STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010007	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHIO ST FAMILY HOME	1223 OHIO ST RACINE, WI 53405

(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 04/16/2025, Surveyor completed an abbreviated survey at Ohio St Family Home. As a result, 4 deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received 8 hours of annual training for 2 of 2 years reviewed. Licensee A did not receive annual training in 2023 and 2024. Findings include: On 04/16/2025, at 11:45 AM, Surveyors reviewed Licensee A's file. Licensee A was hired on 03/01/2004. Licensee A's record did not contain evidence of annual training in 2023 and 2024. On 04/16/2025, at 11:45 AM, Surveyors interviewed Licensee A. Licensee A confirmed staff were to have 8 hours of training annually. Licensee A reported s/he did not know why s/he	M 246		

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

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M 246	Continued From page 1 did not complete the required training. Licensee A reported s/he needed to ensure compliance with the codes.	M 246		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 5 of 5 smoke detectors. There was no evidence the smoke detectors were tested in 2023, 2024, and January, February, and March of 2025. Findings include: On 04/16/2025, at, 11:55 AM, Surveyor reviewed the facility safety files. There was no evidence of smoke detector testing for 2023, 2024, and January, February, and March of 2025. On 04/16/2025, at 11:55 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the code requirement to test smoke detectors monthly. Licensee A reported s/he was responsible for ensuring compliance with the codes.	M 336		

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M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and the evacuation time for each drill for 2 of 2 years. There was no documentation of fire drill being conducted in 2023 and 2024. Findings include: On 04/16/2025, at 11:55 AM, Surveyor reviewed the facility safety files. There was no evidence of fire drill being conducted in 2023 and 2024. On 04/16/2025, at 11:55 AM, Surveyor interviewed Licensee A. Licensee A s/he was responsible to complete fire drills. Licensee A reported s/he did not complete them and needed to get into compliance.	M 348		
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	M 570		

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M 570	Continued From page 3 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 a safe physical environment for 4 of 4 residents. The dryer vent consisted of a flexible type of material. The hot water temperature was 120.9° Fahrenheit (F). Findings include: On 04/16/2025, at 11:05 AM, Surveyor toured the facility and observed the following: - The dryer vent had approximately 2 feet of flexible type vent. - Surveyor tested the water temperature. The water temperature was 120.9° 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)	M 570		

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M 570	Continued From page 4 On 04/16/2025, at 12:30 PM, Surveyors interviewed Licensee A. Licensee A reported s/he had been cited previously for the water temperature, so s/he had a regulator installed. Licensee A reported s/he would replace the dryer vent to ensure compliance.	M 570		