STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016800	A. BUILDING: _____ B. WING _____	R-C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY WILLOWS ADULT FAMILY HOME LLC	1824 HOLMES AVE 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 05/15/2025 with information gathered through 06/16/2025, Surveyors conducted a standard survey, verification visit for Statement of Deficiency (SOD) JN9L11 and BXS313, and a complaint investigation at Liberty Willows Adult Family Home LLC. Four deficiencies were identified. Four of four deficiencies were repeat deficiencies identified in the following SODs:. BXS313 dated 03/24/2023, 0216 and 0332 were repeat deficiencies. JN9l11 dated 06/08/2023, 0424 and 0482 were repeat deficiencies. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being 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 record review and interview, the provider did not ensure the home and its operation complied with this chapter. During the survey, 4 violations, including this violation, were identified. This is a repeat deficiency. See Statement of Deficiency (SOD) BXS313, dated 03/24/2023.	{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: Liberty Willows Adult Family Home LLC was licensed 10/17/2017 to serve up to 4 residents within the client groups: Irreversible dementia/Alzheimer's, developmentally disabled, alcohol/drug dependent, physically disabled, traumatic brain injury, terminally ill, and advanced aged. On 05/15/2025, with information gathered through 06/16/2025, Surveyors conducted 2 verification visits and 1 complaint investigation. Four violations, including this violation, were identified during the time survey. The following were recited: 88.04(2)(a) Responsibilities-repeat 88.05(4)(a) Fire safety - Fire extinguishers-repeat 88.06(3)(f) Review of ISP-repeat 88.09(1)(a) Resident Records-repeat On 05/15/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A and discussed the repeat violations. Licensee A stated that s/he was out of town dealing with a medical situation. Licensee A gave no reason as to why the resident records were not onsite. Licensee A stated they were not aware the fire extinguishers were not inspected at the required time. License A reported s/he had someone scheduled to be responsible for the home when s/he was away, but they ended up getting pneumonia and were unable to assist while s/he was out of town.	{M 216}		
{M 332}	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS	{M 332}		

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{M 332}	Continued From page 2 Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 fire extinguishers were inspected by a qualified professional annually for the year 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) BXS313, dated 03/24/2023 Findings include: On 05/15/2025, at 9:55 AM, Surveyor toured the facility. The fire extinguishers in the kitchen, in the basement and on the 2nd floor all had tags stating they were last inspected in February of 2024.	{M 332}		

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{M 332}	Continued From page 3 On 05/15/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A over the phone and asked him/her about the fire extinguishers, Licensee a stated s/he did not know the tags were expired.	{M 332}		
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 1 of 2 resident Individual Service Plan (ISP) was reviewed at least every 6 months. Resident 6 did not have their ISP reviewed and updated every 6 months. This is a repeat deficiency. See Statement of Deficiency (SOD) JN9L11 dated 06/08/2023.	M 424		

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M 424	Continued From page 4 Findings include: On 05/15/2025, at approximately 10:20 AM, Surveyor reviewed the resident records. Resident 6, admitted 09/29/2021, did not have an ISP in the resident records. Surveyor requested Resident 6's ISP from Licensee A. On 05/15/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would send the ISP electronically to Surveyors. As of 07/07/2025, no ISP for Resident was 6 was received by Surveyors.	M 424		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 3's and Resident 6's) records were maintained in a secure location within the home. This is a repeat deficiency. See Statement of Deficiency (SOD) JN9L11, dated 06/08/2023 Findings include: On 05/15/2025, at approximately 11:00 AM, Surveyor requested the resident records for	M 482		

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M 482	Continued From page 5 Resident 3 and Resident 6. The following was identified: Resident 3 was admitted on 03/11/2018. Resident 3's record did not contain signed service agreement, medical exams, ISPs, or signed acknowledgements of resident rights and grievance procedure. Resident 6 was admitted on 09/29/2021. Resident 6's record did not contain signed service agreement, medical exams, ISPs, or signed acknowledgements of resident rights and grievance procedure. On 05/15/2025 at approximately 11:20 AM, Surveyor interviewed Licensee A. Licensee A confirmed signed service agreements, medical exams, ISPs, or signed acknowledgements of resident rights and grievance procedures, were not available in the facility. Licensee A kept the records offsite and were unavailable for review during the onsite.	M 482		