STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016015	A. BUILDING: _____ B. WING _____	R-C 05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVE OF CARING LLC TULIP AFH	1834 13TH STREET RACINE, WI 53403

(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 05/22/2025, Surveyors conducted a verification visit at Love of Caring LLC Tulip. Four deficiencies were identified. All 4 deficiencies were repeat deficiencies (see Statement of Deficiency (SOD) BTW811, dated 11/13/2020, SOD BTW812, dated 03/09/2022, SOD BTW813 dated 08/25/2022, and SOD BTW814, dated 12/06/2024). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{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 record review and interview, the provider did not ensure the home and its operation complied with this chapter. During the survey four violations, including this violation, were identified during the time of the survey. This is a repeat deficiency. See Statement of Deficiency (SOD) BTW814, dated 12/06/2024. Findings include: Love of Caring LLC Tulip AFH was licensed 12/06/2016 to serve up to 4 residents within the client groups: advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental	{M 216}		

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

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{M 216}	Continued From page 1 illness, and traumatic brain injury. On 05/22/2025, Surveyors conducted a verification visit. Four violations, including this violation, were identified during the time survey. The following were recited: 88.04(2)(a) Responsibilities-repeat 88.05(3)(a) Home Environment-cited for a fifth time. 88.05(4)(b)1 Fire Safety-Smoke Detectors-repeat 88.07(3)(e)1 Medication-Record Keeping-repeat On 05/22/2025 at 12:30 PM, Surveyor interviewed Licensee B and Manager G. Manager G stated they are working on making improvements. Licensee B and Manager G had focused on issues they felt affected the residents most regarding the previous SOD. Manager G reported they continue working on improvements.	{M 216}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe, clean, and well-maintained homelike environment for 4 of 4 residents in the home. Resident 1's mattress was	{M 276}		

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{M 276}	Continued From page 2 dirty. The material covering the mattress was ripped open. Resident 3 had a large hole in bedroom wall, approximately 7-inches by 7-inches. The toilet was missing a toilet seat. This requirement is being cited for a fifth time. See Statement of Deficiency (SOD) BTW811, dated 11/13/2020, SOD BTW812, dated 03/09/2022, SOD BTW813 dated 08/25/2022, and SOD BTW814, dated 12/06/2024. Findings include: On 05/22/2025 at 9:45 AM, Surveyors toured the facility and observed the following: -Resident 1 and Resident 2's shared bedroom was very cluttered with clean and dirty clothing in baskets in the room and in piles on the floor. -Resident 1's mattress had a rip through the middle of the mattress, measuring approximately 7 inches in length. -Resident 1's mattress had sunken into a hole in the box spring. -Resident 3's bedroom wall had a hole approximately 7 by 5 inches over the bed. -The heat vent in Resident 3's room was loose and there was trash stuffed behind it -The toilet that residents use was missing a toilet seat. -The door below the sink in that bathroom was cracked and loose on its hinge. -The microwave had food splattered on the back and top surfaces. -The basement had a black substance that looked like mold on the lower part of the wall by the dryer. -The dining chairs were folding chairs. There were no regular dining chairs.	{M 276}		

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{M 276}	Continued From page 3 On 05/22/2025 at 11:30 AM, Surveyors interviewed Licensee B regarding the concerns found during the tour. Licensee B stated that they are aware of the areas of concern and are actively working on fixing them. Regarding Resident 1's mattress, Licensee B had just purchased a new mattress 3 months ago and its already damaged. Per Licensee B the toilet seats keep breaking due to how the residents use it, but they are looking into a different type of seat. Licensee B reported the folding chairs were present because the residents were rough on furniture and the folding chairs were the only ones which did not get damaged so quickly. Licensee B reported s/he would look for more sturdy furniture to replace them with.	{M 276}		
{M 334}	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by:	{M 334}		

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{M 334}	Continued From page 4 Based on observation and interview, the provider did not ensure there was a smoke detector in all required places, and that each required smoke detector was in working condition. The smoke detector in the basement did not function and was emitting a chirping sound. The head of the open stairway to the basement did not contain a smoke detector. This requirement is a repeat deficiency. See Statement of Deficiency (SOD) BTW814, dated 12/06/2024. Findings include: On 05/22/2025, at approximately 10:45 AM, Surveyors observed the following: -The smoke detector in the basement was flashing and emitting a chirping sound. -The open stairway leading down to the basement did not contain a smoke detector. Surveyor observed a smoke detector bracket on the wall, above the door. On 05/22/2025 at 11:30 AM, Surveyors interviewed Licensee B regarding the missing smoke detector in the open stairway, Licensee B stated she did not know one was required. Licensee B then came down to the basement with Surveyors and heard the smoke detector chirping and attempted to fix it.	{M 334}		
{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 5 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 maintain a complete record of medications administered for 1 of 1 resident. Resident 1's medication administration documentation contained omissions for administration times for her/his medications for May 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) BTW814, dated 12/06/2024. Findings include: On 05/22/2025 at 11:20 AM, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 01/15/2020, with diagnoses including schizophrenia, depression and anxiety. -Resident 1's Medication Administration Record for the month of May 2025 showed no documentation of scheduled fluoxetine, lorazepam, melatonin, memantine, and olanzapine being administered on May 11th through the 14th. On 05/22/2025 at 11:30 AM, Surveyors interviewed Licensee B and Manager G regarding the omissions in documentation. Manager G stated all caregivers were given strict instructions regarding the importance of documentation and	{M 466}		

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{M 466}	Continued From page 6 s/he would follow up with the staff. Licensee B confirmed they would identify the staff who were not documenting and retrain them.	{M 466}		