STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012075	A. BUILDING: _____ B. WING _____	R 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY ADULT FAMILY HOME III	**1011 MAYFAIR DR 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 07/25/2025 to 07/31/2025, Surveyor conducted an abbreviated survey and verification visit at Destiny Adult Family Home III. One deficiency was identified. All other deficiencies from Statement of Deficiency (SOD) 7NN211, dated 10/04/2018 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 3	M 000		
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 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 appropriate for residents. The bathroom flooring had an approximate 3 feet (ft) by (x) 5 ft section around the toilet that had a soft/spongy underfoot. The balcony/staircases' wooden railings going	M 570		

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
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DESTINY ADULT FAMILY HOME III	**1011 MAYFAIR DR RACINE, WI 53402**

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M 570	Continued From page 1	M 570		

down the right side were broken or not secured.

Findings include:

The provider is licensed to care up to 4 residents in the following client groups: advanced age, developmentally disabled, traumatic brain injury, correctional clients, and emotionally disturbed/mental illness.

The facility is on the second floor of the home with a balcony and staircase exiting to the ground floor. The balcony/staircase is used as an emergency exit.

On 07/25/2025, Surveyor toured the facility and observed the following:

Example 1: Bathroom flooring

At 9:21 AM, Surveyor toured the resident bathroom. Surveyor observed a 3ft x 5ft section of flooring around the toilet that was soft and spongy. The flooring felt like it was giving way slightly when stepping on it.

Example 2: Balcony/staircase handrails

At 9:21 AM, Surveyor toured the balcony and staircase. Surveyor observed along the right side going down the stairs, the wooden balcony handrails were compromised. The first section of wooden railing approximately 6 ft long was noticeably loose and wobbly and not attached to the staircase. The Surveyor was able to lift one end of the wooden handrail straight up in the air. The 2nd section of wooden railing approximately 12 ft long was cracked in the middle and laying on the stairs. This poses a significant safety hazard as the railing's integrity is compromised,

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M 570	Continued From page 2 and it could fail if someone leans against it, potentially leading to a fall (photos #1816 & #1817). On 07/25/2025 at 9:25 AM, Surveyor interviewed Lead Caregiver B. Surveyor questioned the condition of the bathroom flooring. Lead Caregiver B reported the facility had been dealing with leaking water from bathroom toilet on and off for the last 3 years. Lead Caregiver B stated their maintenance person had fixed the leaking toilet, but acknowledged the flooring felt soft compared to flooring around the sink. On 07/31/2025 at 3:04 PM, Surveyor interviewed Licensee A. Surveyor shared concerns regarding the bathroom flooring being soft and spongy around the toilet and the staircase handrails. Licensee A reported s/he was aware of the condition of the bathroom flooring. Licensee A reported the flooring concern had been fixed and s/he disagreed with the Surveyor's observations the floor was soft. Surveyor noted the flooring around the toilet felt soft compared to the flooring next to the sink. Licensee A acknowledged an understanding of the concern and stated s/he would tear out the laminate flooring and have the subfloor inspected. Licensee A reported s/he was unaware of the condition of the staircase handrails. Licensee A stated staff should have reported it to him/her. Licensee A reported the 1st section of handrail was reattached to the staircase and the 2nd section of handrail was replaced and a bracket was added in the middle for support.	M 570		