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 07/19/2024

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 07/19/2024, Surveyor conducted a verification visit and 1 complaint investigation. Three deficiencies were identified. Two are repeat deficiencies. See Statement of Deficiency (SOD) #E1K011 dated 02/06/2019, and SOD # E1K012 dated 02/12/2024. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 132	88.03(5)(d) CHANGE OR DAMAGE TO STRUCTURE A change in the home's structure or damages to the home that may present a hazard to the residents. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not report damages to the home that presented a hazard to 3 of 3 residents (Residents 1, 3, and 4). The south side of the home caught fire and, as a result, the residents were temporarily evacuated. This was not reported to the Department within 7 days following the fire which occurred on 05/24/2024 at approximately 3:00 AM. Findings: On 07/19/2024, Surveyor arrived at 9:00AM and	M 132		

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

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M 132	Continued From page 1 observed approximately 50% of south facing wall had fire damage. The vinyl siding and construction tar paper was melted or missing exposing the plywood sheathing. The exit ramp had an area approximately 2 feet by 3 feet which was fire damaged. On 07/19/2024, at approximately 12:30 PM, Surveyor interviewed House Manager E. House Manager E confirmed the fire occurred on 05/24/2024 while the residents were all sleeping. House Manager E stated, "A neighbor alerted staff to the fire at 3:00 AM. Residents were taken to [a sister community] until the fire department said they could return the following morning." House Manager E stated the fire had started in a 5-gallon bucket used to extinguish cigarette butts located on the exit ramp. House Manager E stated Licensee A had reported the fire to the managed care organization, but they were unsure if it was reported to the Department. On 07/22/2024, Surveyor reviewed department records and identified there was not a self-report submitted by the provider related to the incident on 05/24/2024.	M 132		
{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	{M 332}		

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{M 332}	Continued From page 2	{M 332}		

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 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.

This is a repeat deficiency. See SOD E1K012, dated 02/12/2024.

Findings include:

On 07/19/2024, from 9:15 AM until 10:00 AM, Surveyor toured the home and observed the following:

Surveyor observed a fire extinguisher in the kitchen and in the basement with tags attached indicating the date of the last inspection was June 2022.

On 07/19/2024, at approximately 1:00 PM,

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{M 332}	Continued From page 3 Surveyor interviewed House Manager E. Surveyor asked if there was a system in place to ensure compliance of maintenance inspection requirements. House Manager B stated, "[Administrator C] normally manages those things, I don't know what happened, but I'll get it done."	{M 332}		
{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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 refrigerated medications were securely stored in a locked medication storage box. The medications were stored in the common refrigerator's butter compartment. This is a repeat deficiency. See Statement of Deficiency (SOD) E1K012, dated 02/12/2024. Findings include: On 07/19/2024, from 9:15 AM until 10:00 AM, Surveyor toured the home and observed the	{M 458}		

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{M 458}	Continued From page 4 following: Surveyor observed 2 bottles Simbrinza Ophthalmic Suspension eyedrops stored in the butter compartment of the refrigerator. Residents were ambulatory and observed moving freely throughout the home. On 07/19/2024 at approximately 1:00 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}		