STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013710	A. BUILDING: _____ B. WING _____	R-C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D AFH LLC 3	3709 10TH AVE 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 02/26/2025, Surveyor completed a verification visit and a complaint investigation at K & D AFH LLC 3. As a result, 9 of the previous 11 deficiencies were corrected. Two of the previous deficiencies were re-cited, and 3 new deficiencies were identified; therefore 5 total deficiencies were identified. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations, potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of the verification visit, the provider had 2 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024. This deficiency is a repeat violation. See Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024.	{M 216}		

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

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{M 216}	Continued From page 1 Findings include: On 03/22/2024, SOD 8IRI12 and a Special Orders Letter were issued to Licensee J via email, with the following: " . . . Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that K&D AFH LLC 3: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., EFFECTIVE IMMEDIATELY, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected . . . A. Resident Rights - Residents will not be required to share their home and living space with residents from other settings. - Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan. - The assigned staff will be separate and have distinct duties related to the care and services for residents at K & D AFH LLC 3 located at 3709 10th Avenue, Racine, WI 53402. The assigned	{M 216}		

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{M 216}	Continued From page 2 staff will not be shared with other programs. B. Screened and Trained Employees Screening, each service provider's record shall include: - Evidence of a complete background check in accordance with Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12. - Documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis. . . . " On 01/23/2025, Surveyor reviewed the Department records for the provider and identified the following: - The provider was issued SOD 3OXZ13, dated 05/09/2013, which included citation Z0005/50.065(2)(b) - Entity Background Check Requirements. - The provider was issued SOD 8IRI11, dated 10/15/2021, which included citation M0114/88.03(3)(b) - Criminal Records Check. - The provider was issued SOD 8IRI12, dated 02/05/2024, which included a repeat citation for M0114/88.03(3)(b) and citation Z0010/50.065(2)(bb) - Determine Final Disposition of Charge. On 1/23/2025, the department conducted a complaint investigation and verification visit at K & D AFH LLC 3. As a result of the survey, the provider was issued the following 5 deficiencies: 88.04(2)(a) - Responsibilities - This is a repeat	{M 216}		

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{M 216}	Continued From page 3 deficiency. 88.05(4)(c)1 - Exiting from the First Floor - This is a repeat deficiency. 88.07(1)(e) - Overnight Supervision 50.065(4m)(b) - Caregiver Hiring and Contracting Process 50.065(4m)(c) - Complete Background Information Disclosure On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee J and Acting Administrator (AA) C. Surveyor reviewed SOD 8IRI12 and the Special Orders Letter with Licensee J. Licensee J reported Administrator A had been out for medical reasons, and AA C was filling in. AA C was not aware of all the responsibilities and duties which needed to be completed in Administrator A's absence. Licensee J reported Background Information Disclosures (BIDs) were not completed for caregivers hired during this time. Licensee J and AA C reported the keyed lock on the side exit had been changed since the survey and was changed to a lock which could be manipulated from inside the home. Licensee J reported s/he will work to hire more caregivers to adequately staff her/his facilities. Licensee J reported s/he was working with Caregiver M to complete the rehabilitation review process.	{M 216}		
{M 338}	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside.	{M 338}		

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{M 338}	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits provided an unobstructed access to the outside. The side exit, identified as an emergency exit, contained an engaged keyed deadbolt, which required a key to unlock it. This deficiency is a repeat violation. See Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024. Findings include: On 1/23/2025, at 11:23 AM, Surveyor toured the facility and observed the following: The facility was located on the second floor of a duplex. At the top of the stairs of the second floor, one could turn left into the facility or right to the exit. The exit, identified by the facility as an emergency exit, led out to a small porch and exterior stairs. The door contained a keyed deadbolt, which was engaged. Surveyor was unable to open/unlock the door. On 01/23/2025, at 12:47 PM, Surveyor interviewed Caregiver M about the locked exit. Caregiver M reported s/he had to get the key to unlock it. Caregiver M retrieved the keys from Acting Administrator (AA) C, who was working on the first floor of the duplex. Caregiver M unlocked the deadbolt with the key. Caregiver M reported s/he locked the door during her/his shifts for safety. If the door was left unlocked the residents would "play" on the porch and Caregiver M did not trust the structure of the porch. On 01/23/2025, at 12:53 PM, Surveyor interviewed Resident 2. Resident 2 reported	{M 338}		

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{M 338}	Continued From page 5 Caregiver M locked the exit door to the porch/stairs when s/he worked. On 01/23/2025, at 2:57 PM, Surveyor interviewed AA C. AA C reported the balcony was not safe, which was why the door was kept locked. When Surveyor inquired about the use of the door in an emergency, AA C reported the key was available to staff if the door needed to be unlocked. AA C was made aware of the code requirement, and s/he stated s/he would inform Licensee J. On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee J. Licensee J reported the keyed lock on the side exit had been changed since the onsite survey and was changed to a lock which could be manipulated from inside the home.	{M 338}		
M 434	88.07(1)(e) OVERNIGHT SUPERVISION The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for a service provider to be present in the home when a resident required services or supervision. The licensee shared staff between two provider homes and did not ensure the provider's home was staffed when 1 of 3	M 434		

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M 434	Continued From page 6 residents (Resident 4) required continuous care. Findings include: On 01/08/2025, the Department received a complaint alleging Resident 4 eloped from the adult family home (AFH) and staff did not follow or search for Resident 4. On 01/23/2025, at 11:23 AM, upon entrance to the AFH, Surveyor observed the home was a duplex with 1 AFH on the upper level and a second AFH on the lower level, with a shared basement. On 01/23/2025, at 1:00 PM, Surveyor reviewed resident records and identified the following: - Resident 4 was admitted on 02/15/2022 - Resident 4's admission assessment documented Resident 4 required "24/7 Supervision" due to a history of autism and schizophrenia. - Resident 4's Community Care long term care plan stated the following: " . . . Wandering: Member will wander from the home during daytime hours or will unsafely wander away while in the community during daytime hours on an average of 2-6x/week. Per [her/his] family [s/he] does not attempt to leave the home during overnight hours. Interventions include monitoring Member 5+x/day to make sure that [s/he] has not left the home, following Member if [s/he] leaves and providing verbal redirection . . . Cognition for Daily Decision Making: . . . Person needs help from another person most or all of the time. Primary Diagnoses: . . . Intellectual Disability - Secondary Diagnoses: . . . Autism . . . Cognition: Member requires assistance with problem solving and	M 434		

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M 434	Continued From page 7	M 434		

requires reminders to complete routine daily tasks. [S/He] also needs line of sight supervision throughout the day due to [her/his] need for behavioral interventions and monitoring . . . "
- Resident 4's Individual Service Plan (ISP), dated 09/15/2024, documented Resident 4 required 24-hour supervision.

On 01/23/2025, at 2:57 PM, Surveyor interviewed Acting Administrator (AA) C, and s/he reported the following:

On 12/12/2024, Resident 4 eloped from the AFH. AA C was caregiving at the lower AFH, while Caregiver M was working at the upper AFH. Caregiver D was working at a different licensed AFH operated by Licensee J. Person O (resident of other AFH) had an emergency and Caregiver D had to go with her/him to the hospital. Caregiver M took the place of Caregiver D at the other licensed AFH, which left AA C caregiving at both the lower and the upper AFHs. Person H (resident of lower AFH) came in from outside and told AA C Resident 4 was outside without proper clothes for the weather. AA C went outside to check on Resident 4 and s/he had eloped and was not in sight. AA C was unable to leave the AFH to attempt to find or follow Resident 4, due to being the only caregiver at both AFHs. AA C called police and Resident 4's family to report her/him missing. Surveyor inquired about the AFH's elopement protocol and AA C reported staff were to follow the resident and call police. AA C was unable to follow protocol due to staffing levels.

On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee J. Licensee J confirmed staffing was not adequate to have prevented Resident 4's elopement.

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Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider hired Caregiver M when they knew or should have known s/he was convicted of a serious crime.	Z 023		

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Z 023	Continued From page 9 "Serious crime" means a violation of . . . s. 940.19(2) . . . or a violation of the law of any other state or United States jurisdiction that would be a violation of . . . s. 940.19(2) . . . if committed in this state." Findings include: On 01/23/2025, at 11:47 AM, Surveyor reviewed Caregiver M's record. Caregiver M was hired on 06/14/2024. Caregiver M did not have a background information disclosure (BID) form. Caregiver M's DOJ and integrated background information system (IBIS) letter were dated 06/17/2024. The DOJ report identified Caregiver M was convicted of Wisconsin State Statute 940.19(2) - Aggravated Battery/Intentionally Cause Great Harm, on 02/11/1999. The IBIS letter found no rehabilitation review findings for Caregiver M. The facility did not have any further documentation on the criminal conviction in Caregiver M's record. On 01/23/2025, at 3:19 PM, Surveyor interviewed Acting Administrator (AA) C and s/he reported the following: Rehired staff did not complete BIDs. When a caregiver was offered a position, AA C sent the information to Licensee J to complete their background checks. Licensee J would inform AA C of any findings in the background checks which discluded a caregiver from employment. AA C was unaware Caregiver M had a conviction on her/his record which affected eligibility to work as a caregiver. A copy of the judgement of conviction and the criminal complaint for Caregiver M were not obtained. Caregiver M did not have a rehabilitation review on record. Surveyor directed AA C to the Wisconsin Background Check and	Z 023		

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Z 023	Continued From page 10 Misconduct Investigation Program: Offenses Affecting Eligibility form (P-00274) and informed her/him Caregiver M was not eligible to work as a caregiver without rehabilitation review approval. On 02/17/2025, at 2:30 PM, Licensee J sent an email to Surveyor which included the judgement of conviction for Caregiver M, obtained from the clerk of courts. On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee J. Licensee reported the oversight on Caregiver M's background check was due to Administrator A's absence. Licensee J reported s/he was working with Caregiver M to complete the rehabilitation review process. Cross reference: 50.065(4m)(c) - Complete Background Information Disclosure	Z 023		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may	Z 024		

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Z 024	Continued From page 11 permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 5 service providers had complete background checks. Caregiver L, Caregiver M, and Caregiver N did not have completed background information disclosure (BID) forms. A complete background check consists of the following: - A BID - A report of findings from the Department of Justice (DOJ) - Integrated background information system (IBIS) letter from the Department of Health Services (DHS) Findings include: On 01/23/2025, at 11:37 AM, Surveyor reviewed employee records and identified the following: Caregiver L was hired on 11/2/2024. Caregiver L's record did not contain a BID. Caregiver M was hired on 6/14/2024. Caregiver	Z 024		

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Z 024	Continued From page 12 M's record did not contain a BID. Caregiver N was hired on 9/24/2024. Caregiver N's record did not contain a BID. On 1/23/2020 5:00, at 11:55 AM, Surveyor interviewed Acting Administrator (AA) C regarding background checks of caregivers. AA C reported Licensee J was responsible for completing background checks, after receiving the information from her/him. AA C reported Caregiver L had an emergency the day s/he started and did not fill out the BID form. AA C reported s/he would have Caregiver L complete the BID form the next time s/he was working. AA C had Caregiver M complete the BID form during survey. AA C confirmed Caregivers L, M, and N did not have BID forms in their files. AA C reported a BID form was not completed for the facility's rehires and would be completed for all caregivers in the future, prior to providing services. On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee J. Licensee J reported corrections were made following the survey, and all current employees had a BID on record. Licensee J reported the oversight occurred when Administrator A was unable to perform her/his job duties due to a medical issue. AA C and Licensee J were unaware BIDs needed to be completed as part of the background check. Cross reference: 50.065(4m)(b) - Caregiver Hiring and Contracting Process	Z 024		