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
	0013710	A. BUILDING: _____ B. WING _____	R-C 05/19/2026

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 05/19/2026, Surveyor completed a verification visit at K&D AFH LLC 3. As a result, 4 of the previous 5 deficiencies were corrected. One of the previous deficiencies was cited for a 3rd time, with no new deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 2	{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, interview, and record review, the provider did not ensure water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature in the resident bathroom was 130.1° Fahrenheit (F). This is being cited for a 3rd time. See Statement of Deficiency (SOD) 8IRI12, dated 02/05/2024, and SOD 8IRI14, dated 12/16/2025.	{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
	0013710	A. BUILDING: _____ B. WING _____	R-C 05/19/2026

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 570}	Continued From page 1 Findings include: The facility was licensed as an adult family home (AFH), serving up to three residents in the client groups emotionally disturbed/mental illness, traumatic brain injury, developmentally disabled, and physically disabled. On 5/12/2026, at 9:31 AM, Surveyor tested the hot water temperature of the faucet in the residents' bathroom. The temperature measured 130.1°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." (Division of Quality Assurance (DQA) Publication - 01942, Hot Water Temperatures in Adult Family Homes, August 2017.) On 05/12/2026, at approximately 10:00 AM, Surveyor interviewed Caregiver P. Caregiver P confirmed the water temperature was testing high and reported it should have been below 115° F. S/He reported s/he was regularly testing the water temperature, and it had been testing high, around 120° F and above. On 05/12/2026, at approximately 11:30 AM,	{M 570}		

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 05/19/2026

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 570}	Continued From page 2 Surveyor interviewed Administrator A, and the following was reported: Since Surveyor's last survey, the water heater was professionally serviced 3 times, in an attempt to get the hot water temperature at the faucets in the home below 115° F. Caregivers have been testing the water temperatures regularly and have measured the temperatures to be around 120° F and higher. They have been unable to regularly get water temperatures below 115° F. On 05/14/2026, at 4:00 PM, Surveyor reviewed Department records, which included a plan of correction (POC) sent to the Department by Licensee J on 03/16/2026. The POC documented the following: "1. Corrective Action for Residents Affected Immediately following the survey, the licensee/designee adjusted the water heater and verified that the resident bathroom hot water temperature was reduced to within the safe range (not to exceed 115°F). All resident-accessible faucets were tested to confirm safe temperatures. No resident injuries were reported. 2. The facility has implemented the following corrective measures: a) Temperature Control: The water heater thermostat was professionally adjusted and secured to maintain compliant temperatures. b) Enhanced Monitoring: Digital thermometers are now used to improve accuracy of water temperature readings. c) Revised Daily Check Procedure: Staff must document daily hot water temperature readings for resident-use faucets, with immediate reporting of any reading above 115°F. d) Staff Education: Caregivers were re-educated on safe water temperature standards and required response procedures if temperatures	{M 570}		

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 05/19/2026

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 570}	Continued From page 3 exceed limits. e) Administrative Review: Manager/Administrator reviews temperature logs weekly." On 05/15/2026, at 1:31 PM, Licensee J emailed Surveyor a hot water monitoring data sheet for the week of 05/04/2026. Water temperatures were tested in both the kitchen and the bathroom 6 times per day from 05/04/2026 - 05/10/2026. At least 20 of 42 bathroom water temperatures were over 115° F. On 05/19/2026, at 12:05 PM, Surveyor interviewed Licensee J, and the following was reported: The water heater had been adjusted by a contractor, and Caregiver P was shown how to make the adjustment. Licensee J understood Caregiver P would have adjusted the water heater, as taught, when needed. Licensee J was unaware water temperatures in the home continued to read over 115° F, which s/he acknowledged was unsafe for residents. Licensee J reported s/he would have a contractor look at the water heater and water running to the faucets to get the temperatures corrected.	{M 570}		