STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 02/06/2024 with information gathered through 02/12/2024, Surveyor conducted a standard survey and verification visit at K&D Adult Family Home II. Nine deficiencies were identified. Two deficiencies were repeat violations (see Statement of Deficiency E1K011, dated 02/06/2019). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	M 114		

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
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 114	Continued From page 1	M 114		

dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure background checks were completed on 1 of 2 employees reviewed (Caregiver G). Caregiver G's date of hire was 07/06/2020, as of 02/06/2024, the provider had not completed a criminal background check.
A complete background check consists of the following three parts:

1. A completed Background Information Disclosure (BID) form.
2. A report of findings from the Department of Justice (DOJ).
3. Integrated Background Information System (IBIS) letter from the Department of Health Services.

This is a repeat deficiency. See SOD E1K011, dated 02/06/2019.

Findings include:

On 02/06/2024, Surveyor reviewed staff files and identified the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 114	Continued From page 2 Caregiver G's date of hire was 07/06/2020. Caregiver G's record did not contain a BID, DOJ, or IBIS letter. On 02/06/2024, at approximately 1:00 PM, Surveyor interviewed House Manager E who confirmed Caregiver G did not have a background check conducted. Surveyor asked if there was a system in place to ensure all staff background checks were completed during the hiring process. House Manager E stated, "[Administrator C] normally manages those things but s/he has been ill."	M 114		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 employees reviewed who required annual training. Caregiver E and Caregiver G did not receive annual training in 2022 or 2023.	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 246	Continued From page 3 Findings include: On 02/06/2024, Surveyor reviewed staff records and identified the following: -Caregiver E was hired on 12/22/1998. Caregiver E's record did not include evidence of annual training in 2022 or 2023. -Caregiver G was hired on 07/06/2020. Caregiver G's record did not include evidence of annual training in 2022 or 2023. On 02/06/2024, at approximately 1:00 PM, Surveyor interviewed House Manager E. Surveyor asked if there was a system in place to ensure continuing education requirements. House Manager E confirmed staff did not receive continuing education in 2022 and 2023. House Manager E stated, "[Administrator C] normally manages those things but s/he has been ill. We have scheduled several classes that everyone will be taking."	M 246		
{M 276}	88.05(3)(a) HOME 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 ensure the home was well-maintained, clean, and a homelike environment for 4 of 4 residents (Residents 1, 2, 3, and 4) residing in the	{M 276}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 276}	Continued From page 4	{M 276}		

home. The hallway, kitchen, bathroom, and resident bedrooms required cleaning and/or repairs.
This is a repeat deficiency. See SOD E1K011, dated 02/06/2019.

Findings include:

On 02/06/2024, from 8:15 AM until 9:00 AM, Surveyor toured the home and observed the following:

Hallway:
-Hallway flooring was uneven and curling up along plank edges at approximately 8 areas.
-Hallway closet adjacent to kitchen entrance had a 4-inch by 32-inch area at the base of closet with an accumulation of a substance consistent with dirt and dust including pebbles, Cheerios, and a snack wrapper.

Kitchen
-The inside of the oven contained droppings of burned food and a substance consistent with grease.
-The microwave had dried food splattered on the interior walls.
-Top of refrigerator had approximately 1/8th inch of a sticky substance mixed with a substance consistent with dust build up.
-The kitchen fan had 5 blades with approximately ¼" to ½" of a dark grayish substance consistent with a combination of dust and grease build up.
-Eight of 8 cupboard doors appeared to be coated in a substance consistent with a dirt and grease accumulation and were sticky to the touch.

Bathroom:
-Three feet from the floor, directly in front of the bathtub was a hole in the drywall approximately 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 276}	Continued From page 5 inches by 4 inches. -The bathroom heating vent was dented and contained a reddish-brown substance consistent with rust. -The east wall, next to toilet, had an area approximately 12 inches by 12 inches with gouged and peeling paint. -Light fixture was coated with approximately ¼" layer of gray substance consistent with dust. Resident 1's bedroom: -Bedroom door had a loose doorknob that was inoperable. -West facing window blinds had missing and bent slats. On 02/06/2024, at approximately 1:00 PM, Surveyor interviewed House Manager E. House Manager E confirmed the home needed some attention to cleaning and repairs. House Manager E reported staff were responsible for cleaning the home. House Manager E reported Administrator C was ill and had not been overseeing the home as much as s/he used to.	{M 276}		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS 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	M 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 332	Continued From page 6	M 332		

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 each fire extinguisher was inspected annually by the authorized dealer or the local fire department for 2 of 2 fire extinguishers. The fire extinguishers in the kitchen and basement were not inspected annually. The tag attached indicated the date of the last inspection was June 2022.

Findings include:

On 02/06/2024, from 8:15 AM until 9:00 AM, Surveyor toured the home. Surveyor observed fire extinguishers in the kitchen and in the basement with a tag attached indicating the date of the last inspection was June 2022.

On 02/06/2024, at approximately 1:00 PM, Surveyor interviewed House Manager E. Surveyor asked if there was a system in place to ensure compliance of maintenance inspection requirements. House Manager E stated, "[Administrator C] normally manages those things but s/he has been ill." House Manager E confirmed the tags read June 2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 332	Continued From page 7 Cross Reference St-M-0334 DHS 88.05(4)(b)(1) Fire Safety-Smoke Detectors Cross Reference St-M-0336 DHS 88.05(4)(b)(2) Smoke Detectors-Testing and Maintenance	M 332		
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: Based on observation and interview, the provider did not ensure a smoke detector was installed and working in 3 of 7 required locations. Two of 3 resident bedrooms had no smoke detector. One smoke detector in the basement was not working. Findings include: On 02/06/2024, from 8:15 AM until 9:00 AM, Surveyor toured the home and observed the following:	M 334		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 334	Continued From page 8 -Resident 1's bedroom had a smoke detector mount with no smoke detector affixed. -Resident 2's bedroom had a smoke detector mount with no smoke detector affixed. -The smoke detector in the northwest corner of the basement was making a chirping noise to indicate the battery was low. Surveyor tested the smoke detector and confirmed it was not working. On 02/06/2023 at 1:05 PM, Surveyor interviewed House Manager E. House Manager E confirmed the basement smoke detector needed a new battery and confirmed 2 bedrooms were missing smoke detectors. House Manager E did not know where the smoke detectors from the bedrooms went or why they were missing. Cross Reference St-M-0332 DHS 88.05(4)(b) Fire Safety-Fire Extinguishers Cross Reference St-M-0336 DHS 88.05(4)(b)(2) Smoke Detectors-Testing and Maintenance	M 334		
{M 336}	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure monthly smoke detector	{M 336}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 336}	Continued From page 9 testing for 2 of 2 years reviewed. There was no evidence smoke detectors were checked in 2022 and 2023. This is a repeat deficiency. See SOD E1K011, dated 02/06/2019. Findings include: On 02/06/2024, Surveyor reviewed safety records for the facility. There was no evidence of smoke detector testing to date. On 02/06/2023 at 1:05 PM, Surveyor interviewed House Manager E regarding the smoke detector testing. House Manager E confirmed there was no system in place to ensure smoke detector testing was conducted monthly. House Manager E confirmed s/he did not know to test the smoke detectors and Administrator C had been ill and unable to assist with monitoring the home. Cross Reference St-M-0332 DHS 88.05(4)(b) Fire Safety-Fire Extinguishers Cross Reference St-M-0334 DHS 88.05(4)(b)(1) Fire Safety-Smoke Detectors	{M 336}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 458	Continued From page 10 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 of 4 refrigerated medications were securely stored in a locked medication storage box. The medications were stored in the refrigerator's small, covered door compartment. Findings include: On 02/06/2024, from 8:15 AM until 9:00 AM, Surveyor toured the home. Surveyor observed the following eyedrops stored in the small, covered door compartment of the refrigerator: One bottle Dorzol/Timolol 22.3/6.8 opthamalic solution (opth soln). Two bottles Latanoprost 0.005% opth soln. One bottle Rhopressa 0.02% opth soln. Residents were ambulatory and observed moving freely throughout the home. On 02/06/2023 at 1:05 PM, Surveyor interviewed House Manager E regarding the unsecured medications. House Manager E confirmed there was a lock box available but did not know why it was not being used. House Manager E stated s/he would review the requirement with staff to ensure all refrigerated medications were securely stored.	M 458		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY	M 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 474	Continued From page 11 Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner for 4 of 4 residents (Residents 1, 2, 3, and 4) in the home. There were packages of food stored in the freezer which were not sealed and not dated. Findings include: On 02/06/2024, from 8:15 AM until 9:00 AM, Surveyor toured the home and observed the following: Freezer: -El Monterey, 8 count bag of Beef and Bean Burritos with 2 remaining burritos, not sealed or dated. -One unnamed bag of what appeared to be 5 fish filets, opened and undated. -One 1.7 Pound bag of Great Value Breaded Chicken Patties opened and undated. "Proper packaging helps maintain quality and prevent freezer burn...Freeze unopened vacuum packages as is...Cover leftovers, wrap them in airtight packaging, or seal them in storage containers. These practices help keep bacteria out, retain moisture, and prevent leftovers from picking up odors from other food in the refrigerator. Immediately refrigerate or freeze the wrapped leftovers for rapid cooling." (Source: United States Department of Agriculture Food Safety and Inspection Service Website, Freezing	M 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 474	Continued From page 12 and Food Safety and Leftovers and Food Safety, June 15, 2013, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/freezing-and-food-safety (retrieval date - February 6, 2023).) On 02/06/2023 at 1:05 PM, Surveyor interviewed House Manager E regarding the food. House Manager E stated they would talk to staff about the need to ensure left over food was sealed tight and dated before going into the freezer.	M 474		
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, and interview, the provider did not ensure 4 of 4 residents were safeguarded from environmental hazards. The hot water at the bathroom faucet was 136° Fahrenheit (F). Findings include: This AFH was licensed by the Department,	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012674	A. BUILDING: _____ B. WING _____	R 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOME LLC	2519 LORAINE AVE RACINE, WI 53404

(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 13 effective 07/01/2009, to admit up to 4 residents in the client groups of traumatic brain injury, emotionally disturbed/mental illness and developmentally disabled. On 02/06/2024, at approximately 8:30 AM, Surveyor, accompanied by House Manager E, toured the home and tested the hot water temperature from the resident bathroom sink faucet. The hot water was 136° F. Residents were ambulatory and observed moving freely throughout the home. "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. (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)" On 02/06/2023 at 1:05 PM, Surveyor interviewed House Manager E regarding the hot water in the resident's bathroom. House Manager E confirmed the water was too hot and stated, they would turn it down. House Manager E confirmed the residents were not always supervised while in the bathroom.	M 570		