

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/18/2025
NAME OF PROVIDER OR SUPPLIER AASHIYANA FAMILY CARE LLC UNIT A		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 RUSSET STREET UNIT A RACINE, WI 53405		
(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 02/18/2025, Surveyor conducted a standard survey and 3 complaint investigations at Aashiyana Family Care in Racine. One deficiencies was identified. Three complaints were unsubstantiated. Census: 02	M 000		
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. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside for 2 of 2 exits. Both exits were covered in ice. Findings include: On 01/18/2025, at 9:40 AM, Surveyor toured the facility and observed the following: Front entrance was a concrete sidewalk to grade. The sidewalk was covered in an approximately ½ inch of hard ice. Back exit was a concrete sidewalk to grade. The sidewalk was covered in an approximately ½ inch of hard ice. On 01/18/2025, at 10:00 AM, Surveyor reviewed	M 338		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/18/2025
NAME OF PROVIDER OR SUPPLIER AASHIYANA FAMILY CARE LLC UNIT A			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 RUSSET STREET UNIT A RACINE, WI 53405		
(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 338	Continued From page 1 a floor plan of the facility. The floor plan identified both exits as emergency exits. On 01/18/2025, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement and stated they would clear the sidewalks immediately.	M 338			