Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016987	A. BUILDING: _____ B. WING _____	R-C 08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A+ JUST LIKE FAMILY 3 LLC	1108 ILLINOIS 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 08/12/2025, Surveyor completed a verification visit and a complaint investigation at A + Just Like Family 3 LLC. Two deficiencies were identified. Two of 2 deficiencies were repeat violations (see SOD 82VO12, dated 05/08/2024). One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents' individual service plans (ISPs) were reviewed at least every	{M 424}		

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

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{M 424}	Continued From page 1 6 months, or on changes. Resident 3's ISP was due to be reviewed on 12/01/2024 and 06/01/2025; Resident 5's ISP was due to be reviewed on 05/01/2025; and Resident 6's ISP was due to be reviewed on 06/10/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 82VO12, dated 05/08/2024. Findings include: On 07/22/2025, at 9:30 AM, Surveyor reviewed resident records and identified the following: Resident 3: Resident 3 was admitted to the facility on 05/08/2023. Resident 3 had a guardian and a managed care organization (MCO) case manager (CM). Resident 3's most recent ISP was printed on 07/18/2023; It was signed by Resident 3 on 06/01/2023, and by Facility Nurse F on 06/01/2023, 11/27/2023, 06/01/2024, and 12/01/2024; It was not signed by Resident 3's guardian or case team. An ISP, printed on 03/12/2025, was in Resident 3's record, with added diagnoses, but did not contain answers to the general questions, and was not signed/dated. Resident 3 was due for ISP reviews on 12/01/2024 and 06/01/2025. Resident 3's record did not contain a completed and signed ISP after the 06/01/2023 review. Resident 5: Resident 5 was admitted to the facility on 01/09/2020. Resident 5 had a guardian and a MCO CM. Resident 5's most recent ISP was printed on 01/10/2025; It was signed by Resident 5, dated 11/01/2024, and by Facility Nurse F,	{M 424}		

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{M 424}	Continued From page 2 dated 11/01/2025 [sic]; It was not signed by Resident 5's guardian or case team. An ISP, printed on 03/12/2025, was in Resident 5's record, but did not contain answers to the general questions, and was not signed/dated. Resident 5 was due for an ISP review on 05/01/2025. Resident 3's record did not contain a completed and signed ISP after the 11/01/2024 review. Resident 6: Resident 6 was admitted to the facility on 09/20/2024. Resident 6 had a MCO CM. Resident 6's most recent ISP was printed on 12/20/2024; It was signed by Resident 6, but not dated, and signed by Facility Nurse F, dated 12/10/2024; It was not signed by Resident 6's case team. An ISP, printed on 03/12/2025, was in Resident 6's record, but did not contain answers to the general questions; It was signed on 04/16/2025, by Lead Caregiver D, Community Care (CC) CM G, and CC Nurse H; It was not signed by Resident 6. Resident 6 was due for an ISP review on 06/10/2025. Resident 6's record did not contain a completed and signed ISP after the 12/10/2024 review. On 08/12/2025, at 11:00 AM, Surveyor interviewed Licensee A and Facility Nurse F and the following was reported: Facility Nurse F was responsible for creating ISPs. The residents and their care teams were included in the creation of ISPs, when possible. Licensee A and Facility Nurse F confirmed the code requirement for reviewing ISPs. They were unsure why dates on the ISPs did not reflect a review every 6 months. They reported ISPs were updated per code, but the ISPs provided to Surveyor in the resident records may have been	{M 424}		

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{M 424}	Continued From page 3 copies, which were missing signatures and did not reflect correct dates of review. In the future, they reported they will obtain or attempt to obtain signatures of all required parties and verify the documented date of review is within code requirements of every 6 months or on changes.	{M 424}		
{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 record review, observation, and interview, the provider did not ensure a safe physical environment for 1 of 1 resident (Resident 3). Cleaning compounds and toxic substances were not securely stored, when Resident 3 had a history of suicidal ideations and consuming cleaning compounds and toxic substances. This is a repeat deficiency. See Statement of Deficiency (SOD) 82VO12, dated 05/08/2024. Findings include: On 07/22/2025, at 9:58 AM, Surveyor reviewed	{M 570}		

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{M 570}	Continued From page 4	{M 570}		

Resident 3's record. Resident 3 was admitted on 05/08/2023, with diagnoses including depression and intellectual disabilities. On 03/12/2025 the following were added to Resident 3's diagnoses: alcohol abuse with intoxication, schizophrenia, schizoaffective disorder, bipolar disorder, anxiety disorder, toxic encephalopathy, anoxic brain damage, and altered mental status. Resident 3's individual service plan (ISP), printed on 03/12/2025 stated, "Behaviors: Suicidal ideations, jumping out of vehicles, one attempt to stab [her/himself] with scissors, drinking excessive amount of alcohol, eloping when upset/agitated . . . Interventions: Do hourly room checks, make sure the room is free of anything that can harm them. Free of anything sharp, lighters, anything that should be locked up."

Resident 3's behavior support plan (BSP), updated on 07/16/2025, documented Resident 3 had a history of self-injurious behaviors, suicidal ideation, and obsessions or compulsions. Resident 3's BSP stated, "Self-injurious Behavior: Staff will keep objects that can be used to self-harm away. Ensure all sharps, chemicals, cleansers, medications, fire starters, and potentially hazardous items are locked away. Staff will check the bedroom for any hazardous items. When/if in use [s/he] should be in line of sight. Staff will check room and home for these items every shift." Resident 3's BSP documented chemicals, cleansers, fire starters, medications, and sharps needed to be locked and secured at all times.

On 07/22/2025, at approximately 12:10 PM, Surveyor toured the facility and observed the fol-lowing:

- Under the kitchen sink was a bottle of cleaner

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with bleach, a bottle of glass cleaner, and a bottle of Bona hardwood floor polish.
- On top of the refrigerator was a can of Lysol disinfectant spray and a can of air freshener.
- In a lower kitchen cabinet was a can of furniture polish and a can of Easy-Off oven cleaner.
- In another lower kitchen cabinet was a can of air freshener.
- Under the kitchen sink cabinet was a bottle of sodium chloride irrigation solution
- In Resident 3's closet inside her/his bedroom was a can of air freshener, a bottle of liquid laundry soap, and 1 metal hanger.

On 07/22/2025, at approximately 12:20 PM, Surveyor interviewed Lead Caregiver D and s/he reported the following:

Resident 3 no longer required one-on-one staffing. Resident 3's managed care organization (MCO) team informed the facility Resident 3's behavior had improved, and s/he could have access to personal items that had been previously locked up and regulated by staff. Lead Caregiver D showed Surveyor a locked kitchen cabinet where staff should have been storing cleaning compounds and chemicals. The lock on the cabinet had been installed following the previous survey. Lead Caregiver D was unaware of the chemicals and cleaning compounds which were being stored throughout the kitchen, unlocked. S/He was aware of the items Resident 3 had in her/his bedroom and thought s/he was allowed to have them per her/his MCO team. Lead Caregiver D was unaware Resident 3's most recent ISP and BSP documented chemicals and cleansers were required to be locked up. S/He removed and secured the items from Resident 3's room and locked up the items located in the kitchen. S/He reported s/he would

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{M 570}	Continued From page 6 communicate with Resident 3's MCO team so staff understood what was required, and Resident 3's ISP and BSP could reflect any new information.	{M 570}		