STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017677	A. BUILDING: _____ B. WING _____	09/15/2025

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M 000	INITIAL COMMENTS From 09/12/2025 to 09/15/2025, Surveyor conducted a standard survey at A Better Way Adult Family Home LLC, an AFH in Racine. Six deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal records check was completed for 1 of 3 caregivers reviewed. The provider did not ensure a complete background check was done at the time of Caregiver B's hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 09/12/2025 at approximately 11:30 a.m., Surveyor reviewed employee records provided by Licensee A. Records indicated Caregiver B was hired on 03/10/2024. The record included a BID, dated 03/10/2024. The record did not include a DOJ or IBIS.	M 114		

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M 114	Continued From page 2 On 09/12/2025 at approximately 12:30 p.m., Surveyor interviewed Licensee A and shared concern that Caregiver B's background check was incomplete. Licensee A acknowledged Surveyor's concern and noted that Caregiver B had previously resided out of the country as indicated on his/her BID.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed had documentation from a physician, a registered nurse or a physician's assistant indicating s/he had been screened for illness detrimental to residents, including tuberculosis, within 90 days prior to the start of providing care. Caregiver B was not screened for illness detrimental to residents, including tuberculosis, until approximately 3 months after his/her date of hire.	M 232		

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M 232	Continued From page 3 Findings include: On 09/12/2025 at approximately 11:30 a.m., Surveyor reviewed employee records provided by Licensee A. Records indicated Caregiver B was hired on 03/10/2024. The record included a tuberculosis test dated 06/12/2024, greater than 3 months after Caregiver B's date of hire. On 09/12/2025 at approximately 12:30 p.m., Surveyor interviewed Licensee A and shared concern that Caregiver B's tuberculosis test was not completed within 90 days prior to the start of providing services. Licensee A confirmed Surveyor's concern and stated the delay was due to Caregiver B's lack of insurance.	M 232		
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 2 residents reviewed was evaluated annually for evacuation time, using the department's form. Resident 1's evacuation time had not been evaluated since 06/09/2024. Findings include:	M 346		

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M 346	Continued From page 4 On 09/12/2025 at 12:00 p.m., Surveyor reviewed resident record. Resident 1 admitted to the provider's home on 06/03/2024. Surveyor was unable to locate documentation of an evacuation assessment, using the department's form. On 09/12/2025 at 12:30 p.m., Surveyor interviewed Licensee A and asked if the provider had an evacuation assessment for Resident 1. Licensee A stated s/he would need to check his/her electronic records and follow up with Surveyor. On 09/15/2025 at approximately 3:00 p.m., Licensee A provided Surveyor with documentation of an evacuation assessment, dated 06/09/2024, indicating the provider had not completed an evacuation assessment, using the department's form, in greater than a year.	M 346		
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	M 424		

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M 424	Continued From page 5 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 individual service plans (ISP) were reviewed at least once every 6 months with the licensee, the resident and/or the resident's guardian and the service coordinator, if any. Resident 2's ISP had not been reviewed since 11/27/2023. Findings include: On 09/12/2025 at approximately 12:00 p.m., Surveyor reviewed resident records. Resident 2 admitted to the provider's home on 11/15/2019. Resident 2 had a legal guardian. Resident 2's record included an ISP, dated 11/27/2023, which Licensee A stated the guardian and managed care organization were involved with. Licensee A was unable to locate an updated ISP at the time of Surveyor's visit, but stated s/he would check his/her electronic records. Licensee A was given until 09/15/2025 to provide follow up documentation. On 09/15/2025 at approximately 3:00 p.m., Surveyor received follow up documentation from Licensee A. Documentation did not include an updated ISP for Resident 2.	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of	M 466		

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M 466	Continued From page 6	M 466		

the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure an accurate record of medication administration was maintained for 2 of 2 residents reviewed. Resident 1's record documented s/he received Vitamin D3 daily when the medication was unavailable. Resident 2's record documented s/he received Remedy Paste 3 times daily when the medication was unavailable.

Findings include:

On 09/12/2025 at approximately 12:00 p.m., Surveyor reviewed resident records and medication storage with Licensee A and identified the following concerns:

Example 1 - Resident 1:

Resident 1 admitted to the provider's home on 06/03/2024. Resident 1's record indicated the provider's staff administered his/her medications. Resident 1's physician orders included Vitamin D3 50 mcg (Start Date: 06/11/2024) daily. Resident 1's Medication Administration Record (MAR), dated 08/18/2025 to 09/12/2025, documented that staff had administered the medication daily. Resident 1's medication storage did not include Vitamin D3 50 mcg. Licensee A confirmed s/he was unable to locate Vitamin D3

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M 466	Continued From page 7 50 mcg and stated s/he would follow up. On 09/15/2025 at approximately 3:00 p.m., Licensee A followed up with Surveyor and stated Resident 1 had not had Vitamin D3 available because the medication was not covered by insurance. Licensee A did not provide the duration the Vitamin D3 had been unavailable. Example 2 - Resident 2: Resident 2 admitted to the provider's home on 11/15/2019. Resident 2's record indicated the provider's staff administered his/her medications. Resident 2's physician orders included Remedy paste (Start Date: 12/22/2020) - Apply to affected areas 3 times daily. Resident 2's MAR, dated 08/18/2025 to 09/12/2025, documented that staff applied Remedy paste 3 times daily. Resident 3's medication storage did not include Remedy paste. Surveyor asked Licensee A if Remedy paste was stored elsewhere in the home. Licensee A replied, "No," and explained that Resident 2 had not been receiving the medication. Licensee A was unaware of any affected areas that currently required the administration of Remedy paste. On 09/09/2025 at 12:30 p.m., Surveyor shared concern that staff documented the administration of medication for Resident 1 and Resident 2 when the medications were not administered. Licensee A acknowledged Surveyor's concern and had no questions.	M 466		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage	M 582		

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M 582	Continued From page 8 and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received all prescribed medications. Resident 1 did not receive his/her Vitamin D3 as prescribed. Findings include: On 09/12/2025 at 12:00 p.m., Surveyor reviewed resident records and the provider's medication storage with Licensee A. Resident 1 admitted to the provider's home on 06/03/2024. Resident 1's record indicated the provider's staff administered his/her medications. Resident 1's physician orders included Vitamin D3 50 mcg (Start Date: 06/11/2024) daily. Resident 1's medication storage did not include Vitamin D3. Surveyor asked Licensee A if the provider had been administering Vitamin D3 daily as ordered. Licensee A checked Resident 1's medication storage and confirmed the provider did not have any of the medication in stock. Licensee A stated s/he would follow up on the concern. On 09/15/2025 at 3:00 p.m., Licensee A followed up with Surveyor and stated Resident 1 had not been receiving his/her Vitamin D3 because the medication was not covered by insurance. Licensee A stated s/he purchased the Vitamin D3,	M 582		

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M 582	Continued From page 9 so Resident 1 would begin receiving the medication. Licensee A was unsure how long Resident 1 had gone without the Vitamin D3.	M 582		