home on 03/07/2025 with diagnosis of mood disorder.

-Resident 2 had an activated healthcare power of attorney (POA).

-Resident 2's medicare wellness visit summary, dated 04/07/2025 stated the following:
"[Resident 2] needs home care for PEG-tube (percutaneous endoscopic gastrostomy tube) care. Service to home care."

-Resident 2's complex care at home initial visit note, dated 04/22/2025 stated the following:
"APN (Access Point Name) initial. Goals of care. Gastro-intestinal problem. [Resident 2] was seen in the home for a complex care consult."

-Resident 2's complex care at home subsequent visit note, dated 05/20/2025 stated the following:
"APN follow-up. Gastro-intestinal problem.

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M 410	Continued From page 4 [Resident 2] was seen in the home for a complex care consult." -Resident 2's complex care at home discharge visit note, dated 06/17/2025, stated the following: "APN discharge. Gastro-intestinal problem. [Resident 2] was seen in the home for a complex care follow-up visit. [Resident 2] was seen in the home for a complex care management discharge visit." -Resident 2's Behavior Support Plan (BSP), dated 03/2025 stated the following: "Self-Injurious behaviors: [Resident 2] has a history of pinching/scratching self on arms, neck, legs, hands, chest, and stomach. Slapping [his/her] self in the face repeatedly. Head banging on floor, walls, headboard, and flailing body in a violent manner. [Resident 2] has banged [his/her] head against an object to the point where [s/he] will bleed. [Resident 2] will throw [his/her] self out of [his/her] wheelchair or bed." -Resident 2's ISP, dated 03/14/2025, did not identify his/her self-injurious behaviors from Resident 2's BSP. Resident 2's ISP did not contain information about Resident 2's Home Healthcare services s/he received. Resident 2's ISP was not signed by his/her activated POA. Resident 1 -Resident 1 was admitted to the provider's home on 08/04/2023. -Resident 1 had an activated healthcare power of attorney (POA). -Resident 1's ISP, dated 06/02/2025, was not signed by his/her POA.	M 410		

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M 410	Continued From page 5 On 07/10/2025 at approximately 9:25 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 received home healthcare services. Licensee A confirmed Resident 2's home healthcare service was not added to Resident 2's ISP. Licensee A confirmed Resident 2 exhibited self-injurious behaviors and the plan for the behaviors was not in the ISP. Licensee A confirmed Resident 1's and Resident 2's ISPs were not signed by their activated healthcare powers of attorney. Licensee A stated s/he was not aware of these requirements.	M 410		